

The use of radiotherapy and physiotherapy facilities is an insured out-patient service in Newfoundland, Nova Scotia, New Brunswick, Québec and Ontario; Saskatchewan includes physiotherapy but excludes radiotherapy. Minor medical and surgical procedures are included in Nova Scotia, Ontario, New Brunswick, Québec, Manitoba and Saskatchewan. Québec, Ontario and Saskatchewan also include occupational therapy, while Québec and Ontario provide speech therapy. Electro-shock therapy is insured in New Brunswick, Québec and Manitoba, and psychiatric care is provided on an out-patient basis in Newfoundland and Québec. Newfoundland, Nova Scotia and New Brunswick provide as out-patient benefits designated additional services rendered by hospital personnel.

Coverage: Each province makes insured services available to all its residents on uniform terms and conditions, and without exclusion on grounds of age, income or pre-existing conditions. Residents of the province are defined in the federal regulations 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.

Residence: Although no specified period of residence is required, there are waiting periods for benefits not exceeding three months in some provinces. Insured persons resident in one province who move to another have continuing coverage on change of residence by remaining residents of the province from which they have moved during any waiting period required in the one to which they move.

Financing: The method by which a provincial hospital insurance plan raises the money to finance its share of the cost is entirely a provincial matter, and the diversity of local conditions and preferences has called for a variety of arrangements.

Seven provinces - Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Québec, Alberta and British Columbia - and both territories finance their programmes in a variety of ways through the general tax system. In Nova Scotia, British Columbia and the Northwest Territories, the hospital insurance schemes are financed partly from the proceeds of a retail sales tax. In Alberta, hospital insurance costs are met mainly from provincial general revenues, augmented by municipal tax revenues obtained from a 4-mill property tax. Newfoundland, Prince Edward Island, New Brunswick, Québec and the Yukon finance their hospital insurance plans entirely from general revenues without any earmarked taxes. British Columbia, Alberta and the Northwest Territories supplement their sources of revenue by the levy of co-insurance charges directly to patients at the time of hospitalization for insured in-patient services.

Three provinces - Ontario, Manitoba and Saskatchewan - use contributory personal premiums, with a multi-rate structure for single persons and families, as the principal method of financing. Annual premium rates in the year 1966 for single persons are: Ontario - \$39; Manitoba - \$24; Saskatchewan - \$24. For families the rates are: Ontario - \$78; Manitoba - \$48; Saskatchewan - \$48. Premiums are collected in Manitoba through a combination of compulsory payroll deduction and compulsory collection by municipalities; in Ontario through compulsory payroll deduction and voluntary enrolment; and in Saskatchewan through compulsory payments to municipal or provincial offices. General provincial revenues are used to supplement this revenue to the extent necessary.