

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN  
FOURTH SESSION — FOURTEENTH LEGISLATURE**

**1st Day**

**Thursday, August 2, 1962**

This being the day appointed by Proclamation of His Honour the Lieutenant-Governor, Dated the Thirtieth day of July, 1962, for the meeting of the Fourth Session of the Fourteenth Legislative Assembly of the Province of Saskatchewan, and the Assembly having met:

Mr. Speaker informed the Assembly that he had received a communication from the Private Secretary to His Honour the Lieutenant-Governor stating that His Honour would open the Session at ten o'clock a.m. today, Thursday, the Second day of August, 1962.

10 o'clock a.m.

His Honour the Lieutenant-Governor entered the Chamber and having taken his seat upon the Throne, was pleased to open the Session with the following Speech:

Mr. Speaker

Members of the Legislative Assembly:

It is my privilege to welcome you to the Fourth Session of the Fourteenth Legislature of Saskatchewan.

Last week the Government of Saskatchewan entered into an agreement with the College of Physicians and Surgeons of Saskatchewan. You have been called to this Session to give legislative effect to provisions of this agreement. Accordingly, an Act to amend The Saskatchewan Medical Care Insurance Act 1961 will be placed before you.

You will also be asked to give consideration to an Act to amend The Legislative Assembly Act, The Tabling of Documents (Postponement) Act 1962, and The Sessional Indemnity (Limitation) Act 1962.

I leave you now to the business of the Session with full confidence that you will favourably discharge your duties and responsibilities in the best interests of the Province. May Divine Providence continue to bless our Province and guide the Legislature in all its deliberations.

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His Honour the Lieutenant-Governor then retired from the Chamber.

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Prayers:

Ordered, That the Hon. Mr. Lloyd have leave to introduce a Bill respecting the Administration of Oaths of Office.

He accordingly presented the said Bill, and the same was received and read the first time.

Mr. Speaker then informed the Assembly that, in order to prevent mistakes, he had obtained a copy of the Speech of His Honour the Lieutenant-Governor, which was laid upon the Table.

On motion of the Hon. Mr. Lloyd, seconded by Mr. Thatcher by leave of the Assembly:

Ordered, That as the Legislature has been convened in this Session for the purpose of considering certain matters which have been laid before you in the address of His Honour the Lieutenant-Governor, the House hereby resolves to dispense with the customary formal debate on the subject matters of the address as such matters will be debated during the consideration of the legislation submitted to the House.

On motion of the Hon. Mr. Lloyd, seconded by the Hon. Mr. Brockelbank:

Ordered, That the Votes and Proceedings of this Assembly be printed, after first having been perused by Mr. Speaker; that he do appoint the printing thereof, and that no person but such as he shall appoint do presume to print the same.

On motion of the Hon. Mr. Lloyd, seconded by Mr. Thatcher by leave of the Assembly:

Ordered, That the following Standing Orders be suspended for the duration of this Session:

- (1) Standing Order 50 respecting the appointment of Select Standing Committees;
- (2) Standing Order 73 respecting lists of reports required to be tabled; and

(3) Standing Order 108 respecting the report of the Legislative Librarian.

On motion of the Hon. Mr. Lloyd, seconded by Mr. Thatcher by leave of the Assembly:

Ordered, That notwithstanding Standing Order 2, this House shall meet at 10:00 o'clock a.m. each sitting day, and there shall be a recess from 12:30 o'clock p.m. until 2:30 o'clock p.m.

On the Orders of the Day:

### **PRINCE ALBERT BY-ELECTION**

**Mr. Thatcher:** — Mr. Speaker, before the Orders of the Day are called I should like to direct a question to the Premier. I wonder if the Premier is yet in a position to state or announce the date of the by-election in Prince Albert?

**Premier Lloyd:** — Mr. Speaker, there is no further comment at this time.

**Mr. McDonald:** — Mr. Speaker, further to the question by the Leader of the Opposition, I wonder if the Premier would give assurance to this house that the by-election will be called before the next regular session? I presume next January or February.

**Premier Lloyd:** — Mr. Speaker, this is an assurance that has already been given publicly and in this house several times.

### **CONTRACTS WITH DOCTORS**

**Mr. McFarlane:** — Mr. Speaker, before the Orders of the Day are called, I should like to ask the Premier if he is prepared to table a copy of the contract between the Saskatchewan Government and the doctors recruited during the medical impasse, from Great Britain, during this special session for the perusal of the members of the legislature?

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**Premier Lloyd:** — It is one to which Mr. Speaker some consideration would have to be given. The question is raised as to whether or not the kind of an arrangement which was entered into, with regard to physicians is or is not privileged information. At the moment I hadn't thought about it, whether or not it is but the department will be pleased to look into it.

**Mr. McFarlane:** — Subsequent to that question Mr. Speaker, then I would take it from the Premier's answer that we won't be able to get that information during this session.

**Premier Lloyd:** — Well, may I say this, that if in our consideration of it we feel that it is information which the government is properly able to make available, that I can see not reason why it shouldn't be made available today or tomorrow.

**Mr. McFarlane:** — Another question I would like to direct to the Premier, Mr. Speaker. Would the Premier be willing to table the correspondence between this government and the Saskatchewan House in London, and correspondence issued to Saskatchewan House during the recruitment of doctors during the medical care impasse?

**Premier Lloyd:** — Mr. Speaker, I think it clearly comes under the category of inter-departmental correspondence, which is not ordinarily tabled.

## SECOND READINGS

### **Bill No. 1: An Act to provide for the Postponement of the Tabling of Certain Documents.**

**Hon. Mr. Walker:** — Mr. Speaker, in moving second reading of this bill, providing for the postponement of certain documents, I would perhaps like to give just a few words of explanation. Several statutes of the province require certain reports and documents to be filed in the legislature at each session of the legislature usually within the first fifteen days thereof. In the event that any of these public bodies are prepared to report at this time, then the act would require within fifteen days the documents

to be tabled. Probably the session won't last fifteen days and it may be that no question might arise.

At previous special sessions we have introduced legislation clearly dispensing with the filing of these reports. There are two reasons why we do this, first of all, corporations and agencies required to report often assume that the next session of the legislature will be in January or February and schedule their work so that the report is ready for presentation at that session. They do not anticipate such things as special sessions which of course have no existence in law. The fact is that this is a session of the legislature, neither special or regular, there being no distinction, so that these agencies are required to treat it as a session of the legislature. I am informed that there are very few if any reports available for tabling at this time but even if there were and even if they were tabled at this time and no crown corporations committee was set up or not other standing committee was set up to deal with the reports, then the committee treatment of the reports would be lost and the legislature would be deprived of an opportunity to scrutinize the report in the usual way in committee. Therefore in order to preserve the rights of the house to examine such reports at a fuller and longer session held usually in the winter, it is moved at this time that the need for presenting these reports be dispensed with. Therefore Mr. Speaker with these few words, I move that the bill be now read a second time.

Motion agreed to and bill read the second time.

**Bill No. 2: An Act to amend The Saskatchewan Medical Care Insurance Act, 1961.**

**Hon. Mr. Davies:** — Mr. Speaker, in rising to move the second reading of this bill I think all would agree that some few remarks at least are in order.

The amendments Mr. Speaker, that are being proposed in this bill before us today arise, as the members of the legislature will know, out of an agreement that was concluded on July 23rd between the government of Saskatchewan and the College of Physicians and Surgeons of Saskatchewan. This accord has since become known as the Saskatoon Agreement. I think that it is apparent that the memorandum rests largely for its implementation

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on the changes that we will be considering in the bill before us. The entire text of the bill, I should advise the house, has been scrutinized and has been agreed to by the solicitor for the College of Physicians and Surgeons.

When the Planning and Advisory Committee on Medical Care was created on April 26, 1960, the government declared that the framework of a medical care insurance program should contain a number of principles so as to be consistent with the fundamentals of responsible democratic government. I think it might be useful just to recall what these were.

The first point that a medical care insurance program should be administered by a public body, responsible to the legislature and to the Minister of Public Health.

Two, that the program should be based on the prepayment principle with the personal tax payment at an amount within the capacity to pay of all self-supporting persons.

Three, the government accept the principle that there will be universal coverage exempting only those who are provided with the services by some other public program.

Four, the major objective must be to maintain and improve the present high quality of service with attention being given to the optimum distribution and availability of service.

Five, any program which is instituted must be in a form which is acceptable to both those who are providing the service and those receiving it.

Mr. Speaker, I am very pleased this morning to be able to report to the house that the changes that are advanced in the bill before us are consistent with these five principles and in fact give the final effect to their realization.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — Although Mr. Speaker, compromises have clearly been made it will I think become evident that the essence of a true public medical care insurance program has been maintained.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — The principles of universality, accountability to the public, prepayment, acceptability are inscribed in the amendments as they will be in the program that will result.

A number of the amendments in the bill will concern the choice that patients will have in utilizing medical care insurance protection under the act. I think you will recall that the memorandum of agreement between the government and the college summarized these in the following fashion. If I may refer to them for just one minute.

First, a patient may choose a doctor who is enrolled with the Medical Insurance Commission for direct payment. His doctor will bill the commission or be otherwise paid by the commission and there will be no further charge.

Point two, he may enroll with a voluntary insurance agency to which he will pay an enrolment fee and at his option a further premium to ensure for an additional fringe benefit. At this point he may then choose a doctor who has entered into a service contract with the voluntary agency to be known under the act as an approved health agent. Now this doctor will send the bill to the agency and there will again be no further charge.

The third choice, the patient may choose not to enroll with the voluntary insurance agency and may choose a doctor who is not enrolled with the Medical Care Insurance Commission for this direct payment. The doctor would then bill him at his discretion. The patient would be reimbursed up to 85% of the schedule of minimum fees by the Medical Care Insurance Commission.

Mr. Speaker, while I have directed my attention here to the patient, each choice that I have mentioned has a counterpart so far as the doctor is concerned and the amendments which are before you today make these choices effective with due regard again for the interests of both doctors and patients.

Now there is a fourth choice listed in the memorandum and this concerns the patient who wishes to go to a doctor who elects to practise entirely for private fees. This patient would pay the full fee himself and

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would have no claim on the Medical Care Insurance Commission. Now since this particular choice has really no reference to coverage or benefit, it may not concern us here. However, I want to emphasize that the amendments do anticipate the right of both patient and doctor who wish to associate in this fashion outside of the act.

Perhaps to sum up and to try and put the case reasonably short, patients may secure benefits under the public insurance program when this bill has received approval that will enable them to have their medical bills paid fully if they go to a physician who deals directly with the medical care commission or if patients are members of approved health agency, their bills for medical services will be discharged entirely where the attending physicians has concluded arrangements with the approved health agency body. The patients who go to doctors who are dealing neither directly with the Medical Care Insurance Commission nor the approved health agency can upon submission of the bill for services from the particular doctor concerned get reimbursement at the rate of 85% of the minimum schedule of physicians fees. And this of course paid to them by the Medical Care Insurance Commission. And finally take the last choice, patients and doctors who prefer to deal with one another completely outside of the plan are quite free to do so.

Now I perhaps should just say something here about the approved health agencies that we will be looking at before long. I want to say first of all that an approved health agency as designated by the Saskatoon Agreement means a genuinely non-profit organization. Any health agency of this kind must first of all secure the approval of the Lieutenant-Governor in Council before it can operate within the confines of this program. Medical Services Incorporated, Group Medical Services, the Saskatoon Medical Co-operative are organizations that are likely to fall within this category and meet these particular requirements. It is also understood that any enrolment fees that are charged members by any approved health agency would be levied only in an amount that was sufficient that would cover that part of the operation which had to do with insured services under the medical care act. The assessment of bills and the negotiations with professional groups, that is respecting the general rates of remuneration would remain as functions of the Medical Care Insurance Commission.

Mr. Speaker, at this point may I turn to a more



specific examination of the provisions that we have before us. In the first instance, the definition of physicians and specialists have been altered so as to emphasize the professional qualifications and in case you are looking for reference, this is section 2, paragraph 9 and section 2, paragraph 14. I don't think that anything very extensive has been done in these revisions, in fact the existing regulations of the medical care commission have been referred to in the draft of the amendments. Now section 4 of the act which deals with the medical care commission have been amended, a maximum size of the commission has been increased from eight to eleven members by the amendments. The chief alteration provides that there shall at least be three doctors on the commission. In practice it will mean that three additional doctors are named to this party and the names of these three physicians will be named and are agreed upon between the government of the province and the College of Physicians and Surgeons. It is required that one of these persons shall be a specialist, one a general practitioner and one person employed on a full-time basis on the staff of the College of Medicine of the University of Saskatchewan.

Under the amendment, sections 11 to 23 have been repealed. These are the sections that deal with the advisory council, with the medical advisory council, with the medical advisory committees and with other scientific committees. It was the opinion of the College of Physicians and Surgeons that there are existing methods of consultations and collaborations that can function in every way, as well as the advisory council that was mentioned in the present text of the bill. Moreover, it was felt that there would be to some extent a duplication in the present modes of consultation if the advisory council were to be created.

I think too it was felt that at the same time, referring to the medical and scientific committees, that it might be best if these were created from time to time as they are required and as indicated by the experiences and day to day workings of the medical care act.

Here again the medical profession in co-operation with the appropriate government department — I haven't thought very much about this particular section, but I should think that in most cases it would be the Department of Health, it is already engaged in a study of a number of matters on which there is some joint interest, so it was thought after consideration that the sections 20 to 23 that deal with the medical advisory committees and the scientific committees might well be deleted in view

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of the representation especially made by the college.

A new section 27(a) states the good faith of the government not to establish a medical care insurance plan under which the general basis for payment of physicians for insured services to beneficiaries would be exclusively or largely a fixed sum of money calculated on a yearly or periodic basis. This same section also further underwrites the entirely free choice of a physician on the method by which he is to be remunerated for the provision of the services.

Going on to section 28, this section is amended so as to state the rights of beneficiaries and also doctors on their payment for services under the act. I think I have already dealt briefly with these rights, and certainly we can study them more closely in committee.

The amendments that we will study also permits that the general relationships that are in effect in health region No. 1, popularly known as the Swift Current Health Region, may continue and this will be pursuant to an agreement that has been reached between the Medical Care Insurance Commission and the board of health region No. 1.

I shall not attempt to deal specifically either with each of the sub-sections that have been newly introduced, since again it seems to me there can be more effectively dealt with in committee. Section 28 (a) as enacted by the Statutes of 1962, Chapter 68 is repealed, and a new section to replace it is substituted. This new section simply provides for a further protection to a doctor or other person that provides insurance services under the act, respecting those particulars that are furnished to the Medical Care Commission on insurance services that are supplied to a beneficiary.

Going on to section 28 (c) and 28 (b), these are new. They provide for the manner in which the Lieutenant Governor in Council may designate and approve health agencies, that of course, as I said before meets the requirements of the regulation. They also deal with the revocation of an approved health agency in much the same manner.

Among other things, Mr. Speaker, it is provided that there may be an audit of the books, of the records, of other documents of the approved health agency for the

purpose of determining whether the health agency is meeting those requirements that are laid down within the regulations provided that where an insurance service has been given to a beneficiary — that is the beneficiary who is a member or a subscriber, if you like, to an approved health agency by a physician who has entered into an agreement with that approved health agency, respecting the payment for insured services that on receipt of payment from the commission, that is on 85% of the schedule of minimum fees for the particular services that are concerned, will have this bill paid in full. There are other matters that concern charges and the rights of beneficiaries and physicians which are also covered in this new section.

Section 28 (b) deals with medical care insurance services that are provided in the Swift Current Health Region. In effect it makes it possible to continue the arrangements that have previously been in effect in the Swift Current area with this difference perhaps, that the scope of the services is somewhat enlarged. The result, I should say is that there will be the minimum possible disturbance with the arrangements that have gone on heretofore, and which have been developed rather successfully by the people of that area over the years. This section additionally deals with the payments to doctors who deal directly with the medical care insurance commission.

Section 29 (b) has been repealed. A substitution is effected at this point to 29 (b). All that this does is to clarify the intention of the previous clause that doctors have the right to accept or to refuse a patient who happens to be a beneficiary. Section 29 (a) and (b) are new — they deal with the non-application of the act respecting certain specified services. Section 29 (a) has to do with the situation where a physician or other person who provides services, has entered into an agreement with health region No. 1, or with an approved health agency for the provision of insured services to beneficiaries. This particular section deals with the question of payment. If this physician treats a patient who is not a member of a health region, or who is not a member of an approved health agency, the doctor in question is not subject to the act or regulations or the commission in connection with the provision of insured services, or the agreed 85% basis of payment. At the same time the section requires, however, that the doctor give to the patient that information that is required to enable him to obtain reimbursement from the commission under the act.

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Sections 29 (b) (1) and (2) deal with the case of a physician who has absolutely no association with the commission; has no association with any health agency. The type of physician who wishes to practice completely outside of the act. In this case he is required to give the patient information that would enable him to get reimbursement from the medical care insurance plan, but if this type of physician again and a beneficiary of a like type agree that they can jointly associate on a completely private basis, it is not necessary for a physician to supply any information for the collection of payment, because the beneficiary has unanimously agreed and elected that he shall not get any payment under the act.

Section 42 (a) of the act has been repealed — I beg your pardon, is recommended to be repealed and a new section substituted. This would provide for a method for a method on which agreement could be secured between the government and the College of Physicians and Surgeons on the general rates of payment that are to be made under the act. In this context both negotiations and mediation are mentioned and set forth.

A substitution is made to section 43, and of course this is being repealed, too. This section has been changed because of some concern that has been expressed to us by representatives of the college on the interpretation of the former section and we have concurred and made the desired change. A new section 47 has been substituted for the old section. This provides for a limitation of prosecutions. Prosecutions for failure to pay the premium must be begun within six years of the date of violation, and every prosecution for any other kind of violation under the act must be commenced one year from the date of that violation.

Coming now to section 49. This has been altered. Clauses (b) and (c) of subsection (1) of the section first of all will be repealed and two new subsections will be inserted in their place. Clauses (g) and (h) and (l) have also been repealed. A number of other changes have been made in this section by way of clarification. Subsection (2) of section 49 has been repealed and the following substitution has been made, if I may briefly refer to it:

Before any regulations made under clause (c) of subsection (1) are revised or amended so as to alter the general rates of payments to be made by the commission in respect of insured

services provided to beneficiaries by physicians the commission shall consult the council of The College of Physicians and Surgeons of the Province of Saskatchewan, and no such regulations shall be so revised by the commission or until the period within which the college was requested by the commission to furnish advice and made the recommendations has expired, whichever is the earlier.

That is the text of the amendment. I think that this subsection should be read in conjunction with new section 42 (a). I have already referred to this. Between them the two new provisions ensure that the medical profession's official representatives will have a voice in fixing any new general rates of payment.

Mr. Speaker, I haven't dealt with each of the amendments that have been made, but I think that I have touched upon the principal and most important ones. I have suggested that there are a number of details, and I think we want to discuss these and of course these should be discussed in committee.

I should like in passing to pay tribute to the solicitor for the College of Physicians and Surgeons and to my own departmental solicitor, Mr. R. E. Ellis, and indeed I think to other lawyers in the government service for the extremely long hours they have worked together to arrive at a suitable and agreed upon text to the bill that we now have before us. The bill is presented to the legislative assembly in a manner that has been approved in the entirety by the solicitor for the college. I am most pleased to bring this bill before the house with these changes, first because I think they represent a settlement between the providers of service and the representatives of the recipients of service, and I think too because the approval of the alterations will launch the first public medical care insurance plan on the North American continent. I think, Mr. Speaker, very much could be said about the events of the past four months. It would probably be an understatement to say that they have been at times rather turbulent. I think that certainly no issue has evoked more comment or more debate in Saskatchewan for a long, long period.

I intend today, Mr. Speaker, to say nothing that could be construed in any way as recriminatory. I

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performed my task to the best of my ability, and tried to do those things that were right in my judgment, and that I thought carried out my duty in respect to these things. However, it seems to be at this point that there is little purpose in going on to talk about what has proceeded before, or indeed to talk about the posture and policies and statements of persons or organizations that have differed with my colleagues and myself. I think there have been very few worthwhile reforms in history that have not been achieved without spirited discussion and sometimes acrimonious discussion, and some conflict. I feel that the important thing for the moment and for the future is to create a successful program and complementary to the many fine steps the Saskatchewan people have already taken in the field of health. I think the fact is the passage of these amendments will blaze a trail which will lead to a more equitable distribution of the cost and opportunity for medical care in the province; having emerged from a rather painful and thorny thicket I think we would be well advised to go ahead on the path indicated and not retrace our steps. Our guide must be the spirit and the letter of the agreement reached last week in Saskatoon. Our object must be the best public medical care that we can achieve through the combined efforts of all our citizens in the province of Saskatchewan.

With these words, and this explanation, Mr. Speaker, I would like to move second reading of this bill, with the consent of the house.

**Mr. Gardiner:** — Mr. Speaker, may I ask the minister one question before the second reading is called? I don't think there was any explanation given of the position of municipal doctor schemes in this province due to the changes taking place in the act. Could the minister perhaps indicate the position that the municipality will now find itself in which do have their own schemes?

**Hon. Mr. Davies:** — Mr. Speaker, perhaps it might be appropriate if I were to answer this question on the completion of the debate. I can give the member a general answer to his question, but I think it might be advisable if I dealt with the matter later.

**Mrs. Batten:** — Mr. Speaker, pursuant to the same question, if

the minister could just give us a yes or no answer as to whether it is the idea of the government that it should?

**Hon. Mr. Davies:** — Mr. Speaker, I think that this could only be determined as a matter of fact on application of the agency that wanted to be an approved health agency to the Lieutenant Governor in Council. Until that time it would be impossible to make any judgment. I can say, however, that these amendments do not envisage as I see them, this sort of a situation.

**Mr. Thatcher:** — Mr. Speaker, this session has been called for a specific reason — to amend the Saskatchewan Medical Care Insurance Act of 1961. The purpose of this legislation, of course, is to give effect to the compromises which were hammered out a few days ago between the College of Physicians and Surgeons and the government, to end the medicare crisis.

I think it is customary on second reading to discuss the principle of a bill, and not go into detail. I rather think the minister was out of order a good deal of the time he was speaking. However, no doubt he would have given those explanations later, so I don't suppose it matters very much. But I would like this morning to deal more with the principle of the bill and wait until we get into committee to discuss detail.

At the end of last June the Liberal party executive went on record, after meeting in Saskatoon, as being willing to facilitate the passage through the house of amendments of this nature. We certainly intend to carry out that undertaking today. At the same time as opposition members, we propose to fulfill our legislative duty — to criticize and analyze various clauses as they go through.

Mr. Speaker, I would join with the minister in saying this, that I have never in the time I have been in politics seen an issue which so divided our people. I have never seen an issue where there were such major cleavages. I have never seen an issue where people, no matter on which side they were, were so certain they were right. I think the scars and wounds left by this medical care crisis will be long in healing in the province of Saskatchewan. Regardless of politics, I know this morning every citizen in Saskatchewan is profoundly relieved that the crisis has ended.

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I think the recent crisis took several years in building up, but July 1st it came to a head. After that date it became a controversial mess. During July we saw medical chaos come to Saskatchewan. Almost unanimously our doctors and physicians refused to practise under the medical bill. Dozens and dozens of our best doctors now have left the province of Saskatchewan. Our hospitals were empty; many of them were closed. The cancer clinic was crippled. The very life of our medical school in Saskatoon was threatened. Thirteen of the teaching staff have already gone. There is a danger that many medical students will transfer at the coming session to other universities. Now is the time of year when generally speaking there is a new crop of medical students coming out from our Canadian universities and settling in various provinces. Almost without exception these new medical students have looked over Saskatchewan and gone somewhere else.

Mr. Speaker, as far as we on this side of the house are concerned, we feel that the tragedy of this whole episode has been that it need not have happened. Almost everyone in Saskatchewan is in favor of medical insurance, the people favor it; the doctors favor it; certainly the Liberal party favors it. The people in Saskatchewan, and the people particularly in eastern Canada should realize that the basic issue in this terrible dispute was not “medical care” versus “no medical care.” The basic issue certainly as far as the members on this side of the house are concerned, was a coercive type of government plan versus a scheme which was acceptable to all concerned, including those providing the services.

The opposition opposed this socialist bill because it was not merely an act to provide medical insurance.

**Hon. Mr. Brockelbank:** — No, you voted for it!

**Mr. Thatcher:** — It was an act which tried to impose, as my hon. friends know, complete control over the medical profession. I say again that the impasse could have been avoided. The doctors week after week, month after month and year after year warned the Premier and the government that they could not go along with this plan. Surely that warning was so serious that my hon. friends opposite had no right to compromise the very health of the people of this province. Yet time after time, month after month the Premier and his associates adamantly refused to negotiate



agreement; they stubbornly refused to adopt a mere conciliatory attitude toward the doctors' argument. Then when it was too late the government came to the realization that maybe after all the doctors meant what they said. Only then did they face the harsh reality and agreed to a sensible compromise, or at least a half sensible compromise.

Mr. Speaker, we contend that the crisis was also caused by the cynical disregard which my hon. friends opposite displayed in honoring their promises, particularly the promise that the minister mentioned this morning, that any plan must be acceptable to those receiving and those rendering the services.

**Opposition members:** — Hear, hear!

**Mr. Thatcher:** — Mr. Speaker, I was amazed to hear the minister this morning say: "Now we have fulfilled our promises." What choice did the doctors have with this agreement? They had a choice either to sign this kind of an agreement, or starve to death or leave the province. They signed this agreement under the threat of the "big stick." Yes, the minister says, "Now we have fulfilled our promises. We have kept the commitment we made to the doctors." Mr. Speaker, we say that this contention is ridiculous.

Our hon. friends may have been sincere in their avowed desire to bring medical services to everyone — some on this side doubt it, but in the process it seems to me they have made almost every mistake in the book. They erred in their tactics; they used wrong methods; they misjudged the temper of the people and the doctors; and I say above all they abandoned democratic methods for the "big stick."

The Liberal party opposed these tactics and these methods. The Liberal party took exception to the regimentation and the coercion that was contained in the original bill. Consequently some people of course, said that we opposed the medical insurance plan. I repeat that that is simply not correct. It was significant, Mr. Speaker, that in the last session, October, the last special session, most of the major amendments which are being proposed in this bill today were proposed in committee by the Liberal opposition.

**Opposition Members:** — Hear, Hear!

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**Mr. Thatcher:** — And their adoption at that time could have avoided the impasse and the tragedy and the chaos that we have gone through.

I don't wish today to indulge unduly in a "we told you so attitude," but it is of more than passing interest to witness the manner in which the government has been reluctantly forced by the doctoral determination to come closer to our viewpoint on this side of the house. First of all, for example, not so long ago the premier stubbornly said "we're going to have a medical plan with or without the doctors." We criticized this attitude in the house as being unrealistic. We suggested that consultations and agreement with the doctors was an indispensable prerequisite of any successful medical care program. My hon. friends opposite, Mr. Speaker, learned that it was impossible to have a medical scheme without the doctors, so they were ultimately forced to come to the same conclusion as we did a year ago.

In the second place we suggested a year ago that the commission to administer the act should conform to the recommendations of the Thompson commission and be free from political interference and influence. Well, the government instead, of course, appointed a commission which was politically very partisan. Today it is retreating somewhat from that position (not far enough) but it is retreating some, by appointing or adding three doctors to the overall body.

Then we urged the principle a year ago of local administration. The hon. member for Saltcoats (Mr. Snedker) spoke at some length on that. The government in this bill is conceding this to the Swift Current Health Region. Moreover, it has expressed its willingness to extend the principle to other areas.

**Mr. McDonald:** — They voted against it a year ago!

**Mr. Thatcher:** — In the fourth place we maintained a year ago that the original act was not merely a medical insurance act. Rather we contended, they say, it was an act that imposed controls on the profession and on the people, and we feel that contention is being admitted today, by my hon. friends opposite.

The medical care act proved unworkable because it violated one of the basic principles of the British concept of individual rights. The act set out to dispose of the services of a group of citizens in a manner not approved by nor acceptable to them. The right of all groups to engage in collective bargaining and agreement about the conditions of their work and pay is a basic right contained in all British trade union legislation and practice, and all Canadian trade union legislation and practice.

Yet the socialist in their original medical bill, violated this basic right, and they legislated to impose controls on a learned profession without consultation, without bargaining. That is the tragedy of last July.

The bill before us in the main would appear to remove most of those offensive provisions. All in all, Mr. Speaker, the amendments represent a major retreat by the government from their original position. The legislation now before us would, as I say, appear to remove in the main, the coercion and controls involved by the original act. The new bill still leaves much to be desired, one lawyer described it to me yesterday as a “hodge-podge”, which will be very difficult to enforce, but I hope that the main provisions of the act may be acceptable to our people.

I turn now to a few happenings of the past several months. Mr. Speaker, we in the opposition say that the actions and miscalculations of the socialist leadership in connection with medicare have shaken the government to its very roots. I ask you to note that one of their former cabinet ministers is now sitting on this side of the house, and we are very glad to see him here.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — Never since Confederation has a bill been protested so bitterly or so vigorously.

**Hon. Mr. Walker:** — He was worked for you for years!

**Mr. Thatcher:** — Mr. Speaker, you know the Attorney General says he has worked for us for years. Small wonder my hon. friends opposite needed a psychiatrist such as Lord Taylor

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to come over here and get together with them on medical health when they have members like the hon. Attorney General.

Mr. Speaker, the huge widespread spontaneous movement asking for the suspension of the medical care act was unprecedented in Saskatchewan's history. We saw women's organizations; we saw welfare groups; religious bodies; we saw Keep our Doctors organizations and we saw municipal government bodies concerned over the gravity of the situation of a few months ago request that the crisis be avoided or terminated simply by the suspension temporarily of the medical care act. Yet week after week the premier stubbornly refused to even meet with some of these huge delegations. One delegation came in here with 40,000 petitions. The premier wasn't even interested in seeing them.

Mr. Speaker, I must recall to the house and to the people of Saskatchewan that when the "Ban the Bomb" group came to Regina he was out on the front steps willing to meet them. My hon. friends opposite say, "Oh, this Keep the Doctors group, all that is is the Liberal party instigating and promoting the protest movement." I wish to state bluntly, Mr. Speaker, that at no time did the Liberal party as such have anything to do with the Keep our Doctors group, or any other kind of group. Thousands of sincere citizens of all political affiliations, worried about the regimentation being imposed by the government, worried that they might lose their doctors, got together. Many of them were socialists; some of them were Conservatives and Social Crediters. They got together to protest to this government in a sincere way. The premier wouldn't even meet with them. I say it ill becomes any socialist like the Minister of Agriculture to smear these people as being the "tools of big interest."

**Hon. Mr. Nollet:** — They smeared you yourself!

**Mr. Thatcher:** — Well, they'll smear you when the next election comes around.

**Hon. Mr. Kuziak:** — They smeared you at Herbert.

**Mr. Thatcher:** — The NDP opposite also say that the doctors are the "pawns of the Liberal Party" or vice versa. Mr. Speaker,

we had a federal election lately. If there were many doctors around working for the Liberal party I didn't see them. The truth is that the doctors were pawns in the socialist bid for power.

Throughout the whole crisis we in the opposition contend that in handling of the medical care issue, the government subordinated the peoples' interests to political expediency. The socialists hoped that this medical care program would be a NDP vote catcher in the federal campaign. I noted with interest the speech made by the national leader, Mr. Douglas, here in Regina, and I quote the Toronto Daily Star which has been quite sympathetic to my friends opposite lately:

"Mr. T.C. Douglas asked the people of Saskatchewan to elect all 17 New Democratic candidates in the province to demonstrate their support of the medical care plan."

That was the appeal. Something must have happened. The plan obviously boomeranged. Instead of electing 17 NDP supporters as Mr. Douglas asked, our people defeated 17, including the national leader. From time to time as the premier and certain other cabinet ministers have spoken throughout the province, they have talked about the government's mandate to proceed with what they incorrectly call "its democratic exercise of power". Surely its original mandate was anything but certain, resting as it did on the consent of less than 41 per cent of the voters of Saskatchewan. Certainly that mandate has been weakened even further by the three successive by-elections, Athabasca, Turtleford, and Weyburn. In each of those by-elections the premier and his associates said that medical care was the big issue.

I submit to the house as we sit here this morning that these successive elections that I have mentioned indicate that the socialists have no mandate whatever to ride roughshod as they did during the last few months over all opposition, merely to try to bring in their particular type of state medicine. Quite the contrary is true.

I would remind the house today also, Mr. Speaker, and the people of Saskatchewan that it is very deplorable when this vital legislation is before us, that the people of Prince Albert have no representative sitting here to discuss this kind of legislation. Here we have the fourth largest city in the province and they have no member.

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The premier won't tell us when there is going to be a by-election — five months without representation. It is very interesting to note that Mr. Regier resigned in Burnaby-Coquitlam on a Monday morning, and by Monday afternoon the former premier wanted a by-election.

There is another factor, Mr. Speaker, which I think should be considered today, and particularly by the opposition. That is the matter of costs. We were told the special session and the regular session that the cost of medicare to be operated this year, if my memory serves me will be \$24 million approximately. Four new taxes were imposed to pay for this medicare. Seven months have gone by; 7/12ths, I would assume of that tax have been collected. The public still has received no benefits. On the other hand in our opinion the government has spent hundreds of thousands of dollars which was collected to give the people medicare, unwisely and irresponsibly for other purposes.

Mr. Speaker, this thing has been going on for sometime . . .

**Premier Lloyd:** — Yes, almost half an hour!

**Mr. Thatcher:** — January 1st, 1962 the government put on a 5 per cent sales tax with an increase of two per cent. We want to know how some of this money has been spent. As I pointed out, they began taxing us January 1st for a medical scheme the government said we wanted. In November, 1961 it made law the program it said we wanted. Since then the government has been spending our money collected for medicare to employ publicity men and to buy advertising to convince us we should have the program it said we wanted in the first place. All through this crisis the Medical Care Commission bombarded the people of Saskatchewan on radio, television and in the newspapers trying to prove that they needed a medical scheme. We say that this fantastic, unnecessary expenditure of money for propaganda cannot be justified, and before we leave this house and this current session, we are hoping that the premier will tell us just how many hundreds of thousands of dollars, or tens of thousands of dollars, whichever the case may be, has been spent in June and July on television, radio and on newspaper publicity.

**Hon. Mr. Walker:** — By you, or by us?

**Mr. Thatcher:** — Well, if we spent any money, it was our money. You spent the taxpayers' money — that's the difference

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — Mr. Speaker, there is another expenditure we query as the hon. member for Qu'Appelle-Wolseley (Mr. McFarlane) has already done. We say that the program of bringing British doctors to Saskatchewan for short periods to do emergency work was neither practical nor effective. Dozens of these British doctors were brought from overseas at salaries according to newspaper reports about \$2,000 per month; their expenses from overseas were paid for plane fare; then when they go here on some occasions they were given automobiles. No expense was too large as far as the government was concerned, to bring these doctors from Britain and the odd one from the United States. We don't really blame the British doctors for coming. They've had a wonderful holiday. They have been able to see Saskatchewan, and they've been able to see Canada at our taxpayers' expense. Some of them took in the Calgary Stampede and said it was a wonderful show. A lot of others have been down at Bell's Motel enjoying the wonderful swimming pool. "Sunny weather you've got out here", one of them told me.

As I say, I don't blame them too much. They've had a wonderful joyride. Some of them, I understand are here and possibly never will be used. I hope the hon. minister will tell us how many hundreds of thousands, or tens of thousands or whatever the case may be of the taxpayers' dollars collected for medicare have been spent in bringing these gentlemen to Saskatchewan. I can tell you that many of the citizens feel that this government which is dedicated to the principles of trade unionists might have indulged in a kind of strike breaking activity when they brought these British doctors over. During the period of the crisis many outside newspapermen visited Regina. It is quite true, I am sure, when the premier speaks he will likely do as he has done at other meetings in the past, quote outside editorials as vindicating the stand of the government. All I can say is that it is significant, Mr. Speaker, that every daily and weekly newspaper in Saskatchewan that I know of, was opposed to the stand of the government. These were the people who knew something about what was going on in Saskatchewan.

It is also significant that in any of these eastern newspapers that I read — I haven't yet seen one editorial suggest that in the province of that editorial writer their government should adopt this kind of medicare program. They are quite happy that Saskatchewan be the guinea pig for the experiment.

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Mr. Speaker, I now come to the present situation. There seems little doubt there will be repercussions for years to come. In a province which is already short of medical staff, which was short even two years ago — the loss of more than 100 doctors to date will be a serious blow. I think a continuing exodus must be expected. Medical standards and quality of service therefore, undoubtedly will be impaired for many years to come. I say that Saskatchewan in the last month has been given another black eye by the socialists.

Our duty today, I suppose, is to try to salvage what we can out of the mess of the past month. I have real faith; I have real trust in the medical profession. I believe they will work under a modified medical plan. Understandably, many Saskatchewan doctors are angry, disillusioned, and disturbed at the recent developments. Small wonder many of them are still considering leaving. I suggest to you today, Mr. Speaker, that there are few citizens who do not owe some physician a debt that cannot be repaid in money. There is none who does now owe much to the medical profession as a whole. There are few vocations that I know where we find such dedication and such plain hard work as with the medical profession.

Every citizen, regardless of politics, must be grateful for the job the doctors did in providing free of charge the recent emergency service. I think we should all regardless of politics, let our doctors know in Saskatchewan that we need them and that we want them to stay.

**Hon. Mr. Walker:** — Why didn't you tell them the 1st of June?

**Mr. Thatcher:** — Well, I know, you would like to send them to the North Pole, that's a very sensible place, or put them in jail, that's even more sensible.

Mr. Speaker, we in the opposition believe that we are sitting here this morning because of the gross errors and the miscalculations of hon. friends like the hon. Minister of Agriculture opposite. However, despite all those errors we hope that the present session can work out a medical scheme which is reasonable, just and workable. Your original scheme did not fit into that category. We are not only willing in the opposition but anxious to co-operate in devising a scheme which is a reasonable, just and workable one.



I noted that the concluding paragraph of the document which was signed between the college and the government had this statement: "The medical care program is, we believe, a workable one." The college signed that statement and we sincerely hope the statement they made could prove to be correct. However, despite the college-government agreement, which as I said earlier was signed under duress, the question still remains: Is this the best kind of medical care plan for the citizens of Saskatchewan? Many are not sure.

Mr. Speaker, because the amended bill before us this morning will give Saskatchewan a medical plan with universal coverage, because the amended bill will lack some of the compulsory features of the original, because the bill will put our doctors back to work and end the impasse in principle, and because the Liberal party has always favoured prepaid medical insurance, we will support in principle the amendments before us today.

**Premier Lloyd:** — Mr. Speaker, I think I might first of all pick up the comment which the leader of the opposition made as he took his seat. He said because the Liberal party had always favoured — the trouble is that 'always' has been such an awfully long time in Canada, in Saskatchewan, and no evidence to suppose that they agreed any more about what may be done in the future than what they have done in the past.

Before I begin to comment on the remarks of the leader of the opposition, I do want to express the appreciation of the government, Mr. Speaker, to the opposition, to the leader of the opposition for agreeing to do those things which will facilitate the passage of the legislation through this session specially called for this purpose. I do this immediately, for two reasons. One is that very sincerely I mean those words of appreciation; secondly, after listening to the leader of the opposition for the last three-quarters of an hour or so, I suspect that it is probably about the only nice thing I will be able to say about the opposition, and consequently better that I say it first before I forget.

I am not, may I say, going to take a considerable amount of time this morning in reviewing the actions of the government over the last four or five months, nor am I going to recall to the legislature and to the public many of the activities which went on in the province during that time. I think the Minister of Health took a very wise position in this regard. The record of the government

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is well known; it has been placed before the public. To the best of our ability we have carried out those responsibilities which we feel to be properly those of a constitutionally-elected government, and we are quite content to have that record as it is, without repeating in any kind of detail at this particular moment.

I do however, want to call some attention to some of the remarks of the leader of the opposition. He pointed out to being with, or attempted to point out that the events, particularly of the last few weeks in Saskatchewan, need never have happened. Mr. Speaker, all of us, I think wish that may have been true. I want to point out, however, that it is unfortunately untrue and, this contradicts the statement of the leader of the opposition, that it was only in the last few days before the settlement was signed that there was any public indication that two of the main principles associated with an adequate medical care insurance program were acceptable to the College of Physicians and Surgeons. The first of those two principles to which I refer was that the act must be universal in its application. In other words, everybody must share in the cost of the program and everybody must have the opportunity of sharing in the benefits.

The second principle which was not admitted wholly until that time was that it should be administered by a public authority responsible to the legislature, and through the legislature to the people by way of the Minister of Public Health. I submit these two points had to be recognized, and had to be established as a matter of something that it was right for people to have before the whole issue could be settled.

The leader of the opposition had some reference to the refusal on the part of the government to negotiate. Here again I am not going to go into detail. I suggest if he cares to go carefully into the records, he will find this statement is not substantiated by the facts of the situation whatsoever.

I think perhaps we can demonstrate the way in which the leader of the opposition, who has just taken his seat thinks, or perhaps fails to think, if we consider his remark with regard to the amendments offered by members of his party during the special session of the legislature. You will recall that at that time, they offered some fourteen or fifteen amendments, you may recall just a few minutes ago he went on to say that most

of the amendments proposed by the opposition are not included in the amendments before us. In order to comment on this it is obviously necessary to go back and look at those amendments and see how closely that which did happen at that time coincides with what the leader of the opposition now suggests did happen at that time.

For example, there was an amendment moved to clause 35 which simply would have made it mandatory that the receipts of certain taxes go into the Medical Care Insurance Fund. That was one amendment. That does not appear in the present act.

Secondly, there was an amendment saying that the amounts of the premium levied on an indigent person shall be paid on his behalf by the provincial government. This was in substitution for the clause which said it should be paid by the provincial or municipal government, whichever would be appropriate. That amendment does not appear in the amendments before us.

Thirdly, there was a proposed amendment suggested that the providing for the levying and collection of taxes should be done by the legislature rather than the Lieutenant Governor in Council. That amendment does not appear in the amendments before us.

**Opposition Members:** — It should.

**Premier Lloyd:** — Fourthly there was a proposed amendment that the section in the act that deals with utilization fees should be amended and something added to change the nature of it. It is rather interesting to note that this would say that payments for insured services either to physicians or other persons providing services, or the individual who has paid for the services, or to prepaid medical services plan in operation in the province that amendment does not appear in those that are before us now.

It was suggested that the following clause that provides for certain exemptions from the act, mainly section 27, clause B, which lists the uninsured services and goes on to say that services received by beneficiary under a number of acts of the federal parliament are not insured services, and then would have added to that any accepted prepaid medical care plan approved by the commission. In other words this proposal would have

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said that the medicare care insurance program would exclude those people who were under the provisions of any prepaid medical care plan approved by the commission. This does not appear in the amendments proposed.

I could go on Mr. Speaker and deal in the same way with almost every one of these amendments. The facts are that with about one exception, they do not appear in the amending bill and even if they had appeared, they would not have touched on any of the essential problems which we have before us. I simply wanted to draw to the attention of this legislature and the people of the province, the rather loose way in which the leader of the opposition has undertaken to construe that particular situation.

**Mr. Coderre:** — Read the other twenty-eight amendments.

**Premier Lloyd:** — Now Mr. Speaker, he has suggested also in his remarks that great swell of public support for the points of view which he proposes to represent. The point of view which is that the act should not have been proceeded with, later that when the act was in operation the plan should have been suspended, and I submit also the point of view that the act should not in fact be universal in its application. That is the only sort of thing that one can take from his remarks regardless of the fact that in the end he suggested that it should be universal. He referred to the fact that the government and myself in particular did not meet certain delegations who came to the province of Saskatchewan, to the city of Regina. We did of course meet a sizeable delegation of the first group that came, we discussed as thoroughly as they wished to discuss the matters which they wanted to put before us and I submit that it was a much more effective kind of discussion than could have been held if we had accepted what he apparently thinks we ought to have done in meeting a large group of people and attempting a discussion outside of the ordinary usual way. The second group that came, it is true, was not met. They were not met because it had been just a week before that we had met most of the same people, many of the same people presenting exactly the same idea. The third group who came again, were given the opportunity to do exactly what they wished to do, namely present a petition to the government that certain things be done.

On the other hand in the matter of public

support, the leader of the opposition in common with certain other groups and organizations around the province, had insisted on closing their eyes entirely to the support in favour of the medical care insurance program. They have closed their eyes entirely to the fact that from many of the major and largest organizations of farm people in this province, many of the co-operatives, many of the trade unions, there has been most substantial and sustained support for the idea of medical care insurance which is universal in its application and which is under the direction of a public authority.

I want to deal also with his comments as to what the government has spent during this interim period. You will recall that he objected to two aspects of our expenditure. First of all with regard to publicity, secondly with regard to the bringing in to the province of British doctors. With regard to the expenditure of the government, on radio and television and advertising in newspapers, let me put it this way, that when the laws passed by a properly constituted legislature, of which the opposition are a part, are under attack, when these laws are subject to the extremist kind of misrepresentation then I submit that a government has not only the right but the responsibility to acquaint the people of the province with the true facts of . . .

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — I should have thought Mr. Speaker, that the leader of the opposition would be as interested in seeing the laws of the province properly interpreted and would have been interested in supporting the parliamentary institutions and procedures by which laws are passed and programs come about as anybody in this province. This I suggest is as much the responsibility of the opposition as it is of the government.

Secondly, he referred as I mentioned, to the expenditure with regard to bringing in British doctors. I want to say here that the government and certainly a considerable number of people in the province are extremely appreciative of the fact that these doctors were willing to come to our province and to give service to the people of Saskatchewan when such service was needed. I have no hesitation in extending my thanks to those who came and to those who served. Here again the situation exists that people in many areas of this province were in danger of being without the medical services which they would need and their neighbors would need. The government again felt that it had not only a

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right but a responsibility to take every precaution we could to see that the health of the people of the province did not suffer because of this extraordinary situation. As a result we were able to enlist the cooperation of these persons to come in and to give service to the people of the province at a time when such service was needed.

I want to go on also to comment on his remarks with regard to the attitude of newspapers, in Saskatchewan and across Canada. I can appreciate the fact that the hon. leader of the opposition is rather displeased at the attitude which was taken by the majority of the newspapers in their editorial policies across the provinces of this country. I am not at all surprised that he should point out that every daily newspaper in Saskatchewan took a stand against the government. I am surprised that he should suggest that this is news worthy of comment. Mr. Speaker, they have been actively doing that for as long as most of us can remember and undoubtedly the two newspapers involved mainly will continue to do so. I think perhaps that some excerpts from an editorial in the Winnipeg Tribune, outside the province, with regard to this one interview are in order at this particular time, because you see, the statement made by the leader of the opposition that the outside newspapers really couldn't know what was going on here for sure is the same kind of a statement that was made by the paper which is published daily in the city of Regina. They too commented, as did the leader of the opposition, on the fact that these outside newspapers really didn't know what they were talking about and they had to excuse them a bit.

Let's just read from the editorial in the Winnipeg Tribune Saturday, July 21st, commenting on the statement of the Leader-Post in this regard and which is again the same kind of statement which the leader of the opposition made just now. It says in part this:

“In suggesting that outside newspapers cannot deal with the situation inside Saskatchewan, the Leader-Post opens to question the calibre of its own dispatches and commentaries on everything happening outside that province.”

The Leader-Post, and one might add now, the leader of the opposition, with a sensitivity akin to South Africa on the outside newspaper commentaries and reports, believes that it alone, along with some other Saskatchewan papers, has the balance and the insight to report the medical care dispute. This of course is not without challenge in that

paper's monopolistic circulation area. Now there have been some people who have been recently talking about the danger of monopoly. They should perhaps look just a little bit closer to home in this regard. The Leader-Post's suspicion or the leader of the opposition's suspicion of outside comments does not countenance rivalry, it attempts to discredit competitive journalism, the editorial goes on.

The position, I think Mr. Speaker, with regard to these amendments which are now before us is this. It is quite correct, as has been said by the leader of the opposition, and some others, that there are aspects in the program proposed which the government sincerely believed and believes we would preferably not have. We think a better kind of development could take place without them. But we have indicated our willingness to proceed along the basis of the agreement which was arrived at between the government and the College of Physicians and Surgeons a few weeks ago. I take the strongest exception without adding any argument Mr. Speaker, to the comment of the leader of the opposition, that the doctors had to sign this under the threat of a big stick, etc., etc. It is simply not in accordance with the facts, I suggest. Insofar as many of the provisions that are in the amending bill, they are provisions which the government had previously offered to enact. I don't want to go into the details but I can produce documents which in writing we have referred to almost all of these as being matters which the government was prepared to undertake and to place in legislation.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — Many of them of course were already in effect in regulations passed under the act. One main exception to this has to do with the right of the patient to assign his reimbursement rights to the organization that will be defined as an approved agent. I think I want to make clear again, although the Minister of Health has done it very well, the way in which the approved agency will operate. It will, to begin with, charge a small enrolment fee. Since the whole matter has not as yet been worked out in detail, and there hasn't been time to do so, the amount of that fee cannot be known for certain. This, however, is known, that the amount of the fee is simply the amount necessary to cover the administration costs and secondly, that these administration costs will be subject to a degree of public inspection and public audit. This raises the question of what

administration is involved in and gives some idea of what the costs are. Administration is extremely limited. The doctor who has a service contract with one of these agencies treats the patient who has paid the enrolment fee; he then sends his bill to the approved agency; the approved agency forwards the bill to the Medical Care Insurance Commission; the Medical Care Insurance Commission assesses the bill and returns 85 per cent of the bill after proper assessment has been undertaken and this then is passed on to the doctor. This is not a very considerable amount of administrative effort and consequently it is not expected that the administrative costs can justifiably be large, consequently the enrolment fee, because this is a non-profit plan, will also be extremely small. The advantage of it is this, it is comparable to those patients or those doctors operating in a direct reimbursement relationship, it provides the patient with the opportunity of having his whole bill paid by the commission on a basis of 85 per cent. On the direct reimbursement he may have to accept some charge in excess of that if the doctor decides to charge him that particular way. This is the one new feature that was introduced into the bill and which has not previously been offered by the government, one main feature I may say. This has advantages insofar as the patient is concerned, it has a disadvantage in that the patient in fact is required to join another organization and pay something additional to them. The doctors feel that it has a considerable advantage to them and it was because of this feeling on their part and because of the advantages to people in general that the government was willing to meet this particular concession or to agree to this particular offer as an extension — a modification of the direct reimbursement proposal.

Now, Mr. Speaker, as I said, I don't intend to go back over all that happened in detail. I have made a number of addresses of one kind and another since this legislature last met, there are some people who will say, as the leader of the opposition suggested this morning, I have made far too many, not only far too many but all of them at the wrong time. However, these are on record, they detail with some clarity, I hope what the government did and why it did it. They are available for use by the public and anybody who wants to peruse them. It is not my intention to go back over them at this time.

The question that we need to put to ourselves I think, is simply this: What have we achieved? What



will we have achieved. Well, we certainly have achieved something which is in line with the traditions of Saskatchewan's people. I will not go back as all members here are familiar with the steady growth of procedure by means of which Saskatchewan people have provided for themselves, their families and their neighbours, better health care of a great many kinds. This is a part of Saskatchewan's tradition. We in fact are building on extending that tradition and bringing this plan into full operation. We have established then a plan which is universal in nature. It requires everybody of adult age to contribute to the cost of the plan, it makes benefits available to all the people of the province. Its basic aim is to provide a better distribution of both the cost and the opportunities for medical care. This I submit is an extremely civilized sort of objective. This is done under a plan which is administered by a public authority responsible to the people of the province through the legislature and through the office of the Minister of Public Health.

Mr. Speaker, a medical care insurance program which is universal in nature both as to costs and benefits, which is administered by a public authority, this I submit, is no small achievement. The leader of the opposition, in what I regret to say is somewhat a typical sort of method, suggests instead of an achievement that this is a black eye. I hope the people of Saskatchewan will not heed that kind of talk. I hope the people of Saskatchewan and I have a lot of confidence in them, will realize that here again — and I will underline if you will Mr. Speaker, the words again — here again is a way in which Saskatchewan has established something growing out of our traditions shaped to meet the needs of the people of our province, and that in regard to this, as in regard to hospitalization, this pattern will not in the future be confined to Saskatchewan. It will be improved here and it will be applied in other parts of Canada as well.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — I am extremely happy this morning to have the opportunity of endorsing that plan, calling first of all upon the opposition to give it as complete support as possible, and expressing the hope that in Saskatchewan people, the profession, those of us in government and legislature will work together to provide an even better program for health and life saving in the province of Saskatchewan.

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**Mr. J.W. Gardiner (Melville):** — Mr. Speaker, in rising to take part in this debate, on the proposed amendments to the Saskatchewan Medical Care Insurance Act, I would like to spend the opening few moments dealing with statements that have been made by the Minister of Health and also by the premier, the member for Biggar. Many of these statements, made particularly by the premier, were intended as an answer to the remarks of the leader of the opposition. I can assure the premier, and he indicated to this house and the press that they should make known to the public in the province the true facts with regard to the handling of *The Medical Care Insurance Act*, that if he were to have given the true facts in his address he would not have ended his address as quickly as he did.

His first remarks had to do with the suggested amendments that have been referred to by the leader of the opposition. He contended that there had been some sixteen. My memory may be very poor; I moved most of the amendments and there were at least thirty amendments that were moved during the course of that debate. The premier again took it upon himself to not answer the leader of the opposition but to make new statements. The leader of the opposition stated that most of the amendments that appeared before us at the present time were suggested by the opposition in the session last fall. That was the statement of the leader of the opposition. Instead of answering that statement, the premier went on to try and indicate that because all of the amendments suggested by the opposition had not been put into effect that the government was not answering the objections of the opposition that were made in the session last fall. The truth of the matter is that had the premier been trying to give full information to the people of this province he should have said that almost every amendment that has been handed to this house today was either in whole or in part recommended to the members of this legislature by the opposition in the session that was held last fall. What I want to indicate is the feeling; I don't want to take time to review every amendment that is in this measure today, but I want to indicate the major ones.

In fact there are four or five pages in total in this book that have been struck out. The opposition asked during the holding of the special session last fall that these be struck from the act. The provision of the advisory council, it was suggested by the opposition

that that be struck off. The medical advisory committee and other scientific committees — it was also recommended by the opposition that those committees be struck from the bill. That entailed almost four complete pages of the original bill that are being repealed under the amendments that are being presented to this house and yet the premier didn't mention any of these. The premier didn't indicate that those recommendations had been made by the opposition. I would like to refresh his memory as well during the special session when the opposition asked the government why they had these provisions in the act the minister told us he didn't know. The government told us they didn't know why they were there, but they wanted to insist that those provisions be kept there and the premier said we won't allow any changes in *The Medical Care Insurance Act* whether we know why they were put into the act or not. That was the explanation that was made during the special session when we were considering this bill that is now being brought down before us for amendment.

Let me go on to other recommended changes. In the special session last fall the commission was the original place where the opposition started its recommendations to the government. I am quite sure that the premier wouldn't state to the people of this province that there haven't been changes made. I will admit that they haven't all been made as the opposition suggested last fall but I am also going to indicate to the premier that before this legislation is passed at the present time that further amendments will be placed before members of this house that will indicate to the people of this province that we in the opposition feel that not only the doctors and the government of this province deserve rights and should have privileges but the public as well deserves the protection of the members of this legislature. We are going to propose amendments which we feel will provide to the people of this province the protection that is necessary in order to safeguard their interests when this act is implemented.

Now let us consider for a moment the question of changes in the commission that have been presented to us in the amendments that are now before us. All members here will remember that in the special session last fall two recommendations, not one, but two of the original recommendations were turned down, that a further recommendation was made with regard to the formulation of a commission to operate this plan. You will remember at the time that I pleaded with the government and I am going to indicate here now that I am going to state personally that I think at all times during this discussion

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that I have tried to take a fair stand in connection with the implementation of a medical care insurance plan in this province. I also want to state to the premier and I think also to the medical profession that if they feel that any agreement that is made in the city of Saskatoon between the government of this province and the doctors of this province should commit the opposition or any member of this legislature to any action when he comes into this house, then they haven't much realization of the responsibility of members when they are elected to this legislature.

