M 36 THE MISSISSAUGA NEWS, July 3, 1968 Trailer court future still under a cloud

A veil of uncertainty continues to shroud the future of the 127 families living at the Pleasant Valley trailer court in

Mississauga. Application has been made by the owners of the court for zoning stat-us on the land to be altered to allow redevelop-

ment for apartments. To add to the dilemma, County Board of Peel Health has directed that trailers on Bluecrest Pleasant Valley, ave., must be connected to the sewage pumping station on Lakeshore rd. The deadline for this change was July 15. At its meeting Wednes-

day, general council of Mississauga council passed a recommendation by ward seven councillor Ron Searle, that the town's representatives on council request county that the matter be referred back to the Peel County Health Unit for further consideration.

"It's a question of gaining time for these peo-ple," commented Mr. Searle,

Meanwhile however Mississauga planning board has dropped another bombshell at the feet of the mobile homeowners in recommending to council that no further trailer courts be establ-ished in the town.

This recommendation has yet to be considered by council, which has members on the planning board.

At the beginning of April, council asked planning staff to prepare a report on locations, economics and density to be considered in connection with the possible relocation of the 127 families at the Pleasant Valley court.

comprehensive 15-A page report, with six possible sites suggested, is now ready and council is expected to discuss the problem within the next week

The planning board recommendation for no additional sites is contained in the report.

The suggested possible

The report one, two and four as the

suggests best suited and most ac-others, although possible pur as the ceptable locations. The should be considered as

alternatives. Site one has " two and four; adds the considerable merit over report.

Ontario **Hospital Insurance** announces NEW BENEFITS

Effective July 1, 1968

In keeping with its practice through the years of increasing benefits wherever possible, the Ontario Hospital Services Commission announces new benefits for hospital out-patient services and essential ambulance services effective on July 1, 1968. These benefits are now available to all residents covered by Ontario Hospital Insurance for whom such out-patient of ambulance services are medically necessary.

New Out-Patient Benefits

In addition to out-patient hospital services a fready covered (emergency care; follow-up treatment of fractures; radiotherapy; physiotherapy; occupational therapy and speech therapy) the plan now provides further benefits for the use of hospital facilities in out-patient treatment prescribed by a physician. This means that many hospital visits not previously insured, such as use of operating room for minor surgical procedures and the use of hospital facilities in the treatment of medical conditions, will now be covered by Ontario Hospital Insurance.

X-ray examinations and laboratory tests listed as benefits under the Ontario Medical Services Insurance Plan (OMSIP) will not be included in the new hospital insurance benefits. However, these diagnostic services will continue to be covered in connection with emergency out-patient services within twenty-four hours of an accident or when part of hospital out-patient service to complete treatment of a fracture.

The new benefits will NOT cover any charges made by doctors or dentists for professional services rendered at the hospital; the use of hospital facilities for regular injections of drugs, or dental care normally provided in a dentist's office.

Essential Ambulance Service

Ontario Hospital Insurance will now cover, also, the major part of ambulance charges when an ambulance is necessary to take a patient to or from a hospital. The use of an ambulance must be considered necessary by a licensed medical doctor, a central ambulance dispatching service, a designated hospital official or another person authorized by the Commission. In the case of a road accident, a police officer may authorize the use of an ambulance. The ambulance must be supplied by a recognized ambulance service operator (municipal, hospital, and approved private and volunteer ambulance services).

Cost to Insured Resident. The amount payable by the patient for an authorized ambulance trip of 25 miles or less will be limited to \$5.00. For longer trips on land there will be an additional charge of 15 cents for each mile over 25 miles, but no more than \$25.00 will be payable by the patient for any land trip. Where use of an air ambulance is specially authorized by the Director of Emergency Health Service of the Ontario Hospital Services Commission or a person designated by him, the patient will not have to pay more than \$100.00, including the cost of any connecting land ambulance service.

for relocation are 1-30 acres near present Pleasant Valley site on southerly portion of Canadian Arsenal Lands; 2 30 acres east of Dixie rd. south of Dundas immediately south of the CPR tracks; 3 -35 acres adjacent to CNR tracks, 122 in north of Hwy. Clarkson 4 - part of a 95-acre holding owned by Domtar Ltd. which constitutes part of the long-term shale reserves for Cooksville Brick, and which town staff has been advised could possibly be leased for 15 to 20 years; 5 - site east of Torbram dr., north of CNR tracks in Malton; 6 - site south of Derry Rd. and Rexdale Blvd., east of Malton Are-

Patient Pays Hospital. The patient will pay his share of the ambulance cost to the hospital which receives him or transfers him to a place of residence—**not** to the ambulance operator.

> (An uninsured person will be liable for the full ambulance charges of \$25.00 for a land trip of 25 miles or less, plus 60 cents for each additional mile. Air ambulance will be charged at the usual full rates for this type of service.)

The Ontario Hospital Services Commission will NOT be responsible for operating or dispatching ambulances. This will continue to be the responsibility of the ambulance operators which, in some cases, will be public hospitals.

The new out-patient benefits are designed to close the gap in protection between insured hospital services and those services which are benefits of OMSIP and other comprehensive medical plans.

The ambulance benefit will not only ease the financial problem for the patient but will assist in the development of a well-organized ambulance service throughout the province.

