

Ontario insures the following out-patient services: emergency care to accident victims; follow-up care in fracture cases; the use of radiotherapy, occupational therapy, physiotherapy and speech-therapy facilities in hospitals in Canada; and the hospital component of all other out-patient services as defined in the regulations.

British Columbia insures out-patient cytology and cancer therapy at specified facilities operated by the British Columbia Cancer Foundation; day-care surgical services; emergency services for accident victims; minor surgery; psychiatric services, including psychiatric day-care or night-care; and rehabilitation day-care services. An authorized charge of \$1 or \$2 daily applies to out-patient services depending upon type.

Coverage

Each province makes insured services available to all its covered residents on uniform terms and conditions, without exclusion on grounds of age, income, or pre-existing conditions. Residents of the province are defined as persons legally entitled to remain in Canada who make their home, and are ordinarily present, in the province; tourists, transients, or visitors to the province are specifically excluded. Members of the Armed Forces, the Royal Canadian Mounted Police, and inmates of penitentiaries are not covered, being otherwise provided for.

Residence in the province is the major eligibility determinant under federal-provincial hospital-insurance programs. Most provinces require a three-month waiting period, but interprovincial arrangements provide for continuity of coverage when insured persons move from one province to another. Persons coming from outside Canada may qualify for immediate coverage in Alberta, Saskatchewan, and Newfoundland.

Financing

The cost of insured hospital services is borne almost entirely by the federal and provincial governments.

The federal contribution for each year is the aggregate in that year of 25 per cent of the *per capita* cost of in-patient services in Canada, plus 25 per cent of the *per capita* cost of in-patient services in the province (less the *per capita* amount of authorized charges), all multiplied by the average number of persons insured during the year. In addition, the Federal Government contributes in respect to out-patient services an amount that is in the same proportion to the cost of these services (less authorized charges) as the amount contributed for in-patient services is to the cost of in-patient services. The Hospital Insurance and Diagnostic Services Act provides that the capital cost of land, buildings, and physical plant, payments of capital debt, interest on debt, and payments on any debt incurred before the effective date of the agreement shall be excluded before calculation of the federal share.

The provinces raise their share of the cost of hospital services in a variety of ways reflecting local conditions and preferences.