I say today as a member, and I hope all hon. members will take the same stand that they have a responsibility in this house to the people that have elected them. That they haven't come here to rubber-stamp an agreement between any two bodies in this province, and it is our first responsibility to consider the safe-guarding of the rights and the interests of the people in general in the province of Saskatchewan.

**Opposition Members:** — Hear! Hear!

**Mr. Gardiner:** — Now let us consider for a moment the establishment of a commission as it has been established to date and with the changes that are recommended in the present act. All members here I think will remember two changes that were recommended in the special session. One by the member from Saltcoats (Mr. Snedker) when he recommended a regional establishment of a commission in this province to give voice to the desires of the local people in their own local areas. That of course was turned down by the government.

Secondly, we recommended to the government that if they were not going to accept that recommendation that they then establish a commission on a non-political basis appointed by various bodies in this province that represented generally speaking those that would have to provide the service, those that would be receiving the service and also the government of this province. That recommendation was turned down as well. I would like to suggest as a recommendation at that time it was suggested that local government organizations in this province appoint members to the commission, that the College of Physicians and Surgeons appoint members to the commission and the government as well appoint members to that group and I can remember statements that I made at that time. I was quite certain that if the government adopted a course of that type, that they would receive much more

hearty response from the rank and file of the people of this province and co-operation in the establishment of the medical insurance plan. That recommendation as well was turned down by the government of this province.

Now of course they have gone part way, they say today in the amendments that are before us that they are prepared to provide the College of Physicians and Surgeons with the opportunity to make the appointments along with the consent of the government. The appointments for the college still must be ratified by the government of this province before they will be accepted. They have agreed to the appointment of three more representatives of the College of Physicians and Surgeons to this commission but only with the consent and agreement of the government of the province. So I state that even there the medical profession has not received the consideration that they should have received. When we come down to the final analysis, the one person that has been forgotten in the entire discussion, the discussions between the doctors and the government of this province, is the public itself and the people of Saskatchewan. They have been the forgotten people.

**Opposition Members:** — Hear! Hear!

**Mr. Gardiner:** — I say that because no responsible organization in Saskatchewan to my knowledge has had any part to say in the recommendation of the appointment of one member to the medical care commission in the province of Saskatchewan. Not one public body has had any say in the appointments that have been made to this commission. Today, . . .

**An Hon. Member:** — Mr. Smishek.

**Mr. Gardiner:** — My friend says Mr. Smishek, that may be right, he probably did have something to say in the appointment and some of the recommendations that were made in regard to the commission members that now sit on the commission. What I want to just indicate here, forgetting things that have been said in the past with regard to the appointments that have been made to the commission as it is at the present time I think that the actions of the members of that commission within the last two months have placed them in a position where they could not hope to have the co-operation of the people of this province in promoting a medical care insurance plan in this province. I think it is the first time to my knowledge in Canada and in this

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province where a commissioner has been forced to go on radio and television and through the press to promote and support government legislation. A man that they appointed and paid by the people of this province going on T.V. and radio, not to defend their own actions of the commission but to defend the actions of the government of this province. How does the government feel that the rest of the people of this province outside the members of the CCF party can fairly say to themselves that they have confidence in the commission that has been appointed by this government to administrate the affairs of *The Medical Care Insurance Act* in this province? And I say here and I challenge the government today, they have finished, in a sense, the administration and the construction of the Medical Care Insurance Plan in the province. I say to them today and I present a challenge to them, now that this has been accomplished do away with the present commission entirely and give the public of this province as well as the College of Physicians and Surgeons a fair opportunity to have equal representation with the government and the college on the condition as it is going to be constituted after this bill is passed.

**Mr. McDonald:** — They wouldn't dare.

**Mr. Gardiner:** — Well the member for Moosomin (Mr. McDonald) says they wouldn't dare. Well I am going to plead with the government whether they dare or not to take this action and say to the people of this province that in so doing they are prepared to place the life and the actions of this program into the hands of the people of the province of Saskatchewan. I think if they do that they will receive the cooperation that is going to be necessary in order to provide medical services to the people of this province.

Mr. Speaker, when we continue through the act you will remember that the second principle, and I want to outline the principles that the opposition established during the discussion that took place last fall, first there was the question of the appointing of an independent commission that could receive the support of all the people of the province of Saskatchewan. Secondly it was the feeling of the opposition that the commission itself should be responsible directly to the elected representatives of the people of this province and we so stated and we so moved amendments to that effect. It would make it necessary for the commission to be directly responsible to the elected members of

this legislature rather than to the Minister of Public Health. There again the opposition was turned down in their request to build a workable act and I am going to state to the premier today, he will receive another opportunity to provide an act over which the people of this province have full control after this present session to amend *The Medical Care Insurance Act* in this province. So that is the second major principle — control by the legislature and the elected representatives of this province.

Thirdly, they had to deal with the tax powers under the act. Here again of course the premier stated that they had not accepted those recommendations and they had not been written into the act. I wouldn't if I were him take a great deal of credit for it. In fact I would regret very much that the premier would make a statement that would indicate that he did not have sufficient faith in the legislature of this province to take care of the tax powers under this act when we are legally constituted to take care of the tax powers under every act as far as I know in the province of Saskatchewan as a legally constituted democratic government. I think and I feel the elected representatives are the only ones that should place taxes on the people of this province and that no government should have the right to arbitrate or tax our people without recourse to the legislature of this province.

Last year we made that the third principle in our attack on *The Medical Care Insurance Act* and I agree with the premier that they have not accepted that but I say again and I will repeat it that it was the public that was forgotten in Saskatoon. Everybody else was given recognition but the public in this province and deals were carried out at that meeting to get the government and the medical profession to agree but there was no one that was able to go out and ask the people, do you agree? And what do you think about this particular legislation? There is no cognizance given of what the desires of the public in this province would be when this act was passed. And so I say the tax provisions were forgotten about because they didn't particularly concern the government of this province at this time and they didn't want to further amend the act and make further difficulty in this session. So I am going to suggest that the opposition will also recommend at this session that the legislative assembly be given control over the tax powers under this act.

You quite fairly might ask, why do we ask this?

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We ask this because experience in this province has taught us that the government that sits to your right Mr. Speaker, is prepared to use every avenue it possibly can for political advantage, even to using the health and welfare of the people of this province for that purpose. We have found that after every election since 1948, since the establishment of the Saskatchewan Hospital Services Plan in the province that immediately the election is over that the people that are taxed for this purpose have had their taxes increased and at least once during that period immediately before the election the taxes were decreased and immediately afterwards they were increased again on the people of this province, after the government had been returned to office. We say it may be possible to operate the hospital plan in a political manner but I am going to repeat what I said before, you can do that with buildings that are built of brick and stone and can't be moved and can't leave the province of Saskatchewan but you can't play politics with the individuals and the citizens of this province in that manner that you would threaten their living together in their communities in a reasonable and good manner in the years that come under the administration of the medical care insurance plan.

So, again we will be presenting the government with the opportunity of going back and presenting and giving the tax powers where they should be given to the elected representatives, to the people of this province and to this legislative assembly.

Now of course the Premier indicated one of the places where they didn't accept our recommendations which had to do with putting the taxes that were collected into a single fund so that they could only be used for medical care insurance purposes. I still feel, and I am speaking personally at the moment, because of the reference to this by the premier, that that would have been the proper course for this legislature to have taken. I still feel that if the 1½ per cent collected through the Education and Health Tax, the 1 per cent on income tax, 1 per cent on corporation tax were placed into *The Medical Care Insurance Act*, it might be possible with proper administration of that act to bring down the personal tax levied against the people of this province. I think of course that when those taxes were levied for this purpose that the people should have the right to use of those monies for medical care and the operation of the Medical Care Insurance Plan. That was the argument we presented last fall. That is the argument that I present here today to the government of this province, that we should have a fund under which these taxes that



the people were told were being increased in order to put into effect a medical care insurance plan, that these taxes be placed for that purpose and that purpose only and not be used for the balancing of the budget in this province and getting our provincial government out of financial difficulty that they are in at the present time.

Now I might indicate to the Premier with regards to the fact that the changes that he has suggested were not recommended by the opposition during the last session but as far as I can see reading the balance of the act, everything that is mentioned, except maybe in the very technical details, everything that is today mentioned in the amendments to the medical act were suggested. They maybe weren't all moved as resolutions. After all, after a while we got sick and tired of moving resolutions because we knew the government wasn't going to accept them anyway, but many of these recommendations contained in these amendments were made during the fall session last year by members sitting on this side of the house. Maybe not in the minute detail that is contained in this act but I don't think any member would consider that that was the case. The intent and purpose of every one of these amendments was suggested to the government at the time the special session was held last fall.

I am going to repeat what the leader of the opposition had to say in that regard and had the government at that time considered in all fairness, and I think during that period we had one of the best discussions, I think the best discussion that has been held with regard to any measure that has ever been passed or placed on the statute books of this province. We had a more thorough discussion, we had a bill that was gone into more thoroughly by the members of this legislature than any legislation that was ever passed in this house and I consider that that should be a compliment to every member of the house. I regret that there are some in this province today that feel the opposition and the government members should pass these amendments which we have sincerely considered in the past and have been found wanting, that we should consider the amendments that the government are presenting almost carte blanche and get them approved because the doctors have gone back to work. Well that isn't why I am a member here, that isn't why my people elected me and that wasn't the purpose that I went into public life, to pass on recommendations of anyone without proper scrutiny and without proper consideration. If I were to go home this afternoon or tomorrow and say to my constituents that we just passed

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this because it was handed to us and everybody said that everybody like it and we passed this measure through the legislature in a few hours just in order to facilitate the fact that the doctors are back at work in the province of Saskatchewan at the present time. I would consider very seriously that there shouldn't be many of my constituents vote for me at the next election. I think we have to give the same serious consideration to this amendment that we gave to this bill last fall. Unless we do that as members we will be shirking our responsibility and the job that we were sent here to do.

I am going to say in closing that many of the amendments that appear before us are good, many of them, as has already been pointed out, were suggested to this house by the opposition last fall. Insofar as the principle of this bill as was stated by our leader, it is the amending of this act. There is no one, I am quite certain, on the opposition side of this house that doesn't want to see this act amended and I understand on second reading that is what we are considering. We are considering whether we should amend *The Medical Care Insurance Act* or whether we should not amend it. I am very much in favour and I think everyone in this province is in favour of having this act amended. I don't think these amendments go far enough and as I stated it is the intention of the opposition to recommend further amendments as the bill is discussed in committee to this house for your consideration in order to improve and in order to protect the interests of the public in the province of Saskatchewan.

The Assembly recessed at 12:25 p.m.

The House resumed at 2:30 p.m.

**Mr. A.H. McDonald (Moosomin):** — Mr. Speaker, at 12:25 when I asked that you might call it 12:30 the reason for doing that was to give members an opportunity to discuss among themselves the speeches that we listened to this morning and it is not my intention on this occasion to inject new arguments into this debate. I was rather pleased this morning with the attitude in the remarks that the Minister of Health and the premier made in that I believe most people in the province of Saskatchewan are very happy to see that the impasse that went on during most of the month of July in this province between the government and the College of Physicians and Surgeons had come to an end. I believe that most people were hoping that we could return to the many benefits of medical services that have been available to Saskatchewan people over the past many years

immediately following this session and I thought the tone of the speech of the minister and the premier this morning were along that line. I had only hoped that other media in the province would adopt a similar attitude because it seems to me that enough damage has been done to our province, damage that I think Mr. Speaker will take us thirty years to repair at least, damage that need not have occurred in our province, damage that was brought about only by an arrogant government who disregarded the health and welfare of our people for their own political ends and apparently they are prepared to continue this attitude, maybe not in the house as was demonstrated here this morning, but I note the official organ of the NDP has an entirely different attitude than the attitude expressed by both the premier and his colleague, the Minister of Health, this morning.

**Mr. Thatcher:** — That's your wife Ed!

**Mr. McDonald:** — And I only wish that if the government that sit opposite, and if the attitude that they expressed this morning is their honest and sincere attitude, then they would endeavour to express this attitude to the public of this province to their official organ, this old bugle, the Commonwealth as well.

I don't know whether members opposite have read this issue of the Commonwealth or not, August 1st, a very recent issue, but Mr. Speaker, this newspaper is endeavouring to carry on the animosity which existed in this province and went a long way to destroying institutions that were built up, not by the medical profession of this province, not by the government of this province but institutions that had been built up over the last fifty years by the people of Saskatchewan. We haven't any medical institutions in Saskatchewan that the people haven't paid for either through taxation, through voluntary contributions in cash, through voluntary contributions in work and I think the people of Saskatchewan built up medical services in our province that were second to none to any other place in the world. Now we have a government who attempted to destroy these institutions. Their newspaper is talking about doctors that haven't enough interest in the sick people of their area to practice under this plan and bring medical care to our people. Mr. Speaker, it is about time that the government and the people of this province stopped trying to assess whose fault it was that our people have no medical services and drop down to solving this particular problem.

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Now I think that it is unfortunate that we have been called in to this session at this time. I don't think that this was ever necessary. If the government had had the health of our people in their hearts rather than a few ballots, this session need never have been called. If the government had even listened to the constructive criticism in the proposals of the opposition the bill as we are now amending it could have been passed at the last session last winter.

**Mr. Thatcher:** — That's right!

**Mr. McDonald:** — But the premier himself doesn't know if he was looking out the window or what he was doing and he didn't hear apparently any of the suggestions that were made to his colleagues, and not only by the members of the opposition but by the general public of this province, Mr. Speaker. The general public made one suggestion after another to this government and made it to deaf ears. Now it is all very well for the premier and his colleagues to come in here and make a mealy-mouthed speech but to have their publicity organ in this province continue to grind out propaganda which will do nothing but stir up more trouble and continue to destroy the organizations of the people of this province that were built up and maintained to serve themselves.

The premier says that the important thing now is what have we achieved. I think that is the most important. We should be considering at the very moment, what have we achieved. I don't think we have achieved nearly as much as the premier would like to think we have. In my own community for instance at this very moment we have no assurance that we will have doctors to take care of those people who need medical attention. None whatever. People in that area do not know whether they are going to have a doctor who works under the plan or whether they are going to have to join another medical group in order to receive medical services. The people in this province in a large majority have no idea where they stand today as far as medical care is concerned and this isn't good enough Mr. Speaker. It isn't good enough for us to leave this session without the people of our province knowing full well that medical services are going to be made available to them irrespective of what part of the province they may happen to live in.

It seems a strange thing to me how the government that sits opposite from time to time have talked about the rights of parliament and the rights of this legislature

and we have had an example over the last two months in which the government that sits opposite had no more respect for the rights of this legislature than has Khrushchev, none whatever. This government sat here and passed laws, turned around a few days later and attempted to make concessions to people that would completely disregard the laws that were passed in this legislature. They attempted to convey to the people of Saskatchewan that concessions had been made to the medical profession. Mr. Speaker, a law is a law, the attorney general, the premier or no one else can pass recommendations or pass regulations permitting anyone to disregard that law. The Prime Minister of Canada couldn't tell you and I that we need not pay our income tax. The laws say we must pay it. The medical care act says certain things must be done in the province of Saskatchewan and no member of the government can disregard that. When the opposition called for a session, many weeks ago, we were asking this government to change the law so that these so-called concessions that they were making would be true concessions. They refused to do so. The government attempted to tell the people of Saskatchewan that they had a mandate to govern this province. You haven't got a mandate to do anything. You haven't even got courage enough to call a by-election in P.A. because you know full well that if you call it you will be trimmed.

**Mr. Thatcher:** — Lose their deposit.

**Mr. McDonald:** — If you called a general election in Saskatchewan today you would be wiped out of the province.

**Mr. Thatcher:** — Socialism is finished.

**Mr. McDonald:** — Not one of you would return.

**Hon. Mr. Kuziak:** — Gutter politics.

**Mr. McDonald:** — Gutter politics! You are practising gutter politics because you are sitting here with no support from any part of the province of Saskatchewan to administer a medical care act or any other act.

**Mr. Thatcher:** — Well, let's try Prince Albert then.

**Mr. McDonald:** — What do the people of Saskatchewan want today?

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We would like, not only in Saskatchewan but also in Canada, we would like a bill of rights that means something. We have a so-called bill of rights in Saskatchewan. I don't know where it is, the Minister of Agriculture has probably got it in his pocket. We have one in Canada, Mr. Speaker, but what we need today is a bill of rights that would protect people from a government such as this one. This is what is needed in Saskatchewan and to a large extent needed in Canada. We have people sitting in office today who haven't got the support of the majority of people, didn't have it when they took office and have far less support today than they had back in 1960. We have a government who came into this house and passed legislation and immediately disregarded the legislation. The premier said, "Oh you can do this, you can do that, you can do the other thing". But, the law says you cannot. When we asked this government to call a session to make true concessions to the medical profession so that this impasse would be broken and so that our people could receive regular medical attention, what was the attitude of the government? They sat on their haunches and did nothing. They were prepared to see the institutions of this province that were built up by Saskatchewan people over a period of fifty years destroyed in a matter of weeks.

**Mr. Thatcher:** — A medical desert.

**Mr. McDonald:** — Yes, a medical desert. Mr. Speaker, this not only harms the medical services of this province, this impasse has harmed business in general. It has harmed every person who is attempting to make his living in the province of Saskatchewan. I just returned from a trip, down into the United States and I made it my business on that trip to talk to as many people as I could, not only regarding medical care which is also a problem down there to some extent at the moment, but to discuss with people who are interested in expanding their operations not only in America but in Canada and I would hope some day in the province of Saskatchewan. The attitude of business in Saskatchewan today is serious and we cannot look forward to people investing their savings in a province like this under the conditions that have existed in Saskatchewan especially over the last few weeks.

**Hon. Mr. Nollet:** — Order!

**Mr. McDonald:** — Order nothing.

**Hon. Mr. Nollet:** — Yes, order, this is not a general throne speech.

**Mr. McDonald:** — Yes, what would you like, are you calling for a beer or what would you like?

**Hon. Mr. Walker:** — Follow the rules.

**Hon. Mr. Nollet:** — What has that got to do with the bills?

**Mr. McDonald:** — We are going by the rules Mr. Speaker. And I repeat that this impasse has caused far more harm to our province outside of medical care than actually it has to the medical facilities of this province. Business has suffered. Even our farm communities have suffered. People who were anxious to expand their operations have delayed their plans. This is not good and especially not good in Canada when we find ourselves in the economic condition under which we are living today.

Now I am amazed when the premier said he could recall some sixteen amendments that the opposition had offered last winter. Again, I don't know what the premier was thinking about, or whether he was thinking at all when the last session was called and during that session, but without exception the amendments that are now placed before this house were either moved as amendments, referred to during speeches, or suggested to this government during that session. Every last member on that side of the house stood in their place and voted against it.

**Mr. Thatcher:** — Hear! Hear!

**Mr. McDonald:** — The concessions . . .

**Mr. Thatcher:** — Now they are back tracking.

**Mr. McDonald:** — . . . or so-called concessions that you made to the medical profession, you stood in your place in this house and voted against them. We can prove it, go back and read the records of this house.

**Mrs. Cooper:** — Prove it.

**Mr. McDonald:** — Prove it! Go back and read the record of this house if your memory is that poor.

**Mrs. Strum:** — What page?

**Mr. McDonald:** — When we asked if a patient would be allowed to submit his bill to the commission and have the commission pay it, the government said no, no you can't do it. But then they told the people, well you can do this. When we asked about the Swift Current Health Region, would it be allowed to continue? No, you can't do that. But then a few days later the premier said to the Swift Current Region, you can go ahead and practise as you have been in the past, but the law says you can't do that. What kind of nonsense have we? These are the people that declare they have a mandate to govern the province of Saskatchewan. Mr. Speaker, I repeat, they haven't a mandate to govern anything. They are only here because the law says they can stay here until 1965, that is the only reason they are staying.

**Hon. Mr. Walker:** — You have been changing laws all afternoon, change that one too.

**Mr. McDonald:** — I would think that my colleague, the member for Melville (Mr. Gardiner) outlined many of the suggestions that we made to amending this legislation last winter. Had that advice been followed, I repeat, I don't think we would have been here today but we are here and the only reason that I am going to support these amendments is because this means that our doctors are going back to work. That is what Saskatchewan people want. I think the majority of Saskatchewan people regardless of their political beliefs would like to see as many of our doctors stay in this province and continue to practice as is possible for us to attract to stay here. I don't think they want our doctors to get out. Certainly we need new doctors to come into our province. We have needed them in the past and we need them now and we will continue to need them into the future and it is difficult to attract medical people into Saskatchewan or into any other province because you and I know Mr. Speaker that there is a shortage of medical people throughout the free world and perhaps behind the iron curtain as well, although I don't know. But you know and I know that throughout the whole of the free world there is a great scarcity of competent medical practitioners and it has been difficult even before this act was thought of to supply the people of Saskatchewan with a sufficient number of medical practitioners and I think it is going to be more difficult, in the future to attract the people that we would like to have into the province of Saskatchewan. Do we have to look forward to training a lot of the medical men that



we will need in the future in the province of Saskatchewan? This too has happened in the past, many of those men and women who were giving the best service that was available in Saskatchewan today are the sons and daughters of the pioneer doctors of this province and I want to repeat that I believe that is what the majority of our people would like to see continue. They would like to see more sons and daughters of the pioneer doctor train in Saskatchewan and other parts of Canada or the world but return here and provide more and better service for our people as time goes on.

I do not want to conclude without saying this, that I hope people in general will continue to work together to provide better medical service. I hope that people in general will not rely solely on the medical profession or solely on the government of Saskatchewan to build and improve medical and related service for our province. I think it would be a sorry day if people were to shirk their responsibility to the extent of leaving these improvements up to government and to the medical profession.

There isn't a hospital, geriatric centre, an old folks home, or any other institution that stands in this province today that would have been here, had it not been for the generosity and the work of many thousands of citizens throughout the province of Saskatchewan.

**Hon. Mr. Nollet:** — The government have no credit at all.

**Mr. McDonald:** — And I hope that these people will continue to have the co-operation of this government and succeeding governments so that their efforts can be united ones and that so we can supply and continue to supply the best health services in the dominion of Canada and in the free world.

**Hon. Mr. Kuziak:** — We will.

**Mr. McDonald:** — We have proven in the past that we can lead and have led, not only since 1944, Mr. Minister of Natural Resources, but since 1905, this province has led the way in Canada and in the free world in providing service. A province which is not rich as far as wealth is concerned, and a province that only has less than a million people and yet they have led the way down through the times.

Mr. Speaker, the thing that concerns me the most was the attitude of the government that was prepared to destroy the services that these people had built and I appeal to you now to change your attitude, change the attitude of the editor of this rag here so that we can continue to have co-operation among our people so that good will can prevail and only under good will can we have the type of services that the people of this province have grown accustomed to. If we do that and if we continue to build on the legislation that is now being proposed then I have no doubt that prepaid medical care before too many years will become common place not only in Saskatchewan but in Canada. People in Canada, I am confident, would like some type of prepaid medical insurance. I am not convinced, I am not convinced at all that a government plan is the best or the only plan, I am not convinced of that.

**Hon. Mr. Nollet:** — We know that.

**Mr. McDonald:** — But I am convinced that the people of this country and the people of Saskatchewan want some type of prepaid medical insurance and they are entitled to it. I think if we work together and discontinue the animosity between government, the medical profession, between government and hospital boards, between government and local people, then I think we can build the type of service the people of our province would like to see and the type of service that I think our people are entitled to.

The motion being put it was agreed to on the following recorded division.

**YEAS — 52**

**Messieurs**

Lloyd	Whelan	Batten (Mrs.)
Meakes	Thibault	McCarthy
Williams	Berezowsky	Barrie
Blakeney	Kramer	McDonald
Brockelbank	Johnson	Cameron
Walker	Perkins	McFarlane
Nollet	Thiessen	Gardiner
Kuziak	Snyder	Staveley
Cooper (Mrs.)	Stevens	Foley
Strum (Mrs.)	Dahlman	Guy
Willis	Michayluk	Boldt
Brown	Semchuk	Horsman
Thurston	Kluzak	Coderre
Wood	Peterson	MacDougall

**YEAS (continued)****Messieurs**

Davies	Brotten	Snedker
Nicholson	Thatcher	Gallaher
Turnbull	Klein	Erb
Stone		

**NAYS — Nil****Messieurs**

The said bill was accordingly read the second time.

**Bill No. 3 — An Act to amend The Legislative Assembly Act**

**Premier Lloyd:** — Mr. Speaker, I think the amendments here are largely self-explanatory, they are to some extent a continuation of the principle of amending *The Medical Care Insurance Act* or at least they arise out of those considerations. It has been, of course well established and a proper principle in the Legislative Assembly Act that no member of the assembly should receive special privileges because of the fact that he is a member of the assembly. At the same time I think it is an equally valid principle that a member of the legislative assembly should not be denied privileges which are available to all the other citizens of the province simply because he is a member of the legislative assembly and this amendment is simply to underline that particular principle. It is a principle that has been in the act. From time to time the act has been amended because of some special circumstances that arise from time to time and it is hoped that this amendment will do away with the necessity of amending it on special circumstances.

The second part of the act is again self-explanatory, it is not thought that this in fact changes the existing law. In case it should do so then it is proposed that this does not prejudice any action that may already have been commenced.

With those words, I move second reading.

Motion agreed to and bill read the second time.

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**ASSEMBLY IN COMMITTEE OF THE WHOLE ON BILL NO. 1: An Act to provide for the Postponement of the Tabling of Certain Documents.**

**Clause 3**

**Hon. Mr. Walker (Attorney General):** — Mr. Chairman, before putting back the clause, I would like to draw attention to the fact that today is the second day of August and in the event that the legislative session concludes today and the bill is assented to today then this section would need to be stricken out and we won't know at this stage. I am one of those optimists that think it might happen but we won't know at this stage whether the session will conclude today or whether it will go on until tomorrow. I would therefore suggest that this section be left standing in committee to be dealt with after other bills have been disposed of and if that comes tomorrow then we will of course need to have section 3 and if it comes later today, I shall be moving that section 3 be struck out.

**Mr. Meakes:** — In other words you are moving that it stand in committee.

**Hon. Mr. Walker:** — I move that it stand in committee.

**Mr. F.E. Foley (Turtleford):** — Mr. Chairman, I presume this will have no bearing on some of the information that was asked for this morning and the premier said he would give us some information later in the day.

**Hon. Mr. Walker:** — I understand we will deal with this later on this afternoon.

**ASSEMBLY IN COMMITTEE OF THE WHOLE ON BILL NO. 2: An Act to amend The Saskatchewan Medical Care Insurance Act, 1961.**

**Clause 2**

**Mr. J.W. Gardiner (Melville):** — Mr. Chairman, I would just like to ask the minister

or the government if it is going to be in a position if action is taken on this bill today or tomorrow whether they are already in a position to designate as to which agencies are going to be included under the bill. I know this is a problem in country areas, particularly with members of M.S.I. and Group Medical, some of whom didn't pay their accounts at the first of July and may now want to be included. Actually they are a month late in their payments, they can still get reinstated in these organizations and I would hope that anyone could probably join after this law goes into effect but I am wondering if the government has come to a decision as yet as what agencies they are going to approve under the act.

**Hon. W.G. Davies (Minister of Health):** — Mr. Chairman, I think as you may gather by the wording of the definition of approved health agency it is really impossible to say now just what health agencies will in fact be approved. This can only be on application and presumably if all the things that they have within them agree with the specifications laid down by the Lieutenant Governor in Council. I may say however, to the hon. member that as we have had some informal discussion with the directors of M.S.I. and G.M.S. so as to facilitate the sort of thing I was thinking about.

**Mr. Gardiner:** — Mr. Chairman, may I ask one supplementary question? If the regulations in this regard have been drawn up by the Lieutenant Governor in Council, have the regulations been drawn up and could they be made available to members of the house.

**Hon. Mr. Davies:** — The answer to that question Mr. Chairman is no. The regulations have not been drawn up and I don't think that we really could be in a position to formalize them until such time as we have the standing commission. I would prefer to have the regulations approved by the commission as it will be constituted or re-constituted if you like, with the addition of the three physicians from the college. Now I am hoping that the gap of time will be slight and this will be done as soon as possible. Meantime some thought is being given on the general shape of the regulations and some discussion are presently being had informally with the solicitor from the College of Physicians and Surgeons who by the way happens to be solicitor for one of the principle health agencies.

