

Nova Scotia and Newfoundland were scheduled to enter in April 1969, and it is expected that additional provinces will be participants within a few years. This was the progression experienced when the federal hospital insurance program was introduced in 1957-58.

Provincial Medical Care Plans

Government financing of personal health care has been increasing in two directions concurrently.

First, for the indigent, most provincial governments have assured payments to physicians and several, as well, to dentists, pharmacists (for prescribed drugs), optometrists and others. Such programs have operated in several provinces for many years. The remaining provinces have recently made similar provisions. Under the Canada Assistance Plan, the cost of the services can be shared by the Government of Canada.

Second, for the general population, some provincial governments have introduced programs intended to ensure, if necessary by using tax revenue, that all residents can have physicians' services insurance. In Saskatchewan, coverage is compulsory and no other agency is permitted to compete in the service area covered by the public plan. In British Columbia since 1965 and in Ontario since 1966, public agencies administer optional programs available to individual applicants. In Alberta in 1963, the government established minimum benefits and maximum premiums for existing voluntary insurance plans. In 1967 this arrangement was superseded by a plan similar to those in British Columbia and Ontario.

All these schemes cover a comprehensive range of physicians' services, and in British Columbia and Alberta make provision, in addition, for other health-care benefits to be included as part of the basic contract or as options at a somewhat higher premium cost. As already noted, the British Columbia and Saskatchewan plans are eligible to receive federal financial contributions towards the cost of insured services.

As of early 1969, the publicly-administered plans in Alberta offered individual contracts only. Private voluntary agencies continued to offer group contracts. In Ontario, the public plan shared to a limited extent the group contract field with voluntary agencies but in the main offered individual contracts.

In Newfoundland, the population in the Cottage Hospital Districts (i.e., isolated outlying areas) have for many years been able to enrol in a medical service scheme (in addition, all children under 16 years of age throughout the province were covered under the Children's Health Service, at no direct charge to their families, for physicians' services in hospital). The entry of Newfoundland into the national plan on April 1, 1969, means that all residents are eligible for insured physicians' services in office, home and hospital.

All these plans except the Children's Health Service used premiums. To ensure that the premium burden upon individuals is not too heavy, Saskatchewan and Newfoundland covered about three-quarters of the total cost from general tax revenues. In Ontario, Alberta and British Columbia, premiums of the needy,