

British Columbia -- On July 1, 1958, the British Columbia Hospital Insurance Service was brought into conformity with the requirements of the federal-provincial programme. All residents of the province, and non-residents after fulfilment of a three month waiting period, became eligible for the specified range of in-patient hospital services. Co-insurance charges of \$1.00 per day are made for all patients except those in receipt of public assistance. The plan is mainly financed through a sales tax and from provincial revenues.

The province pays most of the cost of treating mental or tuberculosis patients although patients able to pay are expected to make some contribution. Extensive cancer services, rehabilitation services for various other diseases and other special programmes are available without charge to indigents.

Local public health services are administered generally by provincial and local authorities through 17 local units, and by local authorities in the metropolitan areas of Greater Vancouver and Victoria-Esquamalt.

Medical, surgical and optical services, drugs and limited dental services are provided by the province, with municipal assistance to persons who are in receipt of the universal old age pension with provincial supplementary allowance and to recipients (including dependents) of old age assistance, blindness, mother's allowance or disability allowance, social assistance and to certain child wards.