**Mr. Gardiner:** — If I could ask just one more

supplementary question. In considering the bill on, I believe, second reading we had asked a question with regard to the position of the municipal doctor scheme would find itself in and I think probably this would be the proper place for the minister to perhaps make a statement if he can in that regard.

**Hon. Mr. Davies:** — I think I made a comment at that time Mr. Chairman, that this was another one of the decisions that would be very difficult to make until we were confronted with an application. Generally however, it seems to me that we are not thinking of an approved health agency in terms of municipal doctors plan. I would like to suggest that municipal doctor plans in the beginning arose out of the fact that there was a need in areas of the province for this type of organization because of the great difficulty of getting doctors into these particular areas concerned. Now I suggest that this need has really passed or is rapidly passing. I would suggest that where there is a need for a physician in a so-called under-doctored area in terms of the Saskatoon agreement, it will be possible to take those steps to either advance or refuse physicians to locate. In the meantime it seems to me that it is very difficult to say exactly what would happen if a municipal doctor organization applied to be an approved health agency as designated in the act, for a variety of reasons. One of these reasons I think is this, as we know the situation, as the situation will be when these amendments are passed health region number one will continue to function as I said to all intents and purposes as before with some extra services, but should new health regions be set up in the province they will function under the terms of the Saskatoon agreement accompanied by private plans as we know them now, and approved health agencies as we will know them after the passing of these amendments alongside the regional plan. Now in those terms therefore I am not quite sure what would occur with the municipal doctor plans in an area where it was alongside a number of other group plans. It seems to me too that there are the ordinary administrative difficulties in getting a large number of small plans increasing the expense on the public administration. Again we are not clear as to what demands there will be to continue this type of organization. I am sorry if I can't be more concise at this moment but I think the answer in fact is that an approved health agency cannot be designated without making application.

**Mr. A.C. Cameron (Maple Creek):** — Mr. Chairman, on this same section I would understand that the municipal plans are ruled out regardless of the statement the minister made, because under the health services act they must be a non-profit association, corporation or other organization whose sole purpose and object is payment of medical services. That is not the sole purpose of a municipal plan. I would take that interpretation and under this section they wouldn't be able to qualify, because the municipality is carrying on the function of a municipal body.

**Mr. K.F. Klein (Notukeu-Willowbunch):** — Mr. Chairman, the explanation the minister gave still doesn't cover the actual cases that are arising immediately and unless they are looked into within the next few days, more harm will be done. Now the municipality in my area for example have paid the doctor a basic salary. Now that contract has been discontinued and unless I can take back some assurance that his salary will continue to be paid, that doctor is going to leave that area and they will not get another one. The amount of fee-for-service basis in that area is not sufficient to warrant a full-time doctor, but this is a unique position because they have a doctor who is willing to stay providing the commission assures him that they will put him on a minimum salary and then he will stay in that community for evermore. I want to take home a reply to that immediately because he is leaving within a week unless we can bring that assurance back to him, and so it is not quite satisfactory that they will look into this in the future. This has to be settled here and now.

**Hon. Mr. Davies:** — Mr. Chairman, in the case where an hon. member would like immediate answer if he would give the minister the courtesy of some advance warning, these answers could be given in a specific instance. The fact of the matter is of course that a considerable number of municipal doctor plans have already been terminated on the action of the local authorities and do not in fact exist. In the second instance, a fair number of doctor plans continue in existence since the municipal authorities were rather uncertain about their position re medical services because of the recent controversy and I know from the correspondence that I have had that it certainly would be the intention of these local authorities to terminate forthwith any municipal doctor contract as soon as this agreement becomes operative. It seems to me that with particular

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respect to the problem that we have just heard about that if this has not been brought to the attention of the medical care commission it should be brought to their attention immediately. I don't see any reason why some fair arrangement can't be worked out and perhaps the hon. member might tell me whether or not it has been communicated to the commission.

**Mr. Klein:** — The only reason I didn't bring it to your attention sooner was that it didn't come up until yesterday. The fact is that the thing was terminated. Now I got wind of it yesterday and since yesterday I don't know when you would have had time to listen to me. You are a pretty busy man I presume. Can we as members approach the commission direct or do we battle this out with you? Who do we go to in a case like this that needs immediate attention?

**Hon. Mr. Davies:** — To the Medical Care Insurance Commission is the answer.

**Mr. Klein:** — The medical care commission deals directly with the public then does it?

**Hon. Mr. Davies:** — It would certainly deal in this instance with the local authorities on this problem.

**Mr. Klein:** — It was my understanding that they didn't deal with the public.

**Mrs. Mary J. Batten (Humboldt):** — Mr. Chairman, in connection with these municipal organizations that have their medical care, this is a problem throughout my constituency and I know that some of my municipalities have written to the minister a long time ago and one of them has written twice and received no answer at all. They terminated; they had their agreement made effective until July 1st, they are in a very bad position now and this must be true throughout the entire province. People today are going to ask us when we come back home, what do I do to have medical coverage? Must I join M.S.I.? We can't even tell them that they are an approved agency because you think they will be but you are not sure.

**Hon. Mr. Davies:** — Now I didn't say that Mr. Chairman.



**Mrs. Batten:** — Would you like to say what you did say?

**Hon. Mr. Davies:** — I think I did say at one point in my remarks Mr. Chairman, that I didn't envisage that this legislation did in fact cover municipal doctors and while I am on my feet I wonder if I could ask the hon. member from what official was the letter written twice and no answer received from myself.

**Mrs. Batten:** — From the Reeve from the R.M. of St. Peter.

**Hon. Mr. Davies:** — His name please.

**Mrs. Batten:** — Annaheim is the office, I imagine the secretary-treasurer wrote the letter.

**Hon. Mr. Davies:** — St. Peters.

**Mrs. Batten:** — Now the question is this — Pardon me.

**Hon. Mr. Davies:** — You said two letters I believe, were not answered.

**Mrs. Batten:** — Yes, there was one letter and a further letter asking for an answer that wasn't answered, the question is, what do people do today, it is all right to say that these agencies have to be approved in the future, this is true and I can understand the technical aspect of it and so can the people of the province, but my people, people throughout the whole province want to know how am I and how is my family covered? And this is the whole question. People who have belonged to these municipal health schemes have been satisfied with them. The cost of administration has been practically nil and they say why can't they act as our agents? Why can't they deal with the medical care commission? And they want some assurance that if they comply with your regulations that they will be entitled to act as agencies for their people that these health schemes that they have built up over the years that have functioned very well will continue. Why should my people have to be pushed into M.S.I. or any other group? Voluntary, non-profit, though it may be. Why can't they have the service that they have had in the past? Why can't they have the easy access that they have had to the secretary of the various municipalities and pay there for whatever it may be and pay their taxes on the present

basis? Surely the commission or the minister who is the responsible minister — and we have heard a lot about this — that this commission is responsible to this legislature, well if it is, this is the place where we should have information. We should be able to go back home to our constituency and tell our people that your medical and your municipal contracts can be re-instated; you can hire your municipal doctor; you can make your own arrangements on this basis. It is alright to say that first of all we want a commission that is going to be responsible to us and then pass the buck and say this is up to the commission, we can't answer your question.

**Hon. Mr. Davies:** — Now no one has refused as far as I know Mr. Chairman, to answer any question here today. The hon. member very well knows that we are talking about a provincial plan now versus a series of small plans that have not always been most satisfactory. Nonetheless they have given excellent service. I say this that if there is a doctor in any community that has functioned under a municipal doctor plan and wishes to stay in that community and to continue to operate and I hope he does, he should find no difficulty whatsoever in doing so. In the first instance he might do every bit as well if not better because the commission will recognize the under-doctored area and the under-doctored area, I suggest, is liable to get more consideration from the commission than it would be within the more limited possibilities of the local council. Now the doctors can take any one of the three basic choices, that we talked about this morning and I would imagine that having been in relationship with the local authorities that he had been that he would not be averse to having to deal directly with the medical care commission and gaining his remuneration in that way. If there were in that area a very few persons as the hon. member opposite was speaking about a few minutes ago, I should think that consideration could be given to the fact that that large and scattered area could not bear the cost of doctors and that some arrangements could be made that would be suitable under the circumstances. For the life of me I cannot see where the difficulty exists of the doctor being able to continue and why there should be such an over-weaning necessity to have a municipal doctor plan before services can be given. I say this to the hon. member too that we are just now in a position we can finalize the amendments that will enable us to go ahead with the framework and surely it can't be expected that all of these questions can be answered before the scheme itself comes into effect.

**Mr. Klein:** — Mr. Chairman, that is precisely the problem I am up against, the one you mentioned, that this is not a widely scattered area and it is not an under-doctored populated area. There are doctors very near to these people but in spite of the fact that the doctors are near, they are willing to tax themselves to pay a minimum salary. Unless we have some assurance, and we doubt whether the commission in all its wisdom will want to continue paying that salary, because there are doctors nearby but there are a tremendous number of old people in that particular community that must have that doctor there, but yet the number of patients received is not sufficient to warrant a fee-for-service practice. He must have the minimum salary guaranteed and unless we can give him that guarantee and unless the commission is willing to do for those people what the municipality is willing to do they are going to be without a doctor and within a day or two unless I can assure them that the commission will treat those people as generously as the municipality has treated them.

**Hon. Mr. Davies:** — Mr. Chairman, I think I could say this directly to the hon. member that if he wishes this afternoon he could be put in touch with the medical care commission officials and I know they would be very glad to discuss the matter with him.

**Mrs. Batten:** — Mr. Chairman, in reference to the question, I want to know and I don't think I am being unreasonable in asking the question whether the municipalities are today entitled to start negotiations with doctors to either continue the plans they had previously or make other arrangements, or are the municipalities being disqualified as approved, I have forgotten your term now, as approved health agencies? If there is no hope of them qualifying therefore they have to advise their people to join M.S.I. or do something else. It is fine for the minister to say that the commission is going to pay for the doctor or get the doctors but these doctors will not be with the commission and are certainly not going to deal with the commission. They are willing to deal with our municipalities which have dealt with them before. We can have their services; the people want their services. What are we to say to our people? Are we to say that the municipalities can give them these services or are we to say that you are each on your own? The government has given you three choices and you can try and figure out what the act says today and what it is going to mean tomorrow. This is a simple question,

I think it is a question that people today are asking, what they as individuals can do? Can they first of all look to their municipality to negotiate to provide them with medical doctors?

**Hon. Mr. Davies:** — I don't know Mr. Chairman, if I can usefully add any more than I have said now and point out that a very large number of these organizations have discontinued their relationship with doctors well before July 1st and that an additional number of them have waited until the very agreement before they have decided to give notice on that contract. Now I don't know, it is one of those things that certainly wasn't mentioned directly in the Saskatoon agreement and the Saskatoon agreement definitely does reflect an understanding between the College of Physicians and Surgeons and the government. Now I am not so sure as the hon. member is that these doctors will not undertake a direct relationship with the medical care commission.

**Mrs. Batten:** — They didn't before July 1st.

**Hon. Mr. Davies:** — I don't think the hon. member is in a position to tell us, she may be able to tell us that there is this doctor of such and such a name and another doctor of another name who is not prepared in her area to carry on, or it may be that she can't. Again may I suggest to her the advice that I passed on a moment ago that if she would like to discuss this question with the commission which really isn't very far off that this can be done this afternoon.

**Mrs. Batten:** — This, Mr. Chairman, is exactly the point that we on this side of the house have made all along. This legislature is passing acts that are not good law because they don't mean anything. They merely give power to the commission and then you have the colossal gall, if you will excuse the term, Mr. Chairman, to come in here and say that we are trying to make this responsible to the legislature. The legislature has no intent apparently in passing this. We don't know what we are doing. We are going to rubber-stamp something that the minister with the help of Lord Taylor and some other imports, I don't know who he had advising him, and the college dreamt up. I feel as an elected member and I am sure other members feel that we must know what we mean by this act; we must know what we are asking our people to be bound by this law. Today we can't give them that answer and the minister's

answer that the agreement in Saskatoon didn't touch this point, proves exactly what is wrong with the kind of law that we are trying to pass. Surely we are not bound! Surely the people of Saskatchewan deserve something more from us than a rubber-stamp on an agreement and if there were loop-holes in that agreement then the people are simply left out in the cold, it doesn't matter because the agreement didn't cover them. This isn't my idea of responsibility to the legislature. It's this legislature's responsibility to pass an act that will give the people some clarity, so people can know today and tomorrow where they stand, what they can do, and what rights they have. The municipality should know what rights and powers and responsibilities they have under this act because they have taken unto themselves the responsibility of looking after health services of their people. Today there is simply a state of confusion and chaos.

Personally I don't feel bound by your Saskatoon agreement. I feel bound by the needs of my people and I think this bill must answer those needs. They must answer the questions that are in the minds of the people.

**Mr. D.T. McFarlane (Qu'Appelle-Wolseley):** — I think that we are just going to get into the same amount of grief as we got in here in the special session. Now here is a specific example. Members on this side of the legislature in all sincerity are offering once again amendments that will clarify the whole situation in the eyes of the public. Now we are being told to go and see the commission, not to have the government listen to us at all but go out and see the members of the commission and then we are told in this specific instance that we were in effect being bound by the Saskatoon agreement. The members of this legislature could care less about the Saskatoon agreement. We are here to put legislation on the statute books for the protection of the people of this province regardless of the Saskatoon agreement or the Biggar agreement or the Regina agreement or any other point in the province and I want to indicate to the Minister of Health that I have a municipality in the area that I represent who have written to the government or some of its agencies asking the government if they could be allowed to carry on under the conditions and terms that were prior to this. I ask the Minister of Health to look up and see if the municipality of Wolseley and some of those adjacent municipalities haven't got correspondence either with him or with the commission. Now it has been indicated to him that as far

as these municipalities are concerned, they were prepared on behalf of the people in those areas to go out and see if they couldn't make an agreement with the College of Physicians and Surgeons so that they could supply doctors to them and carry on now as they were before the impasse ever took place. The information that was given to me was that they had an answer from these people and said that they were prepared to give them that type of service. Now we pick up this piece of legislation and we see if you are going to stick by law the way you should stick by law and not circumvent it by orders in council and a bunch of other cluttered means that the municipalities according to law once the session has passed are ruled out. There can no longer be a sole agency of the government. And so for the protection of the municipality, so there will be no more hedging, so there will be no more doubt, then I think it is up to the minister to get up and stand in his place on the floor and say that the municipalities can't set up under the section that is here now and this is what the municipalities feel. They have been giving their service to the people of their district ever since the thirties and now they see since the last two weeks other agencies being set up in the province absolutely new in the field of endeavour. Now these agencies can be allowed to operate under this subsection of the act and the municipalities cannot. I am referring to some of these agencies existing now and being formed now in different parts of the province. Under this section they will be allowed to operate but your municipalities are going to be ruled out. I think the minister should stand up in his place and say that the municipalities cannot qualify under this section or else we should be prepared to move an amendment saying that the municipalities can't qualify.

**Mr. A.C. Cameron (Maple Creek):** — Mr. Chairman, I asked a question and I haven't yet received an answer. I would like an answer. I said it was my interpretation of section 5A that when it referred to the sole, it had to be the sole purpose to supply medical aid. My interpretation is that this section is specific, thus it rules out any attempt of the municipal plans and I asked if I was correct in my interpretation. As yet I have had no response from the minister who piloted the bill through committee or from the attorney general and his advisors, I would now like an explanation of your interpretation of the words "sole purpose" in section 5A.

**Mrs. Batten:** — Mr. Chairman, I think I can assist the hon. Minister of Health. I think the hon. member from Maple Creek is looking at the confidential bill that was forwarded to us by the Premier, that section is not the same as the bill.

**Hon. A.E. Blakeney (Provincial Treasurer):** — Mr. Chairman, I would like to make a comment or two on our discussion. It seems to me that we are talking about two different types — there may be others, but at least two different types of municipal doctor schemes. One of the type mentioned by the hon. member for Notukeu-Willowbunch wherein the municipality pays to the doctor either a full salary or a partial salary and he charges fees, and the only right of the citizen in that municipality is to use that doctor, either without payment of fee or on payment of some reduced fee or otherwise, and this sort of scheme as I understand it — the scheme whereby the municipality might engage a single doctor to serve its people on some particular basis will no longer be possible. It will of course be possible if the municipality wishes to continue to tax.

**Mr. Klein:** — They don't have the right to tax.

**Hon. Mr. Blakeney:** — They don't have the right to tax? Well, that answers that rather effectively if that was removed. However, the substance of most of these arrangements could be continued by the medical insurance commission and this, I think, is contemplated by the commission and I think they may have well entered into one or two such agreements. It would not be a part of those agreements that the doctor could only treat a particular group of patients, since one of the objections to the old municipal doctor scheme was that it tended to limit the patient in his choice of doctors. This wasn't true of all of them, I will admit this, but this is one type of arrangement, and by and large it will pass away as an agency whereby the municipality engages a particular doctor to serve the people of the particular area. It will continue in many cases, I fancy, under an arrangement whereby a doctor will have entered into an arrangement with the Medical Care Insurance Commission to locate in that area to serve in that area, it being an area where fee-for-service basis might not be able to maintain a doctor. That is one type of municipal doctor scheme.

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I would gather from the remarks of the hon. member from Humboldt (Mrs. Batten) that the municipal doctor scheme to which she refers is essentially a different kind; a kind which permits the citizens of the area to consult a number of different doctors — any doctor, indeed and to claim reimbursement on a partial basis, or a full basis — whatever the arrangement is, and this is operated through the municipal office. This is what, I believe, she told us last fall. This scheme would only be possible to be continued if the municipality were able to be a health agency within the meaning of section 2 (5a).

Now we come around to the question asked by the member for Maple Creek (Mr. Cameron). Is it possible? I must say that on reading it I think that he is right, or that his interpretation is the correct one and it looks to me that the only possibilities are the board of the health region or a non-profit association, corporation or other organization whose sole purpose and object is payment of medical services and related services. It looks to me as though it would be difficult for municipalities to fall under that category. It may be possible for them to set up a little front agency which would do that. I think it is fair to say that the drafters of the bill did not have that in mind, although I also think it is fair to say that they did not consider it and exclude it. I think this is about the size of it.

**Mrs. Batten:** — It is excluded — I mean, under a normal interpretation.

**Hon. Mr. Blakeney:** — I think a fair interpretation is that it is excluded certainly directly by a municipality because I don't think a municipality could be called a "non-profit association, corporation or other organization whose sole purpose and object, etc . . ." "It might be possible for a municipality to set up some sort of a front agency, as I say, but then one would have to look to the powers given to it under the R.M. Act and they probably don't contemplate that sort of thing.

**Mrs. Batten:** — Is there any objection, Mr. Chairman, to having this changed so that a municipality may, if it is approved by the commission and if it conforms with the regulations made to the commission become in essence an approved agency. Surely you're not going to push everybody



into M.S.I. and whatever one or two other voluntary agencies you might set up. You're not starting to work for big business now, or are you?

**Mr. Gardiner:** — Mr. Chairman, I am prepared to move that the word 'sole' in line four, sub-clause 5A, clause 2 be deleted from the amendment.

**Premier Lloyd:** — Mr. Chairman, I wonder if the member for Melville (Mr. Gardiner) would consider withdrawing or at least holding the amendment, because I don't really think the simple elimination of the word 'sole' would do what he wishes to achieve at all. If we could leave this stand . . .

**The Chairman:** — Is it agreed to leave clause 2 stand?

Agreed! Then — clause 3.

**Mr. Snedker (Saltcoats):** — Mr. Chairman, I wish to add something to clause 2 before we go on to clause 3.

**The Chairman:** — We are coming back to that.

**Mr. Snedker:** — Back to what?

**The Chairman:** — We are letting it stand at the present time.

**Mr. Snedker:** — Anything I have to say can be said to it now; whether you come back to it or go ahead doesn't matter. What I want to do is draw to the attention of the Minister of Health the position which many constituents find themselves in. The minister said recently the municipal doctor scheme — this is the answer to having no doctor in the municipality. That is quite correct. Not having a doctor in the area has not been serious. We passed the necessary bylaws and entered into a municipal doctor scheme. We now have a municipal doctor and of course we have had one since 1942. I think possibly it is working more satisfactorily now than it has worked since its inception. Like everything else it has had its ups and downs. There were periods when it wasn't too successful

and there were periods when it was highly successful. We find ourselves in a position, however, that if the municipality was appointed as an agency, the doctor would be on a fee-for-service basis, that's true. I doubt very much if we could maintain a doctor in that area either on a subsidy basis or on the present basis. We want to keep a doctor in that area. That is our prime concern. If no change is made in the act I don't think we will maintain a doctor. Our municipality will not have the power to levy the taxes to pay on the subsidy because that power is withdrawn under the amendments of the municipal act at the last session of the house, and I want the minister to tell us just exactly what we are to do under those circumstances, because under all circumstances I want to make it perfectly plain that we want to keep our doctor — not particularly just the one we have, but we want to keep a doctor. I don't think that should be left to the will, whim and discretion of the commission in Regina. I think our local people should have some rights and privileges in connection with that; some of the rights and privileges which have been taken away from them. I think they should have the right and privilege if they desire to keep a doctor there whether he operates under the plan or whether he doesn't. That is beside the point — if they have to subsidize to keep him there, if they choose to do that, I think they should do so. I want an explanation in regard to that. How do we keep him there?

**The Chairman:** — This section is standing in committee and we will come back . . .

**Mr. Snedker:** — While we're going backwards and forwards he can mull the matter over and give it some consideration.

**The Chairman:** — Section 3(1), subsection (1) of section 4 . . .

**Mr. Snedker:** — Excuse me, Mr. Chairman, where are we going to now?

**The Chairman:** — The committee has agreed to leave section 2 stand in committee.

**Mr. Snedker:** — Well, I want to move an amendment to section 2 in the original act. When are you going to do that?

**The Chairman:** — You can't do it; it is standing in committee.

**Mr. Snedker:** — The whole act is open, you can do it. You can move an amendment to any part.

**The Chairman:** — But at the present time section 2 is left standing in committee and we are going on to section 3 page 2.

**Mr. Snedker:** — Yes, but I am talking about section 2 in the original act — the Health Services Act of 1961.

**Hon. Mr. Walker:** — Mr. Chairman, I am sure that on a point of order the hon. member is right. He can introduce an amendment to the principal act, even though it is not a part of the bill before the house, but I suggest that when he should do it is sometime when the Chair hasn't already called another section. May I suggest to him that after we dispose of section 3, or the next section that we deal with that if he rises to his feet he has a perfect right to make such a motion, but at the present moment the chairman has called section 3 and that is the matter which is before the committee.

**Mr. Snedker:** — Let me suggest in speaking to the point of order that I happen to be speaking to section 2 when he went on to section 3. Having said what I wanted to say on section 2 I now propose to move the amendment to section 2, subsection 13. What are you going to do about that?

**The Chairman:** — You will have a chance to do this when clause 2 of this bill is brought back in. At the present time it is standing in committee.

**Mr. Snedker:** — We might just as well move the amendment . . .

**The Chairman:** — We can't, because it is standing in committee. The committee agreed that it should stand.

**Mr. Snedker:** — Well, I've got all the time in the world. I can stay here forever!

### Clause 3

**Mr. Gardiner (Melville):** — Mr. Chairman, section 3 is one of the sections of the act which I made reference to in my remarks earlier on debate on second reading, where I indicated that the opposition is prepared to move an amendment; an amendment which I feel will give control actually where it belongs to the people of the province. I think it will indicate to the people of the province generally that we will have a commission in which they can place full confidence in order to carry out the operations of the Saskatchewan Medical Care Insurance Act. At the present time, as I indicated in my remarks, I do not think the people or medical profession as such, could in any way, shape or form have the proper confidence in the present set-up of the medical care commission in this province; that the people of this province or the doctors who have to work under this act should have, in order to make possible a good working administration. As I pointed out this morning, we have seen members on this commission who are present members of the commission, take actual political activity within this province in the last few months in endorsing and campaigning on behalf of legislation passed by the government of this province, not defending their own actions as commissioners when they haven't done anything yet — they have nothing to defend, but defending the actions of the government of this province and opposing at every turn the actions and statements made by the medical profession and other people in this province. How we can consider as members, that the profession can now, after what has taken place in the last few months, sit there with the present commission and work in a manner which would be best for the people of this province, I personally cannot see how we could consider that that would be possible after the controversy and difficulty of the last few months.

So I think in all fairness to the membership of this legislature and to the people of this province, that it is going to require a full and complete change in the present personality of the commission that is going to operate *The Medical Care Insurance Act*. Of course, we know as well and I don't want to pass this particular point — I know that the premier and the Minister of Health have on many occasions read out the number of degrees that everyone on the present commission has, indicating to all intents and purposes so far as they were concerned that they were well-qualified men. That may well be the case. I am not questioning in any sense the qualification of any degree of



any of the men that are on the commission at the present time, but unfortunately either through the direction of this government or through their own desires they have placed themselves in a position where they can no longer be considered a neutral and unbiased commission operating an act for the welfare of all the people of this province.

So I say that I think we have no alternative, and I say this quite frankly to the government that I don't think they have any alternative if they desire to have this plan work, but to accept a new formulated commission which will be entirely free of the battle and the impasse which has taken place in this province in the last few months and go into the problem of working out a solution to the medical care problem for our people in a new way, and with new insight into the problems and with a desire to work together to make the act work and to provide benefits to the people of this province.

So I am prepared to move, seconded by the member for Qu'Appelle-Wolseley (Mr. McFarlane):

“That all the words after ‘therefor’ in line two of clause 3 be deleted and the following substituted therefor: ‘The Commission shall be a body corporate consisting of nine members; three of whom shall be appointed by the Lieutenant Governor in Council; three by the College of Physicians and Surgeons of the province of Saskatchewan; one by the Saskatchewan Association of Rural Municipalities; one by the Saskatchewan Urban Municipalities Association; and one by the Saskatchewan Hospital Association’.”

Further to that amendment in subsection (3) of section 4 in order to bring this to date (there may have to be other changes made if the amendment is accepted) an amendment as follows:

“That the Lieutenant Governor in Council shall designate one of the members as Chairman and one as Vice-Chairman.”

At the present time it indicates in that clause that the Lieutenant Governor in Council would make all appointments that are to be made to the commission, and I would therefor move that amendment to section 4 of the bill.

**The Chairman:** — The amendment is before the committee.

The question being put it was negatived. Clause 3 before committee.

**Mr. Snedker:** — Subsection (3a): Three of the physicians mentioned in subsection (1) shall be physicians agreed upon between the council of The College of Physicians and Surgeons of the province of Saskatchewan and the Lieutenant Governor in Council, one of whom shall be a specialist, one of whom shall be a general practitioner and one of whom shall be a physician employed on a full-time basis on the staff of the College of Medicine of the University of Saskatchewan.”

Mr. Chairman, I am going to move, seconded by the hon. member for Souris-Estevan (Mr. MacDougall):

“That section (4) subsection (3a) of *The Saskatchewan Medical Care Insurance Act, 1961* be amended by taking out the word ‘full-time’ and substituting ‘part-time’.”

If this amendment to *The Medical Care Insurance Act* passes in its present form those 28 out of the some 80 on the staff of the University Hospital, those physicians and surgeons — those 28 of whom are consultants on an out-of-town basis, or a part-time basis, whom as I understand it are considered to be recognized as being outstanding in their field in the province of Saskatchewan, they would not be allowed to sit as representatives of the university on that committee. They could sit in other capacities, in the capacity of specialists or general practitioners, that is true, but not as representatives of the university. There are 28 of them that are ruled out there. There are 40 who are full-time practitioners at the University Hospital; part-time practitioners on the staff of the University Hospital are 112, so in addition to ruling out the 28 we have also ruled out the 112 part-time practitioners, doctors and surgeons in the city of Saskatoon adjacent thereto. That group is left out. They have no opportunity to be represented on this commission. I think the commission needs to draw from the very best range available; I think it needs to draw from the most intellectual group it is possible to draw from — not that I support the principle of the medical care act being operated by a commission — I don’t. Every member of this house knows very well — but that is not the argument here. Here the argument is, how is the commission to be able to vote.

