

- c) A plan must cover no fewer than 95 per cent of the total number of insurable residents of the province.
- d) For persons normally resident in Canada, a 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 also 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; so 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.

Provinces can finance services in any manner they wish, but the act contains a proviso whose intent is that no insured person shall be impeded in obtaining, or precluded from, reasonable access to insured services as a consequence of direct charges associated with such services. The significance of this requirement is that extra charges, if imposed, must be not more than nominal. A province may adopt any method it wishes of paying the providers of services, subject only to the proviso that the schedules of authorized payments are on a basis that assures reasonable compensation for the services rendered.

The formula for calculating federal contributions to the cost of provincial plans is such that provinces with relatively low *per capita* costs are assisted by something more than half their provincial costs. In general terms, the federal contribution to a participating province is an amount equal to 50 per cent of the *per capita* cost for the year of all insured services in participating provinces, multiplied by the number of insured persons in each province. The Federal Government makes no contribution to administrative costs incurred by the provinces.

Provincial  
medical-care plans

Before the establishment over the last few years of government-administered medical insurance in most provinces, prepayment