

specified drugs while in hospital and other specified ancillary services. The federal Act provides for out-patient services but not on a mandatory basis. Newfoundland includes all services detailed in the Act. Alberta does not provide out-patient services. The remaining provinces provide them in case of emergency only, with some addition planned for Nova Scotia. Ontario, alone among the provinces, provides tuberculosis and mental health care, not provided for in the federal Act.

Reciprocal agreements between provinces for periods up to three months provide for continuous coverage for persons moving between provinces where plans are in force. Insured persons temporarily absent from a province are covered for care in the case of emergency illness or accident.

Different methods of financing the provincial share of costs have been employed. British Columbia has retained the previously existing system of financing from consolidated revenue, with appropriation from a sales tax, plus \$1 a day co-insurance. Alberta supplements appropriations from revenue with a three-mill assessment of municipalities and co-insurance graded from \$1 to \$2 (according to size of hospital) a patient-day. Saskatchewan, Manitoba and Ontario employ a premium system and Nova Scotia a sales tax. Newfoundland provides free care to all who cannot pay. Alberta, Saskatchewan, Manitoba and Ontario give free care to recipients of social assistance, but local relief cases remain the responsibility of the municipality in Saskatchewan, Manitoba and Ontario. In British Columbia, the province assumes the \$1 co-insurance charge for public assistance recipients.

Of the provinces without hospital insurance plans, Quebec provides hospