

the per capita cost for the year of all insured services in all participating provinces, (b) multiplied by the number of insured persons in each province respectively. The Federal Government will make no contribution to administration costs incurred by the provinces. The methods for calculating federal contributions are to be reviewed within five years.

Provisions of the federal legislation are to take effect not later than July 1, 1968. The date of implementation could be earlier if, in the view of the Government, this is warranted.

Provincial Medical Care Plans

Several provinces have already introduced public medical care plans. Newfoundland has one well-established plan covering a portion of the province, and another covering children under 16 years; and six provinces have for many years made organized provision for the financing of a broad spectrum of personal health care services for recipients of public assistance.

Saskatchewan: Only one province, Saskatchewan, has a universal-coverage medical care programme. This programme, which was introduced in July 1962, requires compulsory enrolment of the entire eligible population. Every such resident is required to pay a premium or have it paid on his behalf as an entitlement to services. The premiums, which have a family maximum of \$24 a year, cover approximately 25 per cent of the costs of the programme. The benefits include all medically-required services provided by physicians. There are no waiting periods for beneficiaries and no exclusions for reasons of age or pre-existing health conditions. Among the medical services covered are home, office and hospital attendances, surgery, obstetrics, specialists' services, anaesthesia, laboratory and radiological services, preventive medicine, and certain services provided by dentists.

Physicians may elect to receive payment in a number of ways. Most prefer to receive payment directly from the public administering authority at 85 per cent of the current schedule of fees of the organized profession, the percentage being accepted as payment in full. Alternatively, patients may enrol voluntarily with an approved health agency which pays the physician an amount equal to the amount paid to the agency by the public authority in respect of the physicians' account. Again, the physician receives 85 per cent of his bill and accepts this as payment in full. In a third method, a physician may elect to submit his bill directly to the patient who may pay him and seek reimbursement for 85 per cent of the approved account from the public authority. In this instance, the physician is free to bill the patient directly for amounts over and above what the public authority has paid. Finally, patient and doctor may, if they mutually agree, settle their accounts privately without reference of any kind to public authority or approved fiscal agency.

Three provinces - Alberta, British Columbia and Ontario - have established provincial legislation to regulate and assist voluntary medical-care programmes.