I would therefore suggest that in the best interests if it is to be administered, then this section should be amended in the method I have outlined in order to allow some 112 plus 28 doctors the privilege of participating if they are not in that position. I therefore move the amendment, seconded by the hon. member from Souris-Estevan, and I personally think that it would strengthen the mental ability of the commission. Not that I approve of the administration by a commission, but as I said before if that is the way it is to be administered from now on, then I think that amendment should be made to this method you have chosen.

**Mr. Thatcher:** — Mr. Chairman, I rise very briefly to support what the hon. member for Saltcoats (Mr. Snedker) has just put before the house and I hope the premier and the Minister of Health will give it consideration because I believe if you study the Lord Taylor agreement, the wording called for a representative of university medicine, and instead of that in you have just put ‘a physician employed on a full-time basis’. I think the amendment proposed by the hon. member for Saltcoats would give the commission a much wider choice of responsible people, instead of being able to choose from the doctors as has been pointed out you might be able to choose from 125. I think the suggestion, therefore, has merit.

**Hon. Mr. Davies:** — Mr. Chairman, I hope the hon. member from Saltcoats didn’t mean to suggest that because the physician is to work for the College of Medicine full-time and not part-time he would have less capacity than those that work part-time. I don’t think he meant to do that, but I would like to suggest this: first of all this is the wording that has been agreed to after considerable discussion by our own solicitor and the solicitor for the college, so presumably it is eminently satisfactory that it stand as is. From the point of view of a wider choice, may I say this: it seems to me that the full-time practitioner on the staff of the College of Medicine has something extra to offer in that he is with the college on a full-time basis and therefore again presumably is more familiar with what is going on in that institution. I think it would be conceded that the persons in full-time capacity are those that understand best the workings of the College of Medicine, and I take it again that the feelings of the persons that devised this particular amendment — I believe in fact that it



was thought that a representative of the College of Medicine would add to this group the particular feelings of physicians in the field of training positions, and on a full-time basis. Therefore I suggest they are in somewhat better position to speak for the College of Medicine than those persons associated in only a part-time basis.

**Mr. Thatcher:** — Mr. Chairman, is it not correct that there are only about ten professors in the category of being on a full-time basis at the university?

**Hon. Mr. Davies:** — I am afraid I cannot give you a precise answer. I should have thought that it was more than that.

**Mr. Thatcher:** — I have been informed that there are only about ten on a full-time basis at the university, and as has been pointed out there may be another 100 or 125 on a part-time basis. Very respectfully I suggest again that if you adopted the wording of the hon. member for Saltcoats (Mr. Snedker), it would be much closer to the Lord Taylor agreement than the wording you've got in here now, and it would give a more responsible choice. I would hate to suggest this. You know this, Mr. Minister, but if you're going to take about ten of them you know that about six of them are pretty good party members up there. I don't know whether that's why you've got it in there or not, but I think we should have a wider choice.

**Mr. Snedker:** — Just in connection with what the Minister of Health said a few minutes ago, I didn't insinuate in any way that those who are on full-time staff at the University Hospital knew less than those who are not on full-time staff. Neither do I accept his premise that those who are not on full staff know less than those who are, which is apparently his thoughts. But now that he has raised the question I am going to say this.

I would draw your attention to the statement that was made by the Thompson Commission when they brought in their recommendations in regard to the composition of this commission. One of the recommendations they made was the absolute and completely free as far as possible from political patronage, and political manoeuvres. I haven't got the correct wording that the Thompson Commission used, but that was the general import and the general intent. I would suggest to you in all sincerity that you would be following that a lot closer if you accept

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the amendment that I have just moved, because I do honestly and sincerely believe that the members who are on full-time staff at the University Hospital are much more prone to political pressure from this government than are the members who are not, because of the control you have over the university. And if you want me to go into that, I will go into that because you have control over the Board of Governors, and I can debate that at some other time. That is one of the reasons that I think it would be better to accept this amendment, in order to make your commission as completely non-political as possible; in order to make your commission as completely free from political influence as possible, and I think some of the hon. members on the other side of the house would agree with me — probably not all. I think there are members on the other side of the house who still believe that it should be completely controlled politically. I also think there are some members who have the welfare of the people sufficiently at heart to think that it shouldn't be controlled politically. I am trying as best I can by means of this amendment to remove political control from this commission as far as possible, and I think it would have that effect.

**Hon. A.E. Blakeney (Provincial Treasurer):** — Mr. Chairman, I would just like to make one comment and that is this: the attempt here is to add three physicians who are acceptable both to the government and the College of Physicians and Surgeons. This is the proposal, and it is going to be — there may be times in the future when there may be difficulties in getting agreement between these two bodies. I am optimistic at this time because of the fact there is a spirit of reconciliation in the air that there won't be difficulty, and I hope this continues indefinitely. I believe it will. But I think it follows that if we are to get agreement, it is much easier to get agreement in selecting one out of ten people than it is in selecting one out of 125. It seems to me however reluctantly one may accept somebody, if there are only ten you only have nine other choices.

I think the ideas here also has been to get people who would reflect as accurately as possible different phases of opinion, and I hear there was a thought of getting a specialist who could reflect specialist opinion. True, he might do a little bit of general practitioner work but essentially he would bring to bear the point of view of the specialist. Then there

would be a general practitioner, and I think there was some thought that there might be an attempt to get someone who was not in one of the two larger cities and who could bring a different point of view to bear. Then it was thought that we get someone whose point of view was essentially that of the university physician. With every deference to the argument of the member for Saltcoats, it seems to me that a specialist who is practising in the city of Saskatoon, but who lectures at the medical school for three hours a week or whatever it may be, certainly he will have the welfare of the medical school at heart, I am not denying that for a moment, but the point of view which he will bring to bear will be essentially that of the class with which he spends the great bulk of his time — that is the specialist class, and this then would defeat the idea of bringing three particular points of view to bear.

It may well be, as you say, that one of the ten rather than one of the remaining hundred would be appointed, but if you widen the area of choice that wide, it clearly indicates that one of these people, one of these part-time persons reflects the point of view of the College of Medicine as accurately as a full-time person. I really don't think this is true, notwithstanding the fact that I am not for a moment denying he would have the welfare of the College of Medicine at heart, but he would necessarily be very much affected by the way he spends four-fifths of his time.

**Mr. Snedker:** — Mr. Chairman, I feel that you are limiting your choice. You are narrowing it down to 40 persons at the present time, as you have done today, as opposed to 181. You are ruling out people whom I think are eminent in their field. You have ruled out Dr. Leddy, whom I think everyone agrees is an outstanding personality. By this act you have ruled him out; denied him or someone else the opportunity of securing his services in this position, if they desire to do so — another eminent man — another highly eminent man, and I don't think we should be as restrictive as that, although I agree with what the gentleman who has just taken his seat has said, but I think we are being too restrictive. I think if you are going to have a medical care commission to administer medical care for the province of Saskatchewan, you don't want any limitation on brains and ability in the people you appoint to those positions; and I still feel as I felt before that I don't accept the argument put forward by the member for Regina (Mr. Blakeney) although I must admit he put up a good case. I still think the argument

against the narrowing down the method of selection is even stronger.

**Mr. Gardiner:** — Mr. Chairman, I rise to speak in support of Mr. Snedker's amendment, as well as to draw to the attention of the house the fact that it seems very peculiar to me and I think it must also to the people of the province, that after having the sole right to appoint seven members to this commission that the government still insists on holding some rights to the appointment of these other three. Personally I cannot see for the life of me why the government should not be prepared to at least let the college appoint their own three members. They are not going to be in a majority position; they are not going to be in a position to endanger the operation of this act; three out of ten members of the committee. Surely we have enough faith in this group to appoint three members to the commission in order to help work out, and I cannot see any reason whatsoever for the definitions that have been set out, and why the college cannot be given the authority to name their own members to this commission without recourse to the government. After all, the government didn't ask them about the other seven that they appointed. Why in the world should the college be asked to agree, or have the government agree with them on their three appointees to this commission? I cannot for the life of me see why this government won't use a little bit of reasoning in trying to get this bill into a position where the people of this province can give it support. I can say at the present time, just following their convention in Saskatoon, there aren't too many people in this province wanting this government appointing anybody any more, with the type of resolutions that came out of that convention, with the support of the members sitting across the way. It's what they have been doing ever since they have been in office, but were just putting it down in resolution form — picking out three names and then the minister picks the employee. They have been doing it ever since they've been in office; they just legalized it in their own party convention to indicate that their own members believe that they should see to it that a CCFer is appointed, or someone that favours the government position is appointed to every position in the province.

I challenge this government in this instance alone, they wouldn't accept the past motion which would have given them a free and fair commission to administer this act. Surely to goodness you can at least give freedom to the college to appoint their own three members out of

ten on this commission, without the government sticking its nose into the business at all.

I support the motion of Mr. Snedker, but I would ask the government again to reconsider and ask them to consider giving the college the right to name its own three members on the commission.

The question being put it was negatived.

**Mr. W.R. Thatcher (Leader of the Opposition):** — On this particular section dealing with the commission, I wonder if this would be the appropriate place to ask about expenditures that have been made. It was mentioned this morning that the opposition would like to know, for instance, the amount of money the commission has spent in bringing these doctors over here; the amount of money they spent in bringing Lord Taylor over here; the amount of money they spent in bringing a U.S. lawyer, Horace Hanson, St. Paul, Minnesota over here; the amount of money the commission spent on advertising and publicity during the last several months since the walk-out, or whatever if you will, commenced?

Is this the time, or where can we ask for that information?

**Premier Lloyd:** — Mr. Chairman, in regard to one of the questions with reference to the question raised by the member for Qu'Appelle-Wolseley (Mr. McFarlane) this morning, I think that the government is in the position of looking at the act with regard to answering the question with regard to payments made to specific physicians regardless of where, or how or what in the province they may be operating. The act for example points out that, except where required or authorized by an order of the assembly, the commission shall not publish a report, statement or summary and it goes on with regard to those who have been receiving or those who have been giving service, so that the only way in which the government would be required here would be if the assembly passed an order insofar as payment to an individual. This obviously does not extend to the payment, or does not extend to the costs in association with Lord Taylor or with the costs in connection with advertising or other persons. In regard to answering that question, I would have to say that is the kind of question we would have to have some notice of in order to pick up all the information in order to give an accurate answer. It is not possible

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to give it off-the-cuff, as the bill is not in any sense complete yet, and I should think it would have to be a question asked in the ordinary way before government could be expected to answer it.

**Mr. Thatcher:** — Well, of course what the premier says technically may be correct but I know that he realizes as well as we do that the session won't be sitting long enough, possibly for us to get that kind of information in the ordinary way and unless we get it in committee we won't likely get it at all. I do think those are reasonable questions, sensible questions and questions which should be able to be answered by the committee on a few minutes' notice. They must keep records. We would like not only to know what has been spent by the commission; we would like to know what tax revenue has been turned over to them so that we can see and judge how this act is — I mean if the premier couldn't give it to us now, could we have it later in the day?

**Hon. Mr. Walker:** — Some of the doctors are still here.

**Mr. Thatcher:** — I ask the premier, would it be possible to have some of this information we have asked for later in the day?

**Premier Lloyd:** — I don't have the answer off-hand. I don't know what extent or what shape the compiling of accounts and so on may be in. The best that could be done would be to give you an answer which was relevant to some time in the past, but what that date in the past might be, I don't know. We will undertake to see what kind of information at this time can be procured as at a certain date, but I can give no assurance as to the adequacy or completeness at this time without investigation.

**Mr. D.T. McFarlane (Qu'Appelle-Wolseley):** — Mr. Chairman, another thing I had in mind when I asked this type of question, I imagine before the commission or the government brought the doctors in from other parts of Canada and overseas, they must have surely had some type of a contract between the government agencies or the government and these individuals, and when I asked this type of question this morning, not only was I interested in the amount that it has cost to date, but also I was interested in the type of contract

as surely you must have some of these contracts whereby we could have them tabled so that all members of the legislature could see what was involved in this type of contract.

Then I also asked for copies of the correspondence between the Saskatchewan government or the medical care commission and the office of the agent general in London, the type of correspondence that went on between these two parties in regard to recruiting some of these doctors, because some of the information that we got out in the country while all this negotiation was going on was that some of the doctors indicated they have been given a false impression of the situation here.

**The Chairman:** — I don't like to interrupt you, but you are really out of order on clause 3. I'm not saying that you shouldn't ask this question, but I don't see how you are attaching it to clause 3.

**Mr. McFarlane:** — I am giving my reasons why we need this type of information, Mr. Chairman, and that should be forthcoming this afternoon in view of the fact that they have indicated to us that they are not prepared to give us the cost in dollars and cents; I think they should be prepared then to at least give us a copy of the contracts between these different parties.

**Mr. Thatcher:** — Mr. Chairman, there is one other question I would like to ask, and I would think this would be the appropriate place. Could the Minister of Health then tell the house how many doctors have been brought from Britain and the United States; how many, if any were not used after they got here, and how many are still here in the province of Saskatchewan? Now surely those figures should not be hard to obtain. If you cannot give me that answer, could you give it to me later this day? I will go over that again. How many outside doctors were brought here in total from Britain, the United States or other parts of Canada; how many if any were not used when they got here, were not given a contract; and how many of these outside doctors are still in Saskatchewan?

**Mr. McFarlane:** — Mr. Chairman, according to a statement by the attorney general, he said they were still here but following press reports, not only Saskatchewan press reports but eastern press reports I was given to understand

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that these doctors were already back in Great Britain.

**Hon. Mr. Walker:** — I said some of them were still here.

**Mr. McFarlane:** — So I think we should have this information.

**Mr. Thatcher:** — Mr. Chairman, before we pass this could we have some assurance that we could have the answer to some of these questions, or should we stand the section?

**The Chairman:** — I can't see how you can ask them particularly under this section . . .

**Mr. Thatcher:** — Where will we ask it, then? This is the commission . . .

**The Chairman:** — Maybe the minister has an answer.

**Hon. Mr. Davies:** — I think we can give some general information for the member later this afternoon.

**Mr. Thatcher:** — Mr. Chairman, could we ask that this subsection stand for the time being?

**The Chairman:** — The minister will give you the answer whether it is under clause 3 or not.

**Hon. Mr. Davies:** — I don't think it makes much difference. I don't think it would be necessary to stand this section . . .

**Mr. Thatcher:** — Well, if they give that assurance, I guess that's all right.

**Mr. Foley:** — Mr. Chairman, before leaving this clause the government have already gone on record as depriving the Saskatchewan Association of Rural Municipalities, the Saskatchewan Association of Urban Municipalities and the Saskatchewan Hospital Association from representation on the commission. I noted when the member from Melville (Mr. Gardiner) moved his amendment that the minister made



no comment at that time. I would like the minister to comment on his reasons for so advising the government in this respect, depriving the three largest associations in the province of representation on this commission.

**The Chairman:** — This question shouldn't be expected to be answered, because actually you should have asked this before the vote.

**Mr. Foley:** — That's quite all right, Mr. Chairman, it is still on section 3.

**The Chairman:** — That subject was voted down. Really I don't think the Chairman can allow discussion again on the same subject after the vote has been taken.

**Mr. Foley:** — I think that the minister owes to these three associations some explanation under this clause, Mr. Chairman.

**The Chairman:** — I must rule this subject out of order. The amendment was voted down.

**Mr. Foley:** — That is ridiculous.

**Mr. McDonald:** — Voted down? That doesn't preclude further questioning on the same subject as long as this question of the commission is before this house, the hon. member from Turtleford (Mr. Foley) or anybody else has a perfect right to ask the minister why he is opposed to allowing municipal organizations or any other organizations to appoint someone to this commission. You can't rule this out of order. If you do, I appeal your ruling.

**The Chairman:** — I don't take that in the sense of blackmail. I would love to see it appealed . . .

**Mr. Foley:** — Mr. Chairman, the course of events did not allow me to get that question in. At the time that the matter was voted down you proceeded very quickly on to the next clause, and I merely waited until there was an opportunity to present the question. I feel that . . .

**The Chairman:** — If the minister wants to answer the question, I will allow him to do so.

**Hon. Mr. Davies:** — I really feel that the best answer to the hon. member's question can be found in the report of the Thompson Advisory Committee on Medical Care. I think the general wording went something like this, that this is not a commission representing individual groups. I think probably in the appointment of the three positions there is somewhat of a departure in that connection, and by that I mean that no particular group should have the right to say we may appoint a person to this commission. There are so many groups in Saskatchewan that are interested, that you would get something of the nature of an advisory council as proposed in the sections that we propose to amend. It is an extremely large commission, and perhaps it could also be argued that they were responsive only to those organizations. This doesn't mean that you might not get in the general shape of things a person who is an extremely active rural councillor on the commission, as in fact has happened, because we have, as you know, a Mr. Kipling, a person who has been very, very active over the years in local and municipal affairs, and also by the way, the chairman of his health region. So that incidentally you get this class of persons. I think the reasoning of the Thompson committee is that the government, in its choice of a commission, could not be tied to any particular framework that suggested or demanded that the persons came exclusively from some organizations in the province. I say I think in fact you will find that members of this commission do have relatively wide experience in all walks of life, and that the thing that the hon. member may be speaking about is indirectly accomplished by it, but again I suggest that the Thompson committee does not make the type of recommendation that he suggests is in order, and the government has followed out that reasoning.

**Mr. Foley:** — Mr. Chairman, may I submit to the hon. minister that these are not just some organizations, but these organizations represent everyone of the members here . . .

**Hon. Mr. Walker:** — Mr. Chairman, on a point of order, I think it is a well known rule of parliamentary groups that it is out of order to ask why someone voted against a previous motion, or why the government rejected in its motion the representation of these groups. The hon. member knows

very well that he is not entitled to raise questions that were settled by a vote already disposed of.

**Mr. Foley:** — I am entitled to questions . . .

**Hon. Mr. Walker:** — The situation we are getting into, Mr. Chairman, is that by allowing him to break the rules of order the minister then went on five or ten minutes also breaking the rules of order and now the member wants to get up and have another go at it. I suggest, Mr. Chairman, that in any orderly procedure we ought to follow the well-known rules.

**The Chairman:** — The attorney general's point of order is well taken, and this is the ruling I had made before — that we had voted on this given subject.

**Mr. Foley:** — You allowed the minister to revert to this particular portion of clause 3 and made a statement. Surely I am entitled to submit some reply to his statement. I say that this entire act is serious enough that all members should be guaranteed free and open debate on material pertaining to the act. We are discussing a matter which was raised in clause 3; we are presently on clause 3 — I have no intentions of making irrelevant remarks. It seems to me . . .

**The Chairman:** — Order! Just a moment — you will have a chance — if you follow the rules of the house. The subject was debated before the house; the vote was taken on it and that finished the business. Certainly you had the right to bring up this matter. You could have brought it up, not in the form of a question but in the form of discussion of the way you have now worded the question. I am sure I was in order when I ruled you out of order . . .

**Mr. Foley:** — With respect to your point of order, Mr. Chairman, here we are as a legislature, about to deprive the three largest organizations in the province . . .

**The Chairman:** — We haven't deprived — it was them.

**Mr. Foley:** — You have deprived them; the legislature —

**The Chairman:** — The legislature has.

**Mr. Foley:** — And the government deprived them.

**The Chairman:** — The vote was taken and it was voted down. This is what I am trying to say. Certainly I don't want to get into an all-afternoon hassle on rules of order, but I think you must admit this subject was debated and the vote was taken.

**Mr. Gardiner:** — On a point of order, Mr. Chairman, I think there should be latitude given in this particular debate. I think the members have come here; they have agreed to practically all the rules of the house being thrown over in order to have the debate in the manner that we are having it and I understood that the government had more or less pledged that the debate be given as wide latitude as necessary, in order to carry on the debate. I think there should be some latitude in the rules in committee, and the members, the opposition and others have been good enough to grant to the government the right to forego practically all the rules of the legislature in order to have the debate in the manner that we are, so I think all members should be given as much latitude as possible in the debate and in the discussion.

**The Chairman:** — I agree with what the hon. member (Mr. Gardiner) has said, but the hon. member (Mr. Foley) was now re-opening a subject which we had put before the house.

**Mr. Gardiner:** — Not necessarily, Mr. Chairman, on that point of order he was not necessarily re-opening that. He could ask the minister, without re-opening the point I had, why he has not appointed on the suggestion of these bodies someone to the commission that he has at the present time. I see no reason why he could be denied the right to bring that point up when we are discussing the appointment of the commission as such, and I think he could bring up any point with regard to the appointment to the commission.

**Mr. Foley:** — May I say further, Mr. Chairman with regard to the point of order with regard to clause 3 that we have already agreed as a legislature to leave standing in committee a definition of health organizations that may be allowed to administer the act, health agency, and certainly as an opposition we are concerned about the status of various municipal health agencies existing in

the province, or those that may wish to formed later and if at the same time we are going to stand idly by while the government rule out and deprive the two largest municipal bodies in the province of representation on the commission, I feel this is a subject that could well be debated in this legislature at this particular time.

**Premier Lloyd:** — Mr. Chairman, on the matter of procedure, it seems to me we are getting rather wide of a whole host of marks. I agree with the statement that there should be a wide latitude of debate. I think that has been exercised; it has been allowed. To go back over the ground, the member for Turtleford (Mr. Foley) rose to ask a question as to the minister's reasons with regard to a question which has previously been disposed of. The Chairman was good enough to suggest that the minister might give his reasons. The minister gave his reason; having given them, the member for Turtleford (Mr. Foley) now attempts to resurrect the whole debate with what was disposed of properly by a motion previously. I think there has been quite sufficient latitude allowed there.

Clause 3 agreed.

#### **Clause 4**

**Mr. A.H. McDonald (Moosomin):** — Mr. Chairman, what change does that make?

**Hon. Mr. Davies:** — This amendment was recommended again by the College of Physicians and Surgeons, and I think it arises out of their concern that the commission might have an unduly broad authority to one of the general provisions of the act, and for this reason we should make it more restrictive by the insertion pursuant to the provisions of the act.

Clause 4 agreed.

#### **Clause 5**

**Mr. McDonald:** — What does this do, Mr. Chairman?

**Hon. Mr. Davies:** — What this does is this: it would now read: "A physician may, pursuant to this act and regulations made by the Lieutenant Governor in Council and by the commission,

take such action as considered necessary for the establishment and administration of a plan of medical care insurance for residents of Saskatchewan.” The words that have been cut out are: “And the improvement of the quality of insured services provided under the plan in the language of the section, might include certain actions that could interfere with professional independence. This was certainly not the intent of the government when this clause was enacted, and the thought here by leaving this phrase was that it would remove any objection at all. I might say, though, that both the government and the college are interested in the maintenance and improvement of the quality of care, but it was felt that this end could be effected through measures other than those that may have been intimated by that phrase that we are leaving.

**Mr. Foley:** — Before leaving this, the section 10 of the old act states as follows: “That the commission shall, through the Deputy Minister of Public Health, report to the minister at regular intervals with respect to its progress and activity and submit to the minister such reports and estimates as he may from time to time require.” I note that the present amendments to the act do not touch on section 10. It is the feeling of the opposition that the legislature as a whole should be given all possible information and all possible authority with respect to the administration of this act, and for that reason, Mr. Chairman, I would like to move, seconded by the member from Melville (Mr. Gardiner) that the following be added as clause 6 of the bill and that subsequent clauses be re-numbered:

“That Section 10 be repealed and the following substituted therefor: “The Commission shall report to the Legislative Assembly at regular intervals with respect to its progress and activity and submit to the Legislative Assembly reports and estimates as the Assembly may from time to time require’.”

I might say that the purpose of this amendment, then, is to change the present section 10 of the old bill, so that instead of a commission reporting only to the Deputy Minister of Public Health and to the minister, that the commission will instead make its report to the legislature in session at regular intervals, and submit estimates that the legislature may require from time to time.

**Hon. Mr. Walker:** — Will the member permit a question before he sits down? Could he give us some idea of some other government

agency that he might assimilate this proposal with — that is to say, can he tell us of some agency where no report is made to the minister and is not responsible to the minister and is responsible to the legislature as a whole? I would just like to know if he has an example either in this parliament, or in the parliament of Canada, where that sort of arrangement exists.

**Mr. Foley:** — Mr. Chairman, what about the Canadian Wheat Board or the Board of Grain Commissioners, or maybe others?

**Hon. Mr. Walker:** — Do you know of any here? Any examples here?

**Mr. Foley:** — You asked for both — federal and provincial.

**Hon. Mr. Walker:** — Do you know of any here?

**Mr. Gardiner:** — There is no reason why there can't be one . . .

**The Chairman:** — The amendment is before the committee.

**Hon. Mr. Blakeney:** — Mr. Chairman, I would like to speak to this because it seems to me that this section 10 was not in any sense intended to define relationship between the commission and the legislature. This was intended to define relationship between the commission and the Minister of Public Health, and it may well be that the member wishes to say that the commission ought not to keep in touch with the Minister of Public Health. I don't know whether that is his intent or not, but this section says that the commission shall report to the minister at regular intervals with respect to its progress and activities, and submit to the minister reports and estimates as from time to time he may require.

We have had fair examples today of information which people expect the Minister of Public Health to have about the activities of the commission and this he can only have if he gets reports from them. With respect to estimates, it is surely proper that the Minister of Public Health may require the commission to give estimates of expenses which may be incurred by the commission, and it is indeed grossly improper to suggest that he ought not to have that right. There is no way he can report

to the house on the expenditure of public money unless he can have some idea of estimates.

This sort of thing is impressive with a government department or an agency, and it is not stated in the act but it is simply to define with some degree of clarity the situation which is sought to be achieved that the minister can ask for information and estimates. I would ask members to turn to section 39 of the act, where it says: "On or before the 31st day of March in each year the commission shall prepare a report of its transactions during the preceding year and transmit it to the minister, who shall lay it before the legislative assembly forthwith if it is then in session, or if it is not then in session, within 15 days after the commencement of the next session."

This is the one which is attempting to define the relationship between the commission and the legislature and here it says that the commission must prepare a report and they must deliver it through a minister which is the traditional way, and he shall lay it before the legislature. This then gives the commission access to the legislature in the sense that they prepare the report; the minister does not; the minister must lay it before the legislature. I think the amendment is ill conceived because it attempts as I see it, to remove the obligation from the commission to keep the Minister of Public Health informed, which I think is wrong. I think they should be obliged to keep the Minister of Public Health informed of information which he may need to carry on his functions. It seems to me wherein it refers to the submission to the legislative assembly of reports and estimates, it duplicates section 39 (2), and as for regular intervals, there is no real point in having reports of the legislature at regular intervals more frequently than annually, because this is really the only time in which the legislature normally has to tackle them.

For these reasons, Mr. Chairman, I think that the amendment is ill conceived.

The question being put, the amendment was negatived.

Clause 5 agreed.

#### **Clause 6**

**Mr. Snedker:** — Mr. Chairman, I have an amendment to section 25 of the regular act.



**The Chairman:** — Yes, as soon as clause 6 is finished, I will take your amendment.

**Mr. Foley:** — This is removing the advisory council, is that correct?

**Hon. Mr. Davies:** — Some refer to the scientific and the medical committees.

**Mr. Foley:** — Would the minister comment on this amendment?

**Hon. Mr. Davies:** — Mr. Chairman, the college had recommended to us that the advisory council and the medical advisory committee division be repealed, and to put it shortly after considering their representation, the government agreed with the proposal. The act as it now is requires consultation between the commission and the Lieutenant Governor in Council before either party can proceed with any new amendments which would require consultation. Generally speaking, I think we have means by which consultation can go on without having any advisory council sections at all. We have the Health Services Planning Commission which has not, during the past year met mainly because of the fact that we have been extremely busy with medical care and extremely busy with the Thompson committee. The Health Services Planning Commission now has a complement of not more than 15 members and is chaired by the Deputy Minister of Public Health. At the moment the Hospital Association, the College of Physicians and Surgeons, the Registered Nurses' Association, the Rural Municipalities Association and the Urban Municipalities Association are represented. It seems to us that first of all we have this means of consultation, so that there is some reason why we do not have to effect a duplication. Secondly, it seems to us in respect to the medical committee and the scientific committee that some experience with the workings of the Act, some experience indeed in the relationship with professional people should be gone into before we see what kind of committees of this last character are required, and then it may be that committees can better be set up as they are required for some particular purpose. At the moment, the college and the government have such committees operating, and in the past similar committees have operated and after their functions were finished, they terminated their activities. These really worked very well.

