

Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Saskatchewan, Alberta and the Yukon insure a comprehensive range of services, providing, on an out-patient basis, virtually all services that are available to in-patients.

Ontario insures the following out-patient services: emergency care to accident victims; follow-up care in fracture cases; the use of radiotherapy, occupational-therapy, physiotherapy and speech-therapy facilities in hospitals in Canada; and the hospital component of all other out-patient services as defined in the regulations.

Manitoba insures out-patient emergency care for accident victims; specified surgical procedures; certain procedures related to medical rehabilitation and electro-shock therapy; services provided by the Manitoba Cancer Treatment and Research Foundation; and services provided by the pre-school development clinic administered by the Children's Hospital of Winnipeg.

The Northwest Territories insures out-patient emergency care to accident victims and certain diagnostic procedures and necessary interpretations.

British Columbia insures out-patient cancer therapy at specified facilities operated by the British Columbia Cancer Foundation, as well as Day-Care Surgical Services that include any diagnostic and therapeutic procedures requiring anaesthetic that permit discharge within 24 hours. Authorized charges of \$1 a day for cancer therapy and \$2 for Day-Care Surgical Services are made to insured persons.

Coverage: Each province makes insured services available to all its covered residents on uniform terms and conditions, without exclusion on grounds of age, income or pre-existing conditions. Residents of the province are defined as persons legally entitled to remain in Canada who make their home, and are ordinarily present, in the province; tourists, transients or visitors to the province are specifically excluded. Members of the Armed Forces, the Royal Canadian Mounted Police and inmates of penitentiaries are not covered, being otherwise provided for.

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 coming from outside Canada may qualify for immediate coverage in Alberta, Saskatchewan and Newfoundland.

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