arrangements to cover the cost of physicians' services, mainly voluntary as regards enrolment, had developed rapidly in both the public and private sectors.

By the end of 1968, some 17.2 million Canadians -- 82 per cent of the total population -- were receiving basic medical or surgical coverage or both. The voluntary plans operating only in the private sector covered about 10.9 million persons (52 per cent) and public plans of various kinds covered 6.3 million (30 per cent).

By early 1972, with public medical-care programs implemented in all ten provinces and the two sparsely-settled territories, insurance for physicians' services covered virtually the entire eligible population.

The four criteria for acceptability set out in the federal legislation leave each province with substantial flexibility in determining the administrative arrangements for the operation of its medical-care insurance plan and in choosing the way in which its plan is financed -- e.g., through premiums, sales tax, other provincial revenues or by a combination of methods.

In addition to the comprehensive physicians' services that must be provided as insured benefits by participating provinces, most plans also make provision for other health care benefits that are part of the basic contract but receive no contribution from the Federal Government. Refraction services by optometrists are included in the majority of provincial plans. A restricted volume of services provided by such practitioners as chiropractors, podiatrists (chiropodists), osteopaths and naturopaths is also insured by some provinces. Residents may, if they wish, continue to seek insurance, generally from private voluntary agencies, covering such additional services as dental care, special duty nursing and prescribed drugs.

Additional benefits are made available in some provinces to patients with certain specified conditions. As an example, in Saskatchewan provision was made in 1973 for full payment of the cost of prescribed drugs, up to a limit of $1,000 a year for each patient, required by any resident with chronic end-stage kidney disease who is in receipt of kidney dialysis service on pre- and post-operative kidney transplant service. This program represents an expansion of comparable prepayment services applicable to such conditions as cystic fibrosis. A program covering the cost of hearing aids was set up in 1973.

Seven of the 12 provincial and territorial medical plans finance their portion of total costs entirely from general taxation