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Taking all in all, and at the request of the college and in an effort of course to secure the kind of revised act under which they could jointly work, the government considered they could do without the advisory council or the scientific or medical committees.

Clause 6 agreed.

**Mr. Snedker:** — Mr. Chairman, I moved, seconded by the hon. member from Cannington (Mr. McCarthy) that Section 25, subsection (1) of The Saskatchewan Medical Care Insurance Act, 1961 be amended by striking out the words: “and the regulations” in line two. Section 25, subsection (1) of the Act reads as follows:

“Subject to the other provisions of this Act and the regulations the following persons who are residents or beneficiaries . . . “

This is a section in the Act which outlines those who are beneficiaries under the Act from Saskatchewan — every person, for instance, who has paid the premium for the current year and the premium arrears, if any, who has no dependents; regardless of what is said in this section and the subsections thereon, they are all subject to the regulations made by the commission, and I would refer hon. members to section 49, clause (f). Section 49 is the one outlining the responsibilities of the commission. Many of those clauses have been struck out by amendment, or are or will be struck out by amendment if they pass, but there is one over here which gives the commission the right, the power respecting the manner in which persons may be identified — the beneficiaries. I think that is leaving altogether too much power in the hands of the commission appointed by the government which carries with it political connotations. I think for it to be a good Act we should spell out who are to be beneficiaries in legislation in this house. They should be beneficiaries as beneficiaries under the Act, passed by the legislature of this province. They should not be interfered with, or have their rights or privileges whittled away from them in any way whatsoever by some commission. I don't think the commission should have the power to say who should be beneficiaries under this Act, and who shouldn't be beneficiaries. It should be spelled out in the legislation, and that should be it, so that the general public know where they are at.

We have heard a lot about doctors and a lot

about government. Certain sections of this Act are being amended because the doctors desire to have them amended. I want an amendment that is going to protect the people of this province; the people who are going to get the benefits presumably under this Act. I draw your attention to a letter which was published in a newspaper the other day, July 30, 1962 from 'The Leader-Post', and the citizen who wrote this letter signed it, 'Mrs. Mabel Barker', of Regina. I just want to draw your attention to the closing paragraph of that letter. She said:

"The doctors now know where they are. We presume the cabinet knows where it is, or does it? But we, the public, where are we?"

I thought that was a jolly good question, and I would suggest that we give the public more protection in this Act than has been given to them heretofore, to protect themselves in their rights and privileges for which they have undoubtedly paid through taxation, and through the fee which they levied on them. I think they should be guaranteed this under the Act. I don't think they should be subject to the whims of a political commission. I think we should strike those words out, for that reason. That is the reason I moved that amendment; that is the reason I intend to move an amendment when we come to it in section 49, in order to guarantee to the people of this province the rights and privileges under this Act which I think they are entitled to; not have them taken away or changed in any way by a commission or by somebody who the commission has delegated powers to. I think that it is time this house and the people in it paid some attention to protection of the public.

You know, I think the day is going to come when we're going to have to protect ourselves as we never protected ourselves before, against this government, and I suggest this is one of the places where we can start, by spelling out in detail in no uncertain terms who the beneficiaries are and not letting some confounded political commission decide.

The question being put on the amendment, it was negatived.

#### **Clause 7**

Clause 7 agreed.

## Clause 8

Clause 8 agreed.

## Clause 9

**Mr. A.C. Cameron (Maple Creek):** — I have a question here, Mr. Chairman — section 3 pertaining to the Swift Current Health Region — I understand from this section that if the board enters into an agreement with the doctors of the Swift Current Health Region to provide services by the board, then the board will pay the doctors and the board will in turn be reimbursed by the commission. I would like this clarification: Is it possible in the Swift Current Health Region for a doctor to practise within the Swift Current Health Region other than the Swift Current Health Plan? Can he, of his own free will, say: “I am going to practise under the medical care Act; receive my remuneration direct from the commission?” Or is every doctor in the Swift Current Health Region going to sign an agreement with the board and carry on as it did before, or are the doctors as individuals still free to enter into an agreement with the Health Region or not; enter into an agreement with the commission rather than with the health region?

**Hon. Mr. Davies (Minister of Public Health):** — I am not sure that I understand the question of the hon. member. As I understand it, it refers to a group of physicians who may wish to take direct payment from the medical care commission instead of associating themselves in a contract with the Swift Current Board. Is this the question?

**Mr. Cameron:** — I’m not too clear how I put it but section 3 deals with Swift Current Health Region specifically, where it has entered into a contract with its doctors to supply services. It will pay the doctors and be reimbursed from the commission. That part is clear. But I would like to ask, is there anything in this section that prevents any doctor within Swift Current Health Region from refusing or not signing the contract with the health region, but setting up a practise which would have a contract direct with the commission and will be paid directly by the commission rather than to the health region board?

**Hon. Mr. Davies:** — There is certainly nothing to stop the physician from practising entirely privately, but I am not so sure about the position of the group that set up and negotiate an arrangement directly with the commission.

**Mr. Cameron:** — Do you mean with the commission or the board? This group will negotiate with the board? Set up a contract with the board? The board of the Swift Current Health Region. Is that not the interpretation of the section — that they would enter into a contract with the board?

**Hon. Mr. Davies:** — If I may deal with this, this refers really to the arrangements that we have undertaken, with the Swift Current Board as of now. We have an agreement with the board, and we contract essentially to make the monies available that are necessary to carry on the plan of health region No. 1 with the physicians with whom the board has an agreement. This is what section 3 deals with, and this is all that it deals with, as far as I understand the section. So that it is with the board that the physician who does not want to practise in relationship to the board, or to put it another way, who does not wish to undertake a contract with the Swift Current board for his services, and wishes to practise privately then of course he is quite free to do so.

Now whether a physician would be free in combination with other physicians to make an arrangement directly with the medial care commission, I frankly am a little at sea on that particular part of the question. If the member would be agreeable, I will try and give him a more precise answer to that question a little later. I don't mind holding this particular section in committee.

**Mr. Cameron:** — Yes, Mr. Chairman, that's the point I would like clarified. I wondered whether every doctor practising within the Swift Current Health Region is expected to have a contract with the health region board.

**Hon. Mr. Blakeney (Provincial Treasurer):** — Mr. Chairman, I think I could add a note here. The member's question might be phrased in two ways. Does

anything in the Act prohibit necessarily a doctor from practising privately? Or the other question might read: Will the Act as envisaged operating prohibit this? I think we may turn up with two different answers. It seems to me, although I haven't examined this, that there is nothing in the Act which absolutely prohibits an arrangement whereby a doctor might practise privately, or practise in the Swift Current area without a contract with the Swift Current board, but either in contract with the Medical Care Insurance Commission, or by some reimbursement arrangement with his patients. I don't think it is absolutely prohibited although there may be something that does do it. This was not the intention. The intention was that all the doctors in the Swift Current area would have a contract with the Swift Current board that the arrangement would carry on, and I think that the Act, together with the regulations as now constituted, would prohibit a doctor from entering into an arrangement with the commission. I think that is the net effect of it. But I think it might be possible to change our regulations which would change this situation. I am just searching in the back of my mind and it seems that this is the structure that is built up.

When the member asked the question I said well, this must be prohibited, but when you look in the Act I am not sure that it is. I think it might have to be read with the regulations to produce the effect which is intended in the Swift Current area, and which is in effect there now. I think the minister may well have a better answer than this, though.

**Mr. Cameron:** — Just one more question, Mr. Chairman. Under this arrangement how will the Swift Current Health Region stand with regard to the taxes levied now to support the health region? Will they be removed — the land assessment, the tax of 2.6 mills I think it is? They will operate as a carrier or a health service and these will no longer be enforced? I don't know whether I have made myself clear or not, but the health region, as I take it then, will not have any right or power to impose a land tax or personal tax in their own right?

**Hon. Mr. Davies:** — I still think they would have the authority on the land tax, but I think it is extremely unlikely if they would continue it under the present circumstances because the only reason they have the existing taxes is to pay for the existing health services. I am now

referring to the insured services that we were speaking about under the Act. It is true that they have supplementary services but I am now dealing with the context of the insured services under this Act, and I believe that is what the hon. member is referring to.

I say that for those services the region has undertaken its own financial arrangement of taxing and personal tax, land tax, etc., to get the necessary funds to run the plan so now with the monies coming from the central source, these taxes are no longer necessary. However, the direct answer I think to the question is that these powers of land tax will still be exercised, but I would think would be extremely unlikely that they would continue when the agreement is effected in fact, and the agreement will be effected in fact, I suggest, when the physicians are able to undertake an agreement with the Swift Current Health Board and be again in a position to accept finances from a central source.

**The Chairman:** — Is this clear now? Do you wish to let this stand, or do you prefer to accept the minister's answer?

**Mr. Cameron:** — No, it is not quite clear.

**Mr. Snedker:** — Just in connection with the Swift Current Health Region, Mr. Chairman, I doubt very much if they have the power to levy the land tax on the assessment of property, because I think that was taken away from them at the last session of the house. But apparently health region No. 1 is to administer health services in that region as they administered them heretofore. I am correct in that assumption, I believe. If they are to do that, administering health services for 1/18th of the population of this province, then they need some administrative expenses. I want to know what arrangement the government has made with the board of Swift Current Health Region No. 1 if they are going to allow them to administer the plan; they are to become an official carrier, as I understand it. What about the expenses of administering this thing down in that Swift Current Health Region? Where are they going to get the money from to do that?

**Hon. Mr. Davies:** — The agreement before me, Mr. Chairman — I am frankly reluctant to read it — is some four pages,

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but all I can say is the agreement is perfectly satisfactory to the Swift Current board, and has been concluded. I assume therefore that the question of administration has been taken care of. The provincial treasurer informs me that there is a fee in the agreement. Perhaps I could read the section, which I have stumbled along luckily:

“Payment for administrative expenses incurred by the board in an amount considered by the commission to be attributable to the administrative cost of making payment in respect to insured services received by residents who are beneficiaries.”

**Mr. Cameron:** — One more question. There is a row of townships along the Alberta border of the Swift Current Health Region that has had the right to take their medical services in Alberta, because that was their nearest point. Is that principle going to be honored in this new contract where those people can still seek medical services in Alberta but will be paid for by the health region, thus by the commission to the health region?

**Hon. Mr. Davies:** — This procedure will continue.

**Mr. Gardiner:** — I would like to ask the minister if he could give us an explanation briefly, or even if he wanted to read the agreement in full, as to whether or not there are any benefits being derived in the Swift Current Health Region over and above what the rest of the public in the province will receive under *The Medical Care Insurance Act*?

**Hon. Mr. Davies:** — The arrangements that are to be undertaken by the board with the physicians are, of course, a matter for their determination. We make payments, as I understand it, on the basis of the 85 per cent of the minimum schedule of fees, and the arrangements with the physicians in the area are worked out as between the physicians in the area and health region No. 1.

**Mr. Snedker:** — Just further in connection with what has been said, I understand the Swift Current Health Region is to be paid a sum equivalent to what is considered to be the administrative costs of that region. Are they dealing directly with the Department of Health, or are they



dealing with the Department of Health through the Commission?

**Hon. Mr. Davies:** — They are dealing with the Medical Care Commission.

**Mr. Snedker:** — They are dealing with the Medical Care Commission in regard to their whole area, am I correct in that?

**Hon. Mr. Davies:** — The agreement, or payment for bills there is through the commission, and the agreement between the board of health region No. 1 is signed by the Medical Care Commission.

**Mr. Snedker:** — Just in passing let me say that I am quite happy to see the people of Swift Current have rocked you fellows back on your heels to stay in business.

**Mr. Cameron:** — Mr. Chairman, I can concur in what the hon. member has just said. I'm not going to dispute the Swift Current Health Region, but it has certainly pointed the way for a good many years in the method in which we should travel in establishing health services in this province, and I am more than pleased that some common sense and wisdom did prevail to preserve the Swift Current Health Region as we have set it up and operated it for so many years, and the people of Swift Current are very happy that this concession has been granted, which the original Act removed and took away from them. They had no right to operate under a regional Act, as the Act was spelled out and I asked the specific question: Will the health region of Swift Current be able to continue under this Act, and the answer was 'No'. Both from the then premier and the then Minister of Health. That was the interpretation. We asked if private plans now existing would be able to carry on. The answer was 'No'. These plans would be superseded by the medical care commission plan. There would be only one plan instituted to the province. That was the explicit purpose of the original Act. This has removed those things; it has permitted the people out west to carry on with the plan which we have pioneered in this province.

One question I would like to ask is regarding referrals. If you are referred out of the Swift Current region elsewhere for medical services, is there any charge to the patient as a result of that referral?

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**Hon. Mr. Davies:** — My understanding is, Mr. Chairman, that the fees in Saskatchewan and in Alberta are similar — not exactly the same, so that any difference in charges rarely if ever occurs. I am not precise about this, but I think that they have an arrangement between them, in any event, that the charges would not exceed what is paid through the Swift Current Health Region.

Was the hon. member also referring to a situation where there is a referral to Moose Jaw or Regina?

**Mr. Cameron:** — Yes, anywhere.

**Hon. Mr. Davies:** — In a case of that kind the whole bill would be paid if the referral was on the instance of the general practitioner, and if it wasn't on the referral of the general practitioner, then the difference in the rate would have to be paid by the person concerned.

**Hon. Mr. Blakeney:** — It is the same for the Swift Current people as anywhere else.

Clause 9 agreed.

#### **Clause 10**

Clause 10 agreed.

#### **Clause 11**

**Mr. McCarthy:** — Mr. Chairman, what does clause 11 mean?

**Hon. Mr. Davies:** — I can best answer that question by reading the section. The section did read:

“Notwithstanding anything in this or any other Act, the commission may act as the agent of any department or agency of the government of Saskatchewan or any crown corporation, or by agreement of any municipal, public or other body, group or corporation for the purpose of arranging, tendering and making payment in respect of any medical care or treatment or related service provided to any person, whether or not the medical care or treatment or the related service is an ensured service.”

All that is done here is to take out the words “or, by agreement of any municipal, public or other body, group or corporation”. I may say that the amendment was recommended by the college. It was thought that it looked a little too broad. We think that the phrase taken out will leave the section in the kind of shape that will enable us to use it whenever necessary, so we have agreed to delete the phrase as mentioned in clause 11.

Clause 11 agreed.

### **Clause 12**

**The Chairman:** — To correct a typographical error add ‘s’ to the word subsection in subsection (2).

Clause 12 agreed.

### **Clause 13**

Clause 13 agreed.

### **Clause 14**

Clause 14 agreed.

**Mr. Gardiner:** — Mr. Chairman, before proceeding to section 15 I would like to bring up one of the clauses of the bill which has not been given consideration in the amendments that have been presented by the government. This is section 30 in the original bill which is another point to which I made reference in my remarks this morning, a point which should have been changed at the time the Saskatchewan Hospital Insurance Act was put into effect, that the tax powers which I think under British government have always considered to be the purpose of the elected representatives; in other words, that taxes were not to be levied by the government without the consent of the elected representatives of the people.

We have both in the Saskatchewan Hospital Services Act, and we also have in this Act the provision to the government of the right to place a tax levy against the people of this province without recourse to the legislature of the province. I think that is basically wrong, and that that wrong should be righted. It should not be continued and it should not be increased by this legislature. Under this Act we should see to it that the tax provisions are left to the hands of the elected

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representatives of the people, so that they cannot be abused in any political manner such as they have been in the past. I think this is even more important when we are dealing with the question of direct medical services as between the practising physicians and the public in this province.

I am going to move — and I would again urge members on the government side of the house to at least give some consideration to the protection of the public of this province. They may be members on the government side of this house; they may feel that they have confidence in the government as such, but I can assure them I don't think there are too many of them who feel that these tax levies should be operated in the way they have been in the past with regard to *The Saskatchewan Hospital Services Act*, and I think it is only right that we as members should have the right to a control over the levying of these taxes from the people of the province. I am going to move, seconded by Mr. McFarlane:

“That the following be added as Clause 15 of the Bill and that the following sections be renumbered: “That subsection (1) of Section 30 be amended by striking out the words “the Lieutenant Governor in Council” in lines three and four and substituting the words “the Legislative Assembly”, and in the fifth line striking out the word “he” and substituting the word “it”.

In subsection (3), clause 30, striking out the words “Lieutenant Governor in Council” in the first line and substituting the words “Legislative Assembly”; and striking out the words “Lieutenant Governor in Council” in the fifth line and substituting the words “Legislative Assembly”.

**Mr. McFarlane:** — Mr. Chairman, in speaking in support of the amendment I think it was very ably pointed out this morning during second reading by members on this side of the house, the necessity of this type of an amendment. I believe it was drawn to the attention of all members here this morning what has taken place in the past by this government inasmuch as their actions concerning hospitalization.

I believe one of the major issues during the discussion of this medicare Act, not only as far as the people of the province were concerned but also the medical

profession, was the fear that in the future, having had the experience of the increase in cost of government insurance, and increase in cost of hospitalization over the years, there was nothing to prevent the medicare insurance scheme following the same pattern. If this year it was estimated it was going to cost the people of Saskatchewan \$21 million, there was nothing in the foreseeable future to prevent it from rising to \$30 million within a year, or \$40 million within two years' time. Here was the point that the people of Saskatchewan felt could become a political issue, because the government then would only have one or two alternatives — either they were going to have to increase the per family per capita tax to cover the increase in cost of medical care, or they would take the money out of general revenues at the expense of highways or education, or some of the other services. By doing this you could have political medicine in the province of Saskatchewan. This, I think, was one of the major objections of the College of Physicians and Surgeons to this type of legislation. Certainly when the people of the province understood the implications involved and what could happen in the future, then they too became alarmed at this type of legislation.

So I think in the interests of *The Medical Care Insurance Act*, and in the interests of the people of Saskatchewan that the allocation of funds for this particular Act should be left in the hands of the legislature. When it is left in the hands of the legislature all the people of the province are represented. As long as it is left within the hands of the cabinet, then there can be a tendency to have the same thing result as has happened with government insurance and hospitalization, and some of these other government schemes. So I think the amendment merits the support of every member of the house, and I am certain that members on this side, at least, will bring it to the attention of the government and we will give our full support to it. This is one point in the Act which is one of the very major issues involved.

The question being put on the amendment, it was negatived.

**The Chairman:** — It being 5:30 p.m., I will leave my chair until 7:30 p.m.

The Assembly resumed at 7:30 o'clock p.m.

**THE ASSEMBLY IN COMMITTEE OF THE WHOLE ON BILL NO. 2: An Act to amend The Saskatchewan Medical Care Insurance Act, 1961.**

**Clause 15**

**Mr. J.W. Gardiner (Melville):** — Mr. Chairman, if we could revert for a moment, I didn't notice when you were reading the clauses there that we had slipped by 35, could we revert to 35 for a moment?

**The Chairman:** — Yes. 35 of the Act.

**Mr. Gardiner:** — Thirty-five of the Act and actually 15 as included. It has to do, as all members can see, with the insurance fund. Members on the government side and the opposition will remember that at the fall session almost a year ago now that it was recommended that the insurance fund be changed to make it necessary for the new taxes that were increased for the purpose of providing medical insurance in the province be placed in the insurance fund. The main purpose behind this was to see that the taxes that were being placed on the people of the province were definitely used for the purpose that was indicated by the government at the time this measure was presented to us. At the same time as well it would place the commission and this legislature in the position that if the funds from the other tax sources that were increased at the time that this Act was first placed before the legislature appeared to be sufficient to do away with the premiums collected, the individual premiums collected from the people, that then this legislature could make that change in the light of the increased taxes that might be realized through the other sources. So that from time to time the tax position of the people in this province could be relieved somewhat due to the experience of the Act. Again of course I think that most of us realize that there is every possibility that in the not too distant future that there may be federal funds allocated towards medical care as well, which might well be placed for the use of the people of this province. We might want to decrease and should, I think, on that occasion decrease some of the taxes that have been placed on our people here in this province. The fact that all these monies would be placed in the insurance fund, the payment that would be made out by the medical care commission in this province would be paid out from year to year and if we find that

the expenses are not as high as we feel today that they will be, then we could reduce the individual payments accordingly. As the Act now stands, it doesn't definitely state that the tax increases that were made at the time have to go for this purpose, although at the time the government made it clear that that is what those extra taxes were going to be collected for.

I remember at the time that it was stated that 1½ per cent of the increase in the Education and Health Tax was being placed there for the purpose of providing the medical care insurance for the people of this province.

Secondly, there was a 1 per cent increase in the income tax in this province as well as an increase of 1 per cent in the corporation tax. Both again for the purpose of providing medical care under *The Medical Care Insurance Act*. At that time we suggested that the proceeds from these three fields of taxation be placed in the insurance fund along with the announced raise to the payments of premiums by the people of this province placed in the fund and used only for the purpose of *The Medical Care Insurance Act*. Now I think it a reasonable request to make, I think it will definitely indicate to the people the exact picture from year to year of *The Medical Care Insurance Act* on a financial basis. It will give to the members of this legislature as well, from year to year, a picture as to what this is costing us and whether or not the individual premiums or other tax sources can be reduced in order to provide relief from taxation for the people of this province.

And so I would move seconded by the member for Turtleford:

“That clause 15 of the bill be amended by inserting the following as subclause 1 and renumbering the balance of the clause as subclause 2. “That subsection 1 of section 35 be amended by adding after the word “collected” in the first line the following: “and 1½ per cent of the Education and Health Tax, 1 per cent of the provincial income tax, and 1 per cent of the provincial corporation tax proceeds”.

**The Chairman:** — The member for Turtleford isn't here.

**Mr. Gardiner:** — Well I don't think it requires . . .

**Hon. Mr. Blakeney:** — On a point of order, I don't want to be over-difficult, but I just wonder if an amendment such as this is in order. It amounts to the statutory appropriation of a very substantial sum of money, this is what it is. It says that funds that presently accrued in consolidated revenue shall be spent for a particular purpose, i.e. to be allocated to this particular fund and I wonder on that account whether it is properly moved by a member of the opposition. I would submit that it is not.

**Mrs. Batten:** — Mr. Chairman, this is not the spending of money, it is merely a different method of keeping the same money. This money is already in there for a particular purpose this is merely specification of the money. It is the government who says that this money will be used for a particular purpose.

**Hon. Mr. Blakeney:** — This says that money that will accrue to the consolidated fund will not have to go into the fund. This is the disposition of the whole block of tax funds for a particular purpose. This is spending money in legislative terms.

**Mrs. Batten:** — So far as this money is concerned it will still be in the hands of the government.

**Hon. Mr. Blakeney:** — No.

**Mrs. Batten:** — Not the spending of the money as I understand it, the members of the opposition don't have the right to make motions spending money. This certainly wouldn't be classified as spending money. It is merely an accounting detail.

**Hon. Mr. Blakeney:** — It is a nice question but I have made my submission.

**Hon. Mr. Brockelbank:** — I don't think there is any question about it, this is certainly a money motion because it designates money for a particular purpose and is definitely out of order.

**Mr. Gardiner:** — I would just suggest on the point of order that the minister who has just taken his seat has taken that this money as far as I am concerned as a member of this



legislature has already been allocated except in fact for this purpose, members of the government have stated that's what the tax increase was placed on the people of this province for — to provide this medical care insurance to the people of Saskatchewan. As far as I am concerned the government hasn't any right after making that commitment, after increasing that tax for that specific purpose and for no other reason as was stated to us at that time, I can see no way in which the government should object to having these funds, and I am quite certain that all the members and surely if the members of this legislature are prepared to have these funds placed in *The Medical Care Insurance Act* to be handled by a commission, at least the government seems to have faith in itself, whether the rest of us have or not, to be handled by the commission that is constituted by the government of this province. Surely they should have enough faith in their own commission to handle the expenditure of these funds that are placed in the insurance fund after they have been placed there for that purpose and after the government has stated themselves that that is what the money is for.

**Hon. Mr. Blakeney:** — Will hon. members take as an example local school boards, and I am perfectly happy to let them have grants, but I am not happy to have members of the opposition move that sums of money be applied as grants for local school boards and I submit that this would be out of order and so the member's remarks about whether or not we have confidence in this commission are wholly irrelevant. It is not whether we have confidence in the recipients of the allocation of money but whether or not it is a disposition of money out of the consolidated fund, and I am suggesting that it is and if it is I suggest it is an expenditure of money, and if it is so I suggest it is only proper that it is made by a member of the government.

**Mrs. Batten:** — An expenditure of money that is merely going from one large pocket into one smaller more compact pocket in the same government. It is still the government that has control of the funds. You are not handing this money over to the commission.

**The Chairman:** — I would like to hear the committee pass a comment on this. To begin with I think it is agreed by all members that private members cannot say how money shall

be spent. A private member can't say this, but in the depositing of money in the Saskatchewan medical care fund, insurance fund, at the rate of the amendment, is this spending money?

**Mr. McFarlane:** — I submit that this isn't spending the money, for this reason, the money is being put into a separate fund where it has to be accounted for. Up until now I submit that the government doesn't have to spend all the money that is in there but all this is doing is making sure that the money that is collected in revenues from these three different types of taxes is put into this separate fund and is accounted for in that fund. And it can be spent or can't be spent, we are not — it is not the opposition that is spending this money, it is still in the government's hand and accounted for in this particular fund. I think this amendment is in order.

**Mrs. Batten:** — Mr. Chairman, in essence this is to prevent the spending of this money. It is so that the government can't use this money that is collected for one purpose for another purpose. We are trying to save this money for the purpose of medical care.

**Hon. Mr. Blakeney:** — You have done that, you have admitted that you have spent the money in any real sense of the world.

**Mrs. Batten:** — . . . hold on to it.

**Hon. Mr. Blakeney:** — You have just said that it can only be used for one specific purpose and anyone who says that this money can only be used for one specific purpose is for all intents and purposes disposing of the money and this is the nub of it. Whether or not the money is still available to the government for general purposes or whether it is disposed of and this is the nub of whether Her Majesty has control of her purse strings or not. Historically this is how it results, that Her Majesty was responsible for the levying of taxes and therefore had to take responsibilities for disposition of the money. Anyone who says that the yield from a particular tax will be spent in a particular way is in fact disposing of the money.

**Mrs. Batten:** — You have already said that.

**Mr. McCarthy:** — Both the premier and the

members over there last fall told us distinctly that this money would be spent for no other purpose except that. They have agreed to that. It is just a matter of bookkeeping so that it will be easier — this doesn't change the picture — they have agreed and I don't think they will deny it — that all this money would go for medical care purposes. Alright, if they put it into a special account it gives everybody a chance to check it. They are not spending it, they have agreed to that, we are not putting on anything that you haven't already agreed to.

**Hon. Mr. Blakeney:** — We are not arguing about that at all.

**Mr. McCarthy:** — Well then you have agreed to so why not put it into a fund where it would be reasonably easy to check.

**Hon. Mr. Blakeney:** — It may be a good idea but it can't be suggested by the hon. member from Melville (Mr. Gardiner). It is a straight point of — I am not saying it is a good idea or a bad idea, I am just saying that it can only be done by a person on the Treasury bench.

**Mr. McCarthy:** — You are just trying to wiggle off the hook. It is perfectly in order.

**Mr. Snedker:** — You mean to tell me that members on this side of the house can't say what fund that money should be in without spending a nickel or getting a nickel.

**The Chairman:** — Order! I think if you turn to Beauchesne page 205, citation 244 (3) I think this very clearly spells out the rule in this case:

“Amendments proposing in a money resolution to substitute a loan for a subsidy to change the destination purpose and conditions of a subsidy, attaching a condition to a subsidy, affecting the ends in the provision of a subsidy must be moved by a minister with a recommendation from the crown.”

Therefore I rule that this is out of order.

**Mr. Cameron:** — Mr. Chairman, if I may make one observation on this. You talked about a money motion, this is not a money motion, this is a bill that we are considering. It is a bill of the legislature. That is a strange interpretation for the provincial treasurer to say that when we are bringing in amendments to a bill or discussing amendments to a bill that an opposition has no right under a bill to suggest or spell out explicitly how that fund is to be spent or to be accounted for. This is a bill that you are dealing with, not a money resolution at all. It is a bill going through this house, being piloted through at the present time. These are amendments spelling out the bill so that the legislature is exercising its right and its prerogative, indicating how we feel this money should be allocated and we want it spelled out in the act. I think you are confusing the two issues it's not a money motion at all.

**The Chairman:** — I think you missed a point that I read out Mr. Cameron. Amendments to change the destination, purpose and conditions of a subsidy must be moved by a minister. Now you are changing this amendment which changes the destination of this tax money from one place to another and from this you are changing the destination from the general revenue to the medical care insurance fund and according to Beauchesne this must be moved by a minister of the crown.

**Mr. Foley:** — All we are objecting to is the loss of identity of these taxation revenues that will occur unless this act is revised. Certainly I think we are putting some pretty fine shades of meaning when you attempt to read in a change of destination.

**Mr. Barrie:** — Could you read the amendment again please.

**The Chairman:** — Yes. (Amendment read)

**Mr. McFarlane:** — To follow the reasoning and the argument put forth by the provincial treasurer, then when any bill comes before this legislature then it automatically bars members of the opposition, well all members, from dealing with any portion of that legislation which specifies the collection of money. This could affect practically every piece of legislation that comes down in here. If only the cabinet are going to be in a position in this house

where they alone direct where monies are going to be put or monies are going to be spent when a bill is presented, then it automatically bars, especially in your thinking, it bars all members on this side of the house from entering into debate or trying to amend that specific part of legislation.

**The Chairman:** — It would not stop you from debating policy, as it is in the bill, but to bring in the recommendation to recommend it spells out clearly — I feel I must rule it out of order according to rules of Beauchesne.

**Mr. McFarlane:** — Certainly we can debate, we can debate and debate here for the next six months but if we are going to be prevented from making an amendment and setting up legislation then for all intents and purposes what good is the opposition? We are pointing out these things to the government.

**Mr. Foley:** — I would gather Mr. Chairman, that the only point that is different here is a matter of technicality which is mentioned by the provincial treasurer when he objected to a member of the opposition moving the amendment. Possibly he is prepared to move the amendment.

**Hon. Mr. Blakeney:** — I would like to speak on the merit to the motion. I don't know whether Mr. Chairman . . .

**The Chairman:** — The only way that this can be debated is if a minister — if you can persuade the minister to move the motion, then certainly it is in order. Do you wish to speak to the order. I think I must rule it out of order according to the rules of the house.

Clause 15 agreed.

#### **Clause 16**

Clause 16 agreed.

#### **Clause 17**

Clause 17 agreed.

### Clause 18

**Mr. W.J. Berezowsky:** — Mr. Chairman, when I look at the motion there section 43 (1) it says who wilfully makes a false statement. This is a very serious offense and I can't quite visualize how the legislature could agree with a section like that with a minimum of five dollars. That is very close to a criminal offense. Could the minister give an explanation why only five dollars as a minimum is provided in this section.

**Hon. Mr. Davies:** — Mr. Chairman, this is simply to leave the latitude with the court on the degree of seriousness of this offense, and no doubt if it were a more serious offense, the particular judge at the moment would make the fine more. I might say that, when I am on my feet, all that this does here is to make a change from the old section so that now the offense is wilfully making a false statement whereas before it was making a false report.

Clause 18 agreed.

### Clause 19

**Mr. MacDougall:** — Why this period of six years Mr. Minister?

**Hon. Mr. Davies:** — Well, the college initially has expressed the opinion that a one year limitation (I am talking about the whole clause now) within such actions under section 43 could be commenced should be sufficient and we agreed with this proposal but we have retained a six year period within which actions respecting violations of non-payment may be commenced simply because this will make it consistent with the hospitalization act.

**Mr. Snedker:** — Mr. Chairman, it seems rather peculiar to me that you limit the time in which the action may be commenced to any other violation of the act to one year. If some member of your commission happens to violate the act and isn't prosecuted within a year it is a dead issue. If some poor devil of a farmer or somebody in the city doesn't happen to pay his taxes you can chase him all over creation for six years. It doesn't seem either fair or consistent. I would suggest a one year limitation of the whole thing.

Clause 19 agreed.

**Clause 20**

**Mr. Snedker:** — Mr. Chairman, in connection with Section 49 which is an amending section too, I draw the attention of the members of the house that this is the section that gave the commission wide powers. By the amendments to this section some of those powers have been limited. Subsection 1 of section 49 says this, “that subject to the approval of the Lieutenant Governor in Council the commission may make regulations for the purpose of establishing and administering a medical care insurance for the residents of Saskatchewan and without restricting the generality of the foregoing may make regulations.” It goes on to say what regulations they make. Until you come to paragraph (f) — they may make regulations respecting the manner in which persons may be identified as beneficiaries that is the commission may make regulations as they see fit respecting the manner in which persons maybe identified as beneficiaries. In other words the beneficiaries, the people of this province are subject to the will and whim of the commission. If the commission wants to say that this person is a beneficiary, he is a beneficiary; if they want to say he isn’t a beneficiary, then he isn’t a beneficiary.

Just recently we witnessed the pressure that was brought to bear on this government, to have these very sections that are being repealed, repealed inasmuch as they affected the doctors of the province, because they were objected to by the medical profession on the grounds that they were dictatorial and arbitrary and I agreed that they were. That pressure put on the government was pressure put on the government by the people, by the people of this province, that’s what caused the repeal of some of the obnoxious sections of the act. During the time the people that have been overlooked, the class of people that have been overlooked in this province are the actual public that are going to be the beneficiaries of this act. I don’t think they should be subject to the whim of any socialistic commission as to whether they are beneficiaries or whether they are not. I think if they are citizens of this province and they pay the tax, they are beneficiaries and the commission be hanged. I am therefore going to move:

“That the Saskatchewan Medical Care Insurance Act, 1961 be amended by striking out Clause F of Subsection 1 of Section 49.”

This section is just as dictatorial and arbitrary as when the act was drafted. It leads to dictatorship by the commission over people. It is the people of this province, the beneficiaries of this act, supposedly the beneficiaries and the taxpayers that are being overlooked. They are the ones whose rights and privileges aren't being protected. There are three sections in this act, the one defining who is a resident — the commission is going to make the definition as to who is a resident. I draw to your attention that under the hospital act and under the medical services act the definition of resident is clearly stated and then a little later on section 25 gives the commission more power to say who shall be a beneficiary and who shall not and then again under this section it gives to the commission even further powers and wider powers to say respecting the manner in which persons may be identified as beneficiaries and I therefore for that reason and in interest of the public of this province, to protect people of this province from big government, to protect the people of this province from what would be a social dictatorship. I move that this be struck out.

**Hon. Mr. Brockelbank:** — Mr. Chairman, I think the hon. member is entirely wrong in his interpretation of the purpose of the paragraph (f), which provides for giving to the beneficiaries a means of identification. This is for the convenience of beneficiaries, this is not the thing that determines who is a beneficiary or who is not a beneficiary at all. The people who are beneficiaries want to have, I want to have and I am sure every beneficiary wants to have an easy way in which they can identify themselves as beneficiaries and they are entitled to the service and that is all it means and I will have to vote against the amendment.

**Mr. Snedker:** — You arrogate that power under the commission, that should be a right to the people of this province written right into this act and never mind any commission, the commission shouldn't have jurisdiction over it. If a person is the resident of this province, and I suggest that the residents qualifications should be spelled out, it should be stated in no uncertain terms, not left for the commission as to who is a resident and who isn't. It should be should be spelled out in this act who is a resident and who isn't. If he is a resident and he has paid his tax, then he and his dependents are beneficiaries under this act, regardless of what any commission or anybody else has to say.



**Hon. Mr. Blakeney:** — I think we might pose the problem this way. Suppose a man goes into a doctor's office, the doctor really wants to know if this man is a beneficiary, it is not good enough for the man to say that I am a resident of this province and pursuant to the provisions of section 26 I am a beneficiary. A doctor is not interested. He says, have you got a card, have you got a hospital card, have you got something, put down your number, what is your number and it is in order to provide that there may be a identification card or a hospital card or other method of identification that this subsection is trying to get at and the specific manner in which people identify themselves, by way of hospital card or medical care card or some other type of easy identification is I think a proper area for the commission. They know what is convenience for the doctors; they are dealing with the doctors and I think this is what is aimed at and I think really that is all it says. If anyone can think of some more apt words, I am sure people would be willing to consider them but respecting the manner in which persons may be identified as beneficiaries, may identify themselves beneficiaries or for the purpose of obtaining benefits, this is the idea.

**Mr. Snedker:** — Yes, I understand that perfectly, but it also says, it also implies that the commission states who is beneficiary and who isn't. It says that in section 25. Yes, go back to section 25 and you will find it in that. All the identification which any citizen in this province should need to identify himself as a beneficiary under this act is a receipt for the tax. If he wasn't a resident then he wouldn't pay the money.

**Hon. Mr. Blakeney:** — You've named one, the receipt for the tax.

**Mr. Snedker:** — The receipt for the tax, and you should spell it out in this act instead of leaving it to the whim of some commission, a political appointee.

The question being put the amendment was negatived.

Clause 19 agreed.

**Clause 20**

**Mr. Foley:** — Section 3 clause D of subsection 1 is amended by striking out the words “required information” in the third line and substituting the words “information required in connection with the accounts”. I would like the minister to . . .

**The Chairman:** — What page are you on Mr. Foley?

**Mr. Foley:** — I am on page 10, section 3, clause 20.

**The Chairman:** — Yes, I see it.

**Mr. Foley:** — I would like the minister to indicate the change between required information as it appears in the old act and information required in connection with accounts as it appears in the act before us.

**Hon. Mr. Davies:** — It is now the information required in connection with the accounts so it means that this amendment doesn't substantially change the meaning of the clause but that it now relates to a specific thing, namely accounts, as before it did not relate specifically to that. It consequently was the subject of some misunderstanding, the solicitor of the college had brought it to our attention and in view of that we recommend this change.

**Mr. Foley:** — Is this spelled out in the regulation accompanying the act? The particular information required?

**Hon. Mr. Davies:** — I don't think there is any particular regulation dealing with this particular clause. I wouldn't want to swear to that, but in any event all that this does in this amendment is make the meaning refer to accounts whereas the previous meaning could be construed, we didn't think that it could, but it was suggested that it could refer to the number of other questions that were not in connection with the payment of accounts. In other words this is more precise.

**Hon. Mr. Blakeney:** — Mr. Chairman, if I might add a comment, there is a regulation which specified the information which needs

to be submitted and it is regulation number 9 passed on June 15th The payment for insured services provided to a beneficiary may be made by the commission upon the account being presented to it containing the following information: (1) the patient's name in full and address; (2) beneficiary's registration number; (3) the patient's date of birth and sex; (4) diagnosis; (5) services or service provided; (6) fee schedule items pertaining to services listed above; (7) additional remarks if nature of service was unusual; (8) name and signature of attending physician; (9) where physician is specialist, stating whether patient was referred by another physician and if so the name of that physician. That is the end.

Clause 20 agreed.

### **Clause 21**

**Mr. Coderre:** — Mr. Chairman, in regard to section 21, when can we expect the newly constituted commission to be in operation? We have this commission, part of your impasse was caused by not having proper representation on it, now we say here that the commission will administer the act until — now just when do we expect the commission or new commission shall we say, to be constituted?

**Hon. Mr. Davies:** — I think the answer Mr. Chairman is just as soon as it can be. I have had some initial discussions with the president of the College of Physicians and Surgeons, we have talked about some names but we haven't really been able to get down to the job of making the selection. I would like to see it done just as soon as can be and I am extremely interested in having the re-constituted commission sit down on a number of questions which the commission is now holding pending until such time as the re-constituted commission is formed.

Clause 21 agreed.

### **Clause 2**

**Hon. Mr. Davies:** — Mr. Chairman, I believe I was going to give a supplementary opinion of what was given before and we decided to leave this in the committee for this reason. Perhaps I should first say that respecting the powers of a municipal council to levy that the thing that is now prohibited is the levy for a personal tax. Financing is still possible under the health services act by a land tax. I just made comment on that in passing. The advice

of our solicitor, I shall give you in a moment. I think I said this afternoon, or perhaps earlier than that, that the first reason for forming individual municipalities and contracts with doctors for municipal doctor plans was to attract doctors to areas where the population was such that a straight fee-for-service basis would be insufficient to support a doctor. A municipality or a group of municipalities was unable to offer either a salary or some basic retainer to guarantee the doctor's income.

I think the second main purpose was to provide for facilities for the doctors, that is a house, office building, a clinic, a means by which the doctor could give service and come into the community without great expense to himself. I think I said that under the provincial medical program, the first purpose, that is of overcoming the inadequacies of the fee-for-service method in sparsely settled areas would be to some extent the responsibility of the medical care commission and the commission has indicated that it would offer contracts to doctors on either a fixed remuneration basis or a combination of a fee-for-service basis and the fixed basis on the choice of the physician. The second purpose that I talked about, that is the provision of facilities, clinics, house and so forth can still continue as it has continued in the past. There seems to be no reason why this couldn't be done anymore than a group clinic would be prevented from doing the same thing. In a word, any group of citizens would be enabled to provide these facilities where they thought they were necessary.

The key question that was raised here was whether the municipality or the municipal health services board can be an approved health agency. The opinion of my solicitor is that the municipality could not in terms of this section be an approved health agent, because its sole function is not just the payment of medical services. I am now speaking of the municipality or the combination of municipalities. It is his opinion further that the municipal health services board would not likely qualify since they are agencies composed of municipalities rather than of subscribers. I think I can't add anything more to that except to say that in the Saskatoon agreement, this particular question was not thought about, was not dealt with and that is why I could not give you an opinion on this.

**Mr. Snedker:** — Mr. Chairman, I would like to ask the minister if there is anything to prevent a municipality from paying

a doctor a subsidy to keep him here?

**Hon. Mr. Davies:** — In terms of levying the land tax, no. Because financing is still possible under the health services act in that direction. The personal tax by reason of action already taken by the legislature is out.

**Mr. McCarthy:** — Would it change the act any if you took that word “sole” out?

**Hon. Mr. Davies:** — No, I don’t think so. There would be more to it than that because it was the object for payment for medical services and related services to its members or subscribers. You are talking about an organization here in contrast to a municipality or a group of municipalities which are different — a different entity or different entities.

**Mr. McCarthy:** — I understand that as long as it has the word “sole” in, but if you took the “sole” out it wouldn’t automatically rule municipalities out would it?

**Hon. Mr. Davies:** — It is my opinion that all that would do would be simply qualify the association, corporation or other organization but that still wouldn’t let the municipality in.

**Mr. Snedker:** — Mr. Chairman, in connection with section 2 subsection 13 the act, that is the section which defines a resident, it says resident means a resident as defined in the regulations. Here we have the step by step control of the public of this province by a commission. First you have the definition of the resident, and a definition of resident as defined in the regulations, regulations, I presume, made by the commission. Then in section 25 the commission is going to make the regulations as to who are beneficiaries. In section 29 the commission is going to say how they are going to be identified. I have much the same observations to make in regard to this subsection 13, section 2 as I have to make in regard to the other two clauses in the act which I took objection to and which I moved amendments. I believe that who is a resident and who is not a resident should not be left to the whims of the commission, it should be spelled out

in this act. A good sound precedent for that I would draw to your attention that under the health services act section 20 subsection 2 in that particular act the resident is defined there when used with reference to a municipality or local improvement district as a person who has resided within that area for the previous thirty days. When used in reference to a health region, now we have the whole province administering a health plan, it means a person who has resided within that area for the previous ninety days. Then in the hospitalization act we have a definition of resident there, who shall be beneficiaries and who shall not. Every person who has paid a tax in the current year and so on. Every person who has paid a tax in the current year and then it goes on section by section to delineate those who would be beneficiaries and considered as residents for the purpose of that act. Who are residents and who are not residents is spelled out in the health services act and the hospitalization act. I think that they should be spelled out in this act. I therefore move:

“That subsection 13 of section 2 of the Saskatchewan Medical Care Insurance Act, 1961 be amended by striking out the words after “means” in the first line and substituting therefore the words “a person who has resided in the province of Saskatchewan for the preceding ninety days.”

I use the same arguments in connection with this because I believe that the beneficiaries under this act can be defined in no uncertain terms in order to protect the public of the province, in order to protect them from a commission now, tomorrow or anytime in the future under this government, under any government, in order to protect them to the point where they can only be changed by an act in this legislature, not by a whim of some commission, not by the whim of a commission made by some bunch of political appointees, in order to protect the people of the province, the taxpayers who are paying the shot. Once again to protect people from big government, in order to say in no uncertain terms who is to receive the benefits of this act and who shall not. I think those things should be defined and therefore I have moved that amendment to define in no uncertain terms who a resident should be.

**Hon. Mr. Blakeney:** — Mr. Chairman, this is something which was struggled with when these amendments were drafted and I

think everyone shares the sentiments of the hon. member for Saltcoats (Mr. Snedker) that it would be a very good idea to get a definition of resident included in the act and we had evolved one in the regulations which says that a resident means a person legally entitled to remain in Canada, who makes his home and is ordinarily present in Saskatchewan and where such person has left Saskatchewan for the purpose of residing elsewhere means that person for a period of three months following such departure — but does not include a tourist, a transient or a visitor to the province. This seemed to be a pretty good definition. We ran into some problems with respect — I raised in my own mind — what happens if someone goes south for four months for the winter? Does this mean that he is no longer a resident after the ninety days run out even if he intends to come back? Several of us raised a number of such problems, and we felt that we weren't going to get a first class definition of resident and I suppose we fell back on the expedient of saying that we would put it in the regulations knowing that we could change it and in presumably six or nine months most of the situations will have occurred and they could put it in the act.

I think nobody objects to the idea of putting it in the act, if we could devise some way of making or providing a little bit of flexibility, if we could put something like this in and then say and such other people as may be provided by regulations so that if you forget someone you can put them in and you don't have to wait until the next session. There may be something along that line. I don't think anyone resists the idea put forward by the hon. member for Saltcoats (Mr. Snedker). It is a good idea to designate the people who are to get the benefit under this and I think something could be worked out fairly simple on that score.

**The Chairman:** — Amendment before the committee.

**Hon. Mr. Blakeney:** — This amendment, Mr. Chairman if I may add — a person who has resided in the province for the preceding ninety days — I think it is kind of tough if you go out of the province for a week, you may be in trouble. In one sense of the word you have then not resided in the province for the preceding ninety days.

**Mr. McDonald:** — If I might interject, a definition of a resident

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is a place to which you ordinarily would return. Going out of the province for a week is utter nonsense.

**Hon. Mr. Blakeney:** — Well he uses the word resided and this is always worth an argument, whether resided means where you lived and intend to go back or where you spent the last seven days. I don't know whether these members opposite are residing in Regina or whether they are . . . oh no.

**Mr. McCarthy:** — What about the election act?

**Mr. McFarlane:** — Well, then does the provincial secretary or provincial treasurer interpret the hospitalization act, hospital services act, when as stated there a resident of ninety days. How do you interpret that? If he goes out of the province for a week then is he not covered by hospitalization?

**Hon. Mr. Blakeney:** — Frankly, I don't know that, I don't know what the definition is in the hospitalization act.

**Hon. Mr. Davies:** — We have an agreement, Mr. Chairman, in hospitalization for the coverage of people, an agreement between provinces so it isn't quite the same situation but I think the trouble here is to discover the proper definition of a resident. Of course we are not talking about residents here in the proper sense. We are trying to define it in terms of this act and I certainly have no objections to trying to do something of the kind that is already spelled out in the regulations and probably even this is a little deficient and remember too that we are talking about tourists, transients and visitors and these people too could be deemed to reside if they had been in the province for three months or longer.

The question being put the amendment was negatived.

**Mr. Thatcher:** — Mr. Chairman, before the final clause, I wonder if the minister would be in a position at this time to answer the various questions that he promised to this afternoon.

**Hon. Mr. Davies:** — I promised to get the information I could



and I think I have got some here. I hope it will be what the hon. member wants and I must warn him to begin with that the first information is of rather general character. I am not sure about all the questions that were asked but I am going to give him these figures. These are pertinent to the medical care insurance commission. From April 1st to July 31st of 1962. April 1st — July 31st. The total disbursements, I will give you first of all \$380,717.46.

**Mr. Thatcher:** — May I interject? Was it April 1st that the commission commenced its operation?

**Hon. Mr. Davies:** — Well . . .

**Mr. Thatcher:** — In other words, would this be a figure that is pretty well total disbursements to date?

**Hon. Mr. Davies:** — This would have the largest of the expenditures . . .

**Mr. Thatcher:** — You might have had some before April 1st.

**Hon. Mr. Davies:** — From April 1st on we began to spend heavily. Up to April 1st there wasn't very much spent. The major item in this, and I might say here Mr. Chairman that these have been gleaned in haste and I can't vouch for the absolute accuracy, but advertising and printing to begin with \$10,152.00. Contractual service — physicians \$182,897.00

**Mr. McFarlane:** — What was that figure again?

**Hon. Mr. Davies:** — This was contractual services, general heading physicians \$182,897.00 — physicians' travel and in this figure is included all the travel of physicians who have come from the British Isles and elsewhere during the recent emergency and includes also the sums of money that are spent in physicians' travel in Saskatchewan in automobiles and of course I think it will be conceded that it is pretty hard for anyone to get around the province or anywhere for that matter without a car — \$43,398.00. Remunerations for commission members — \$4,775.00. Administration — Salaries — \$86,448.00.

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**Mr. McFarlane:** — May I ask a question? How many personnel does that figure represent?

**Hon. Mr. Davies:** — I am sorry, I don't have that here. I could give you the approximate figure . . . Equipment — this is the accounting, business machines, etc., \$18,968.00. The staff varied during this period of time but the general figure might help somewhat. Our general staff now for the medical care commission is something over 100.

**Mr. McFarlane:** — Is which?

**Hon. Mr. Davies:** — Is something over 100 at the moment.

**Mr. Thatcher:** — Mr. Chairman, just before we leave this particular question, I would like the minister to check his advertising figure again. He has suggested the advertising from April to the end of July is only \$10,000.00.

**Hon. Mr. Davies:** — A lot of vouchers are not in yet.

**Mr. Thatcher:** — Which isn't in? . . . oh, I see, oh yes, then most of the advertising that was done the last few weeks I suppose — I am quite sure that the advertising was very, very much heavier than \$10,000.00. Now there was a further question. I know that isn't the correct figure, I am not disappointed at all, if that was the only figure I wouldn't be so concerned. I know it is many times that. I also asked the minister if he could tell us how many doctors were brought in from overseas, how many if any were not used, and how many are still here?

**Hon. Mr. Davies:** — Yes, I can give you some general information on that. The number of doctors who were brought in from outside the province during the period of withdrawal of service was 102. The number that are still in the province is 81. I am advised that there may be a fairly good number that will stay with us in the province. The number who arrived but have not been placed is 15. I can tell you also generally that the average stay of physicians was six to eight weeks.

**Mr. Thatcher:** — Would the minister tell the house how many doctors if any have come since the settlement, because you couldn't cancel their contracts? Were there any in

that category?

**Hon. Mr. Davies:** — These figures that I have given you are inclusive and the number that I have who have arrived but are not placed is this figure of 15 and what we are doing in cases of this kind is trying to arrive at an amicable arrangement of payment for the time that was spent if any here with an additional sum of two weeks, I think the figure is . . . What would work out to two weeks pay.

**Mr. Thatcher:** — One final question on this. Could the minister say whether there are any further contracts to bring doctors over here? In other words are there any more likely to still be coming, because they have contracts signed, even though they have not made it?

**Hon. Mr. Davies:** — Well, these contracts here all have to do with the so-called temporary positions. They came in here simply for an emergency.

**Mr. Thatcher:** — So, we are not likely to have any more. I mean . . .

**Hon. Mr. Davies:** — I hadn't quite finished. I was going to say that there are doctors however, that in response to the earlier general advertising would be coming here on a permanent basis. I don't know how many but there is no doubt there will be some doctors, as doctors have always come into the province, from the usual means. They have seen an advertisement, they respond to someone's request for a physician. However these aren't what we are talking about.

**Mr. McFarlane:** — Mr. Chairman, I wonder if I may ask the minister now. This morning when I asked for the tabling of the copies of the agreement between the government and the British doctors and those from outside the province, he signified more or less that he would be able to get this for us this afternoon. I wonder if he has copies of those agreements and could table them. May we also ask for copies of correspondence between the Saskatchewan government and the office of the agent general in London regarding the recruiting of doctors, I wonder if that correspondence could be tabled?

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**Hon. Mr. Davies:** — Mr. Chairman, the answer to the last question was given in the house this morning. This comes under the heading of, as I would understand it, if this is the proper word as privileged correspondence. I have however, a blank copy of the agreement that was made with the doctors coming into the province under a temporary basis and I think this could be tabled.

**Mr. McFarlane:** — I notice Mr. Chairman, that one of the signatories for witnesses on behalf of the government was one Mr. Shoyama. I would like to ask the minister if Mr. Shoyama is now in the employ of the government?

**Premier Lloyd:** — Yes.

**Mr. McFarlane:** — I wonder if I could follow that question by a supplementary question and ask the Premier on what basis was Mr. Shoyama re-employed?

**Premier Lloyd:** — Mr. Chairman, as I believe I mentioned in the house in the regular session, Mr. Shoyama was on leave of absence. The exact date on which he returned was sometime in July.

**Mr. McFarlane:** — A further question Mr. Chairman, I wonder if we could ask the Premier in what department he is now employed?

**Premier Lloyd:** — The Economic and Planning Board.

**Mr. Thatcher:** — I apologize, but I wonder if the minister would let me revert to ask one question? I missed it along the way somewhere. That has to do with the radiologists and the pathologists — is that the word? I understand that these gentlemen are specialists who feel that they should be included in this act the same as any other specialist. Are they going to be treated in this manner or are they going to be treated as some way? Will they need particular agreement.

**Hon. Mr. Davies:** — I think the answer to the question is that there is no explicit reference to radiologists or pathologists in the Saskatoon agreement. Now as of July 1st out-patient

benefits in the hospitals, out-patient benefits being diagnostic benefits like radiology, laboratory benefits, became available to the extent that hospitals could provide these benefits, and prior to this time we have had a meeting, we had a number of meetings I should say with tripartite committee of the College of Physicians and Surgeons and the Department of Public Health and the Hospital Association in an effort to work out some agreed upon and amicable means of remuneration and by functioning within this framework. Our thought was that apart from the hospitals we would need to have contracts or relationships with the non-hospital facilities, the radiological firms and the laboratory firms particularly in the larger cities where the hospitals can't carry the whole of the work that is to be done.

As I said, we had meetings roughly from around the beginning of April to around the end of June and of course at the time no further discussion became possible because of the withdrawal of service and the matter then was stalemated for a period of 23 days. However, I did have a discussion with one of the members of the council of the College of Physicians and Surgeons, the day before the Saskatoon agreement was completed and he asked me what could be done about these two sections and I suggested that we have an early meeting with the radiologists and pathologists so we could try to work towards a settlement of that area in the same spirit as we had tried to work towards a settlement in the Saskatoon agreement. There have been meetings held, I think two meetings on two separate days with officials of my department and the radiologist and pathologist organization in the province. We have to pose to them so far as the non-hospital facilities are concerned and of course in talking about these we talk about the persons who run them, radiologist and pathologists, but we reimburse for services rendered on the line — I think there are two choices — but they are both on the basis of 85 per cent on the minimum schedule of fees. We use this as an interim basis of remuneration and we continue to meet so that we can work out a long-term or semi-permanent arrangement.

Now that is so far as the private facilities are concerned. So far as the hospital facilities are concerned the relations of the radiologists and pathologists in the hospital is purely with their hospital board. We don't presume to work out arrangements between

them and we have suggested for this area that the old committee of the hospital association, the Department of Public Health and the College of Physicians and Surgeons meet to devise a general means of remuneration for the personnel, the professional personnel that are engaged in hospitals.

Now it is my opinion that with these two approaches we should be able to effect a settlement of our problem. There is just one other thing. *The Medical Care Insurance Act* will cover the routine type of test and examination conducted in the doctor's office. The various tests that I think you are all familiar with, the laboratory tests conducted outside, the more specialized tests, would be conducted at present in the two frameworks that I referred to and I will just speak about one or two other points that I may have missed here. I am trying now to recollect them.

**Mr. Thatcher:** — Would the minister permit an interjection? I am still not quite clear and I don't know if the house is clear or not, whether these two categories of doctors or these two categories of specialist come under the provisions of this act precisely the same as any other member of the College of Physicians and Surgeons? Could you just give me a yes or no on it? That is what I would like to know.

