

for each day of care up to 120 days and \$3 a day subsequently. British Columbia charges \$1 a day for in-patient care (except for newborn infants) and \$1 or \$2 for out-patient services, as previously mentioned. The Northwest Territories charges \$1.50 a day for in-patient care.

Medical-Care Insurance

In addition to hospital care under the hospital insurance and diagnostic services program, a number of other services, mainly those of physicians, are provided under a variety of prepaid arrangements.

Federal medicare legislation

The Medical Care Act was passed by the Canadian Parliament in December 1966 and became operative July 1, 1968. The Federal Government contributes to participating provinces half the costs of insured services in provincial medical-care plans that satisfy the following criteria:

- a) The plan must be operated on a non-profit basis by a public authority subject to provincial audit.
- b) The plan must make available all medically-necessary services rendered by medical practitioners and insured services on uniform terms and conditions to all residents of a province; these services must be provided without exclusion because of age, ability to pay, or other circumstances.
- c) The plan must cover not fewer than 95 per cent of the total number of insurable residents of the province.
- d) For persons normally resident in Canada, the plan must provide "portability" -- that is, full coverage of services after three months of residence in a province, and out-of-province coverage during the periods of waiting while a person establishes residence in another province.

The Medical Care Act, in addition, empowers the Federal Government to include additional health-care services provided by non-physician professional personnel, under terms and conditions specified by the Governor-in-Council; thus far, only dental surgery in a hospital is a benefit.

There is provision in the Act for provincial authorities to designate non-governmental organizations as agencies permitted to undertake restricted functions in connection with the premium-collection or claims-payment administration of the provincial plan. Such agencies must be non-profit and the payment of claims must be subject to assessment and approval by the provincial authority. Carriers have been used in this way by a few provincial plans but most, in 1972, were being phased out in favour of centralized administration.