

Health-Care Programs for Welfare Recipients

Provincial programs providing certain medical-care and other health-care benefits to recipients of welfare allowances were in operation in each province before the introduction of province-wide medical-care insurance. Organized provincial schemes providing stipulated health services were introduced in Ontario in 1942, Saskatchewan in 1945, Alberta in 1947, British Columbia in 1949, Nova Scotia in 1950, Manitoba in 1960, Quebec in 1966, Prince Edward Island in 1966, and New Brunswick in 1967. Newfoundland has for many years operated a plan that provided care as required for persons in need. The total numbers of persons eligible for benefits under such programs are estimated at about 5 per cent of the total Canadian population.

The Federal Government, under the Canada Assistance Plan, pays half the cost, since 1966, of personal health-care services not already insured under the hospital and medical insurance legislation. The coverage at present for the principal services is as follows:

Physicians' services

Following the implementation of public medical-care insurance plans in the provinces, as already described, provincial welfare recipients became automatically enrolled without premium payment. Under such programs for recipients of welfare, payment-rates to physicians are identical to those applicable to the general population. Benefits may be a little broader and include such ordinarily non-insured items as travelling allowance and telephoned advice. Co-charges and extra-billing are usually waived.

Hospital care

Hospital-care insurance programs in every province provide automatic coverage to welfare-allowance recipients without payment of premiums or charges by them.

Prescribed-drug benefits

In British Columbia, Alberta, Saskatchewan, New Brunswick, Quebec and Newfoundland, virtually all provincial public-assistance recipients are enrolled under schemes providing prescribed-drug benefits. In Manitoba, a drug program covers persons designated as aged and infirm, recipients of mother's allowances and their dependents, government wards, and indigent persons in unorganized territory. A variety of systems of drug benefit and non-benefit lists are employed and payment-rates to pharmacies or dispensing physicians are negotiated by provincial governments. Under several schemes, co-charges are levied on patients.

Drugs provided at local initiative in Ontario and Nova Scotia are sharable under provincial legislation, as well as under the Canada Assistance Plan.