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 immigrating from outside Canada may qualify for immediate coverage in Alberta, Saskatchewan, Newfoundland, Manitoba, the Northwest Territories and, under specified circumstances, Ontario and British Columbia.

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.

Each province and territory makes at least some use of general tax revenues to finance its program. Newfoundland, Prince Edward Island, New Brunswick, Quebec and the Yukon finance entirely from this source. Nova Scotia and British Columbia, in addition, impose a general sales tax and use part of the proceeds to assist in the financing of hospital care. Ontario raises a part of its cost by a premium combined with medical insurance of $132 for single persons and $264 for couples and families. Manitoba finances part of its cost from combined hospital-medical annual premiums of $49.80 for single persons and $99.60 for families. Saskatchewan levies annual premiums or taxes of $24 for single persons and $48 for families. Alberta levies an annual premium of $69 for single persons and $138 for families under the Health Insurance Premiums Act, which includes both hospital and medical insurance. The trend in all premium provinces has been to combine hospital and medical insurance levies in the interests of administrative simplicity.

In Alberta, British Columbia and the Northwest Territories, part of the financing is derived from utilization or admission fees. These fees, designated in the regulations as "authorized charges", are payable by the patient at the time of service and are deductible from provincial payments to hospitals. Alberta charges $5 for the first day only of adult or child in-patient care in general hospitals; in auxiliary hospitals $2 is charged