**Hon. Mr. Davies:** — Well, Mr. Chairman, it is a very serious or dangerous thing to give a yes or no answer to my hon. friend and I am afraid I can't give him that yes or no. I say that to the extent that they are covered for those services in doctors' offices, talking about physicians generally yes. But the services of radiologists, pathologists are now included for the most part under the benefits of SHSC.

**Mr. Guy:** — Just one question before we leave that, I wonder if the minister could answer or tell us if any advertising or publicity in regard to the medical care dispute was charged to any other department other than the medicare commission? Say Industry and Information or any other department.

**Hon. Mr. Davies:** — You mean publicity charged to any other department. It all depends what you are speaking about but some of the advertisements from the government of the province of Saskatchewan were not I think charged to medical care.

Clause 2 agreed.

Motion to report bill agreed.

**ASSEMBLY IN COMMITTEE OF THE WHOLE ON BILL NO. 3: An Act to amend The Legislative Assembly Act.**

**Clause 1**

Clause 1 agreed.

**Clause 2**

**Mr. W.R. Thatcher (Leader of the Opposition):** — Mr. Chairman, before you proceed I wish to propose an amendment to the original Legislative Assembly Act and I believe I am in order. I mentioned earlier today as did members of this group that it is now five months since the people of Prince Albert have had representation in this house. I have pointed out that this is the fourth largest city in Saskatchewan that is 25,000 people living there. Here we had the most important debate I suppose since 1905 and the people of Prince Albert have not been represented therein. I believe while the Legislative Assembly Act is open that all hon. members on both sides of this house should give some consideration to amending the act so that when notice is given that a seat is open either now or in the future there should be a time limit when an election is called. I think it would be good whether it is this government or another government that is in power in the future years. Personally I don't think that when a seat is declared open officially by any two members of the house or in any other way, I don't think the people should be deprived of representation any more than 90 days. The house might be interested in the feeling of the people of Prince Albert in this connection. I have the Saturday newspaper of July 14th, 1962 and I would like to put a few comments of the editor in this connection for the records.

“Mr. T.C. Douglas is becoming mighty anxious to replace Mr. Regier as member of parliament for Burnaby-Coquitlam. We would suggest to Prime Minister Diefenbaker the man who Prince Albert again elected as its representative in the house to allow Mr. Douglas as much time as possible to bleed profusely over his June 18th thrashing in Regina.”

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This goes on:

“Mr. Diefenbaker might point this out to Mr. Douglas and the other NDP people. The NDP and its predecessor the CCF are always demanding that things be done to accommodate them, but it seldom occurs to them that other people might also have their rights.”

I will skip a paragraph or so —

“Since it has been known that sometimes politicians will sometimes bargain over decisions we might even be so bold as to suggest to Mr. Diefenbaker that he offer the NDP a bargain, call a by-election in Prince Albert and I will call one in Burnaby-Coquitlam. Since the medical care plan is certain to be the only major issue in this city we might also suggest that it would offer Mr. Lloyd a golden opportunity to prove his statements. Mr. Lloyd ridiculed the rally in Regina Wednesday as far from showing overwhelming opposition to his plan. We and thousands of other people in the city say otherwise. A by-election would be a test of which is right. A test which NDP people do not relish.”

**Hon. Mr. Brockelbank:** — Would you tell us what paper it is you just said a paper, what Saturday?

**Mr. Thatcher:** — The Prince Albert Daily Herald, Saturday, July 14th on the editorial page. Now Mr. Chairman I say again, it isn't just in this particular by-election. It seems to me that it would be good legislation whenever a vacancy occurs to have time limit when an election must be called. I am not going to prolong this debate but I would like to move this amendment which would be section 3 of the bill which is now before us. That the following clause be added to the bill:

“(3) That section 44 be amended by adding the words “within not more than ninety days of the date upon which such notice is given” to the fifth line thereof.

Mr. Speaker, I would just say this in conclusion, if the government refuses this amendment tonight, they are



saying that the people of Prince Albert should not be represented in the legislature. They have gone five months already, surely the time has come when this by-election will soon be called.

**Hon. Mr. Brockelbank:** — Mr. Chairman, I would like to say a few words on this. I would like to point out to the leader of the opposition that the record of this government in regard to calling by-elections to allow constituencies to be represented in the legislature is a good one. The matter of fact is that only a short time ago since we took special action in the legislature to seat the member for Turtleford and there can be no charges laid against this government that there has been any improper delay in called a by-election.

**Mr. Thatcher:** — Five months.

**Hon. Mr. Brockelbank:** — That is not true of the former government of this province. In the constituency of Redberry on the 19th of February, 1943, the Liberal member for Redberry died. The house met in session on the 23rd of February, five days later. Redberry was without a representative through that session.

**Mr. Thatcher:** — This will prevent that.

**Hon. Mr. Brockelbank:** — Just a minute, no it wouldn't prevent that.

**Mr. Thatcher:** — Sure it would.

**Hon. Mr. Brockelbank:** — There was only a vacancy five days before the session met and I can excuse the government for not getting a by-election. It was impossible to have Redberry represented in that constituency, but at that session of the legislature the government of that day supported the bill to extend the life of the legislature to six years and to have another session in the winter of 1944 and lo and behold in 1944 the seat for the member of Redberry was still vacant.

**Mr. Thatcher:** — This will prevent that.

**Hon. Mr. Brockelbank:** — There is something else that will prevent that. There is something that happened in 1944 that prevented it and that was when that government got tossed out of

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office too. The leader of the opposition need not worry, there will be a by-election in time for the regular session of the legislature; there will be a representative from Prince Albert.

**Mr. Thatcher:** — Why wasn't there one for this session?

**Hon. Mr. Brockelbank:** — No one knew that this one was going to be called.

**Mr. Snedker:** — Mr. Chairman, if I might say a few words in connection with this. I have listened with care to what the hon. member for Kelsey (Mr. Brockelbank) had to say but I don't think his arguments hold water for one single minute. What a government did 25 or 30 years ago does not justify what a government does now. And I think it should be laid down in no uncertain terms what the procedure in this province is going to be when cases such as this arise. I would just remind the hon. member for Kelsey that one of the promises that were made by his party in the early days provincially and the very first thing that appeared on the platform was this, we believe in proportional representation by use of the single transferable ballot. Well, 18 years after and we still haven't got it. If you want to go back in time, I could go back to some of those old promises you made and dredge up quite a few. I made them in all sincerity. I thought they were good then and I think they are pretty good now. You haven't implemented them; you have double-crossed the people. You didn't carry out the promises and pledges you made. I feel a little bit sheepish and embarrassed when people say why didn't you do it? Well I said they didn't do it and I jolly well left them because they didn't do them.

**Government Members:** — Hear! Hear!

**Mr. Snedker:** — No, I haven't finished speaking on the amendment. I was so astounded by the applause that I was receiving from the gentlemen on the other side of the house. You know I don't usually get applause and bouquets of this kind. I want to savour it to the full. I have tasted the bitter wine of defeat; now let me taste the heady wine of victory. I think that a definite time limit should be set on situations of this kind. I think it is high time that this government, the federal government and every government in Canada did the same thing and stopped playing cat and mouse with the public for

political purposes, which is precisely what you and other governments are doing. I don't forgive any of them and in so doing you are damning and putting into disrepute the process of self-government, democracy, that is what you are doing. I don't doubt some of you people on the other side are happy to do it. There isn't anything a socialist wouldn't do to bring self-government into disrepute. Nothing — Shame — Yes shame on you. People who believe in one party government. And you would deliberately play cat and mouse with the people of any constituency for political purposes, not only in Prince Albert but anywhere else and this goes for every government in Canada that has ever done it, it is time that it was brought to a halt, brought to a halt right here. There isn't any better place to start, there isn't any better time than now.

This is a denial of the democratic rights of the people of the city of Prince Albert, and anywhere else it is practised. It is a denial of the democratic rights of those people where it is practised. It leaves the public in that area without representation; there are things which representative of the public is supposed to do other than just sit in the house, other than taking part in debates; they are supposed to represent their people wherever their people need representation with government and you have denied the people of Prince Albert that representation. You have also tended to weaken and shake the confidence of people in our democratic process of government. That is why I oppose what you do in this regard, and in regard to Prince Albert, but I would oppose it no matter what government or what party did it, and I support the amendment in no uncertain terms, and for those reasons.

**Mr. Boldt:** — Mr. Chairman, being a member from a neighboring seat of Prince Albert, I feel, that not only are the Prince Albert citizens being unrepresented in the house but on several occasions in 1960 we have had delegations with ministers of the government and Prince Albert has always been represented in the north. They are the gateway to the north and they have spearheaded delegations, met with ministers, and I feel that a seat such as Cumberland, Meadow Lake, Athabasca, North Battleford, Shellbrook and the seat of Rosthern are being hampered by the fact that from the gateways to the north we have not got a representative, and I feel that, especially meeting with the Minister of Highways not so very long ago, on two different occasions the road situation in the northern situation — if we had a strong representation (and I am sure Prince Albert would give us a strong representation) he would also help us with our

problems. I think it most unfair that we must wait so long for the by-election. I think it is fair to say that the member who passed away last winter, who was an outstanding man, loved by all members of this house — he will never be forgotten, but I think he should be replaced, and the time is well nigh at hand that the Prince Albert people and the constituencies surrounding deserve representation from that area.

**Mr. McFarlane:** — I am not amazed at the attitude taken by the Minister of Mineral Resources because, every time he gets up to defend some action in the house on behalf of the government he always likes to revert back to 1944, but I would suggest to the minister if there was a delay in the government negotiations calling for a by-election at that time, that certainly isn't the reason why the delay should take place at this time, because there was a vast difference in the conditions in the province then to what there are now, insofar as the people are concerned, because in 1943 all the government of that day took out of the pockets of the people of Saskatchewan was a mere \$30 million. This year you are taking out of the pockets of the people of this province over \$200 million; the biggest business in the province of Saskatchewan — government business in this province today now is the biggest business in the province of Saskatchewan, and here you are trying to give your reasons for holding off the by-election because it was done prior to 1943.

Today you are depriving the people of the city of Prince Albert and surrounding areas the opportunity to speak in this house and give some direction to their representatives of how the \$200 million that you are extracting from the pockets of the people of this province should be spent. You deprived the people of this province a voice in this legislature in the biggest issue that has ever come up in the history of the province since 1905 — the medicare issue during the last few months, and to say that this is something that was done in 1943 certainly is no reason why this should be done in 1962.

I submit, Mr. Chairman, if the hon. minister is sincere in being sure these conditions won't arise again, then he has the opportunity to vote along with all the members to your right in supporting the amendment as submitted by the leader of the opposition.

**Hon. R.A. Walker (Attorney General):** — Mr. Chairman, it seems to me that we want to have elections in this province conducted in as sane and prudent basis as possible by extraneous issues. I

look back on these last three or four months in this province and I remember that during most of this time, the people of this province were engaged in a federal election campaign. I think, Mr. Chairman, this would have been a pity if an election had been called in the constituency of Prince Albert when there was a federal election campaign going on, for two reasons: first of all, the Prime Minister has always followed the practice of avoiding involvement in provincial election campaigns, and it would be virtually impossible for him to visit his constituency of Prince Albert and take part in the election there, without it being construed as an interference of provincial issues.

While we on this side of the house are not deeply involved in trying to protect the Prime Minister from political embarrassment, I think that everyone here will agree if he stopped and considered the matter (even the leader of the opposition, in his more rational moments will agree) that it would have been a pity to have involved political affairs of this province with a federal election campaign.

**Mr. Thatcher:** — Maybe for you fellows!

**Hon. Mr. Walker:** — I think, Mr. Chairman, that we have ample precedent from the member for Moosomin (Mr. McDonald) and other members of the opposition, who have said to me when campaigning in provincial elections, to please try to separate federal issues from provincial elections.

Mr. Chairman, if we had been carrying on a by-election . . .

**Mr. Thatcher:** — The federal is over now; it has been for 90 days!

**Hon. Mr. Walker:** — . . . if we had been carrying on a by-election campaign in Prince Albert we would have been accused, as we have been on many occasions by hon. members opposite, of injecting federal issues into a provincial campaign and my hon. friends would not have wanted to see that happen. Something terrible like the election of a Tory might have happened if my hon. friend's contention is correct.

If we had called a provincial election within a reasonable time after the federal vote had been held, it still would not have been soon enough to have provided representation at this session of the legislature. My

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hon. friend from Moosomin (Mr. McDonald) was so busy attending KOD committee meetings and stirring up attempts of violence and hatred in the province that he would not have had any opportunity to take part in a by-election in Prince Albert. I would hope that the people of Prince Albert would have the benefit of his advice, when such an election is called. So that we were confronted with holding an election at the same time as the federal campaign. Looking back, Mr. Chairman, it is much easier — even my hon. friends can be wiser after an event, and it ought to be possible for them to see, looking back on it that it would not have been possible to have had an election in Prince Albert to provide representation in this house without it having overlapped with the federal election campaign, or without it having interfered with the activities of my friends who were taking part in the KOD movement.

Mr. Chairman, I think that the KOD would have been reluctant to see a by-election take place, because they apparently were anxious to preserve political integrity, or non-political integrity of their actions, and since the leader of their movement comes from Prince Albert, he would have found it extremely difficult to have kept his organization out of politics during that provincial by-election campaign.

So now what is the remedy for this? The remedy is that the government, in all good sense, will provide for representation from Prince Albert for a by-election; to permit representation from Prince Albert in due course, and this house will not sit at a regular session, I predict, without a duly elected member from Prince Albert. You must conceive that it takes 34 days to hold a by-election in a provincial by-election. No one knew 34 days ago that there was going to be a special session on August 2nd. Nobody knew it, not even my hon. friend opposite who started calling for a special session around July 1st — started kicking in the doors of the Assembly — he didn't even know. I hope that the new member from Prince Albert will be elected far enough away from this deplorable incident of the door-kicking so that he won't be contaminated, or so that his attitude toward democratic institution won't be smirched by any coincidence between that event and the event of a by-election in Prince Albert.

My hon. friends can be perfectly confident that there will be a by-election in Prince Albert in time for a member to sit in the next session of the legislature, and I can tell them that member will sit on this side of the house.

**Mr. McDonald:** — Mr. Chairman, had the remarks we have just listened to come from any other member opposite, I would have taken objection to them but coming from the attorney general I have very little to say other than they were better left unsaid. But I am sure that the attorney general and the premier knew that we weren't going to have a session. They made sure of it. They locked the doors.

So much for the arguments that have been put forward by the attorney general in the matter of the Prince Albert by-election have any bearing on the amendment that is being suggested, I don't think the argument of the Minister of Mineral Resources have been too convincing. The Minister of Mineral Resources tried to justify the present situation because somebody else was guilty of a similar offence in years gone by. The attorney general is very concerned over confusing federal and provincial issues. This is the first time in my life that I have ever seen the attorney general, or any other CCFer who has paid the least bit of attention to confusing provincial and federal issues. This has been the issue that my friends opposite have used over the years, but now they have become quite concerned.

Mr. Chairman, there is only one reason why the government has not held a by-election in Prince Albert, and that is because they would lose it. Why didn't you call it before the federal election? You could have done that, but you would have been trimmed. If you call it now, you'll get trimmed. If you call it this fall you'll get trimmed. If you call it this winter you'll get trimmed then, too.

**Hon. Mr. Walker:** — How much money have you got where your mouth is?

**Mr. McDonald:** — I've got a lot more money where my mouth is than you've got. But I suggest, Mr. Chairman, that if this amendment is accepted, then the shenanigans that have gone on with regard to representation of the people in Prince Albert and the people of other areas of this province by this government and other governments, should come to an end. I agree with the remarks by the member from Saltcoats (Mr. Snedker) that it is about time we stopped playing politics with the people of Prince Albert or anywhere else. You people have no other reason on God's green earth for delaying this by-election other than you know you're trimmed, and you will not give the

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people an opportunity to cast a ballot at this time because of the mess you have created in Saskatchewan. You couldn't win any other seat in Saskatchewan — not one.

**Hon. Mr. Walker:** — You've said this for ten years now!

**Mr. McDonald:** — Now I want to come back to the so-called shenanigans of mine with regard to KOD. I admit I appeared on a television program in the city of Yorkton and on that occasion I expressed myself as being in favour of endeavouring to solve the impasse which had developed in the province of Saskatchewan.

**Hon. Mr. Kuziak:** — How about Canora?

**Mr. McDonald:** — I said at that time that I wasn't interested. If the attorney general had only had the courtesy to listen to the address he would have learned something. As usual, he heard no further than this. I said I wasn't interested in assessing blame — who was right and who was wrong. I didn't think the people of Saskatchewan should make that their main interest. But the people of Saskatchewan have made it their main interest to see that this impasse was settled, and I don't blame anyone for taking that stand. But to come back to the city of Prince Albert, I can only say this, that no sooner was the national leader of the NDP in Canada defeated and he is hollering for a by-election.

**Mr. Thatcher:** — The same day!

**Mr. McDonald:** — The same day, yes. He is still hollering. Well, I don't think there is any necessity for calling a by-election out in British Columbia, a federal by-election. Is it any more important to call a by-election there than it is in Prince Albert? Personally I hope that the Prime Minister doesn't call a by-election in B.C. until such time as his constituency has representation in this house. People of British Columbia, of this particular constituency in B.C. had representation in the House of Commons and the member resigned. That is not the case in Prince Albert. Their member passed away, and these people are entitled to a representation. They are entitled to have a member to turn to during this impasse that we have all experienced during the past few months. But they were denied that. The reason they were denied that, and I want to repeat, is purely and simply not that you didn't



want to mix provincial and federal issues. You've been masters at this for fifteen years. Why be so timid now? It wasn't because you didn't want the KOD committee to be involved in a by-election. The simple reason is that you are scared to death to call it because you'll get trimmed.

**Hon. Mr. Walker:** — Baloney!

**Mr. McDonald:** — For goodness sake, spare your pride. You're going to get trimmed anyway, and I suggest if you hold it early then maybe some people will forget it by 1965 if you have the courage to call a general election then — we hope it shall be 1964 but for goodness sake call this election and get it over with. You're going to get trimmed anyway and I suggest if you call it early the effects will be less by 1964 or 1965 than if you leave it to the last moment. Go ahead and call it.

**Premier Lloyd:** — Mr. Chairman, I want to touch on just two points in regard to the member from Moosomin's (Mr. McDonald) last remarks. The first remarks I ever remember the member from Moosomin making in this house was just after the 1948 election. At that time he stood up and in his best falsetto voice from his seat back in the rear and said, over and over again, "It won't be long now — it won't be long now". That was in 1948. That is quite a number of years, and the government is still here, may I remind you. He has been making the same kind of boastful statements this evening that he made in his youthful innocence of 1948.

**Mr. McDonald:** — On a point of order, Mr. Chairman, I want to say this to the premier, that the statement he has made is not the truth. There are records in this house that can substantiate my remarks. He can either prove it or withdraw it.

**Premier Lloyd:** — Mr. Chairman, I recall my memory is this is what the hon. member said on more than one occasion at that time. I recall it very well.

**Mr. McDonald:** — Mr. Chairman, I suggest to you that when I have stated that I have said no such thing, the premier must accept it.

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**Premier Lloyd:** — Mr. Chairman, I am saying what I recall.

**Mr. McDonald:** — You don't recall anything. You were looking out the window.

**Mr. Snedker:** — On a point of order, Mr. Chairman, when I come into this house and make any statement such as I did to the Minister of Health last year, I produced all the evidence in the journals of this house and I would suggest to the premier if he wants to say anything about what any hon. member said in the house in the past — I don't care how far back he wants to go, that he jolly well produce the proof as I had to do, and as he would have demanded of me had I not done so, and I would suggest that he jolly well withdraw it, because he can't substantiate it.

**Premier Lloyd:** — Mr. Chairman, I take responsibility for my remarks.

**Mr. Snedker:** — You just go back to Cut Knife and play with the grasshoppers.

**Premier Lloyd:** — . . . as I recall the remarks of the member from Moosomin at that time. The other remarks . . .

**Mr. McDonald:** — Mr. Chairman, I deny ever having made a statement in this house during the session of 1948. I don't care whether it is the premier or who it is, when I have made that statement, the premier must accept it or prove me wrong. Take your choice.

**Premier Lloyd:** — That was back in 1948 when the member was first elected that I am referring to. It could have been the session of 1949.

**Mr. McDonald:** — I suggest he is telling an untruth.

**Premier Lloyd:** — Mr. Chairman, it is my own responsibility; I am willing to accept it.

**Mr. McDonald:** — I am not accepting your responsibility. I am asking that you either prove it or withdraw it.

**Premier Lloyd:** — I have reckoned, saying that on my responsibility and according to my own memory, as I have it, this is the remark that the gentleman from Moosomin made.

**Mr. McDonald:** — Mr. Chairman, would the hon. premier permit another question? Can you remember whether you were looking out of the window the last day the KOD were in Regina, or whether you weren't? Did you look out of the window or didn't you? You can't even remember that long, let alone four years ago.

**Mrs. Batten:** — Mr. Chairman, is it not a ruling of this house that when an hon. member gets up and says that a statement attributed to him was not made, that that statement has to be withdrawn?

**Mr. McDonald:** — Mr. Chairman, it must either be proven or withdrawn, one or the other.

**Premier Lloyd:** — Mr. Chairman, considering the tender sensitivities of the member from Moosomin, not having the document in my hand, to help him out in his feelings I will withdraw my statement. I recall, Mr. Chairman, if I may recollect again when the former hon. member from Swift Current sat in his chair on this side of the house, and was challenged by the then leader of the opposition, he said, "All right, Mr. Speaker, I withdraw it; but I was there. I heard him say it."

The other point I want to make is this, Mr. Chairman, in regard to the Prince Albert by-election and the fact that it has not been held. There has been a lot said this afternoon and earlier today about the desirability of arising at a settlement at the earliest date possible in regard to the medical care problem as possible. May I simply say this, in my opinion nothing could have been more detrimental to arriving at a settlement of the medical care problem, nothing could have been worse in terms of slowing down the possibility of a settlement of that problem than to have had a by-election during the period of those discussions. That, for my part, was the reason for not having had the by-election

**Mr. Thatcher:** — What about the future?

**Mr. Kramer:** — Mr. Chairman, it seems to me that the members opposite have changed their tune a great deal since the winter of 1950. I remember this government at that time called a by-election to replace the late Paul Prince who died very suddenly, and I can remember not only the opposition screaming that the winter was no time to hold a by-election; I remember the Star-Phoenix placing their cartoons, showing the farmers struggling through the snow to put their ballots in the box. There was a great scream then that we shouldn't be holding a by-election, even though the session was near at hand, in order to replace the member for the Battlefords at that time, because at that time apparently the Liberal party was not anxious to hold a by-election, which incidentally they won, by a very narrow margin. This turnabout face regarding elections seems to be rather strange to me, recollecting all the turmoil and the hullabaloo about facilitating the seating of a member in the winter of 1950. The records will prove what I have said about the stand of the Liberal party at that time as being correct.

**Mr. Thatcher:** — Just one brief remark in conclusion, Mr. Chairman. We have had two ministers and a would-be minister give us reasons why this by-election hasn't been held. The Minister of Mineral Resources said, "We didn't hold it because 25 years ago the Liberals didn't hold one." The attorney general said, "If we had held a by-election it might have interfered with the federal campaign." The premier said, "We didn't have it because it might have interfered with medicare." Well now, whatever the reason was, that is past. This motion deals with the future. This motion says that when official notice as given by any two members or in any other manner that is proper, within 90 days a by-election must be called. That will hold whether we had a NDP government in the future, a Liberal or a Conservative or a Social Credit. This is a good motion, and this would ensure the people of Prince Albert in having an election within 90 days. If the government members tonight vote against it, they are telling everyone of the 25,000 people of Prince Albert, "You are not worthwhile being represented in the house." That's what you are telling them if you vote against this amendment.

**Hon. Mr. Brockelbank:** — The words I spoke sometime ago, Mr. Chairman, certainly have been misinterpreted, and I would like to

correct (if I can) that interpretation. Two or three times it has been said that the fault of the former Liberal government in not calling a by-election when they should have was used as an excuse for not calling this one. I said nothing of the kind, nor did I infer that. I only mentioned that to compare the record. I was talking about the record of this government in calling by-elections to ensure that members would have the — that constituencies would be represented in the legislature. We don't need any excuse, for what is done or is not done now. There will be representation for the constituency of Prince Albert well before the regular session is held.

**Mr. Berezowsky (Cumberland):** — My constituency, myself and my colleagues have been mentioned here and I can only say this, we haven't had too much representation from the people because the people of Prince Albert recognize that they have a pretty good government. This government has proven itself in the past. As a matter of fact they have tried to speed up the seating of a member in this house, as was the case and mentioned here sometime ago was the seat of Turtleford against my own opposition. I don't see why there is so much worry about representation. I know the hon. member from Kinistino (Mr. Thibault) and the hon. member from Shellbrook (Mr. Thiessen) and I am sure the hon. member from Rosthern (Mr. Boldt) are looking after quite a number of people who live in Prince Albert.

I would like to point out this too. It has been mentioned by the leader of the opposition, I think — I am sorry if I should mean somebody else — but the reason we should have a representative there is that he should be able to take the suggestions and demands of the people to the various departments of government. At least, that is the way I understood it. May I point out that we have living members in this house that ever hardly show their faces in their constituencies, so that kind of reasoning doesn't hold too much water. I just want to point that out — there are members in this house who do not look after their people and they are alive. This government has had a good representation and has tried in the past to speed up the election of a member. We have had a very good reason why we haven't done it to date; you have the commitment of the government that an election will be called in the near future. I have faith, as have the people of Prince Albert, in this government, knowing that the right thing will be done at the proper time.

The question being put, it was negatived.

**Mr. Thatcher:** — Mr. Chairman, I think there were 'yeas'

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than 'nays'. I think there should be a standing vote.

**The Chairman:** — I don't have to accept the standing vote.

**Mr. Thatcher:** — What if we appealed to the Speaker?

**The Chairman:** — That's your privilege.

Clause 2 agreed.

Motion to report bill agreed.

## SECOND READING

### **Bill No. 4 — An Act respecting Certain Matters relating to the Second Session of the Legislative Assembly in 1962.**

**Premier Lloyd:** — Mr. Speaker, may I make a short explanation before the vote is taken. The situation is that unless a bill of this kind is passed, then members would be entitled to payment of the full sessional indemnity which may be pending, but nevertheless I felt that on this occasion members of the house would be willing to forego it with the point of view that the government and the leader of the opposition conferred in it, and consequently this is simply a bill to say if enacted, that there will be no sessional indemnity with regard to this session of the legislature.

Motion agreed to and bill read the second time.

### **ASSEMBLY IN COMMITTEE OF THE WHOLE ON BILL NO. 4: An Act respecting Certain Matters relating to the Second Session of the Legislative Assembly in 1962.**

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Clauses 1 to 3 agreed.

Motion to report bill agreed.

**Premier Lloyd:** — Mr. Speaker, it will probably take about five minutes or so before His Honour is here. He has been notified and he is willing to come in order to properly close the session. I suggest we take a short recess of five minutes. I have just learned that His Honour is waiting.

so may I just be out of order and again our appreciation for the facilitation of the amendment to the bill through the legislature.

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His Honour the Lieutenant Governor, having entered the chamber, took his seat upon the throne, and gave Royal Assent to certain bills presented to him.

His Honour the Lieutenant Governor was then pleased to deliver the following speech:

MR. SPEAKER AND MEMBERS OF THE LEGISLATIVE ASSEMBLY.

It is my duty to relieve you of further attendance at the Legislative Assembly. In doing so I wish to thank you and congratulate you upon the dispatch with which you dealt with the matters placed before you.

The plan as provided by The Saskatchewan Medical Care Insurance Act 1961 as amended is commended by my Government to all as a further development in the social progress of our Province and furthering the tradition of advanced health measures which the people of this Province have developed over many decades.

In taking leave of you I wish you the full blessing of Providence as you return again to your respective homes.

**Hon. Mr. Walker:** — Mr. Speaker and members of the legislative assembly: It is the will and pleasure of His Honour the Lieutenant Governor that this legislative assembly be prorogued until it pleases His Honour to summon the same for the dispatch of business, and the legislative assembly is accordingly prorogued.