

1.—Amounts Available and Amounts and Percentages Expended under the National Health Program, by Grant, for the Ten-Year Period Ended Mar. 31, 1958, and for the Year Ended Mar. 31, 1958.

Grant	1948-58 Period			Year Ended Mar. 31, 1958		
	Amount Available	Amount Expended ¹	Percentage Expended	Amount Available	Amount Expended ¹	Percentage Expended ²
	\$	\$		\$	\$	
Cancer Control.....	35,868,063	22,363,342	62	3,598,795	3,433,466	95
Crippled Children.....	5,167,932	3,514,881	68	519,898	473,291	91
General Public Health.....	67,742,101	41,605,345	61	7,985,000	6,316,539	79
Health Survey.....	645,180	540,960	84	—	—	—
Hospital Construction.....	101,480,572	84,447,957	83	8,183,660	8,048,518	98
Mental Health.....	59,781,147	42,807,170	72	7,234,868	6,526,064	90
Professional Training.....	5,146,344	5,165,270	100	516,300	565,708	110
Public Health Research.....	4,101,248	3,394,885	83	512,900	465,393	91
Tuberculosis Control.....	40,065,800	37,451,356	93	4,239,531	3,839,907	91
Veneral Disease Control.....	4,932,138	4,261,733	86	518,099	456,241	88
Child and Maternal Health.....	7,500,000	3,842,961	51	2,000,000	1,165,550	58
Laboratory and Radiological Services.....	30,585,800	7,923,576	26	7,985,000	2,681,992	34
Medical Rehabilitation.....	4,500,000	1,651,738	37	1,000,000	633,395	63
Totals.....	367,516,325	258,971,674	70	44,294,051	31,606,064	78

¹ Gross amounts that do not show reductions through refunds are estimated at about \$3,000,000. ² Expenditures may exceed 100 p.c. of amounts available, through transfer of unexpended funds from one grant to another.

Hospital Insurance and Diagnostic Services Act.—After several years of preparatory work, Parliament enacted the Hospital Insurance and Diagnostic Services Act in April 1957. This is enabling legislation under which federal grants-in-aid are made available to the provinces to assist in operating publicly administered insurance plans for general hospital care. The Act sets out the principles under which the Federal Government will bear a substantial part of the costs of hospital services provided by approved provincial plans. The method of financing and administering individual plans, as well as the type of services offered over and above the minimum stipulated in the Act, is entirely a provincial matter.

Under the financial formula, the Federal Government contributes one-half of the aggregate shareable costs of the hospital insurance plans. In the individual provinces, however, the federal share varies as a consequence of a formula designed to give a somewhat higher percentage of federal assistance to provinces with less financial strength; each participating province receives 25 p.c. of the national average per capita cost of hospital services plus 25 p.c. of its own provincial per capita cost multiplied by the population covered.

The Act also enumerates the basic range of services mandatory for any provincial scheme that is to receive federal support. Under its terms, each participating province is required to make specified benefits universally available to its population. These benefits must be available without any limit on the total days of care provided and include basic public ward care and other in-patient service normally associated with the operation of a hospital, together with certain diagnostic aids for in-patients and, on a permissive basis, for out-patients. Services may be provided in chronic as well as active treatment hospitals, but the legislation specifically excludes care in tuberculosis sanatoria, mental hospitals and institutions for custodial care. All capital costs and all debts (or interest on debts) incurred prior to the effective date of each federal-provincial agreement are also specifically excluded from shareable costs. Thus, the federal Act is not set up to restrict a province in its hospital insurance program, but to assist in the provision of an insurance system for basic general hospital services available under uniform terms and conditions to the entire provincial population. (Descriptions of provincial plans are given in Subsection 2 dealing with provincial services, p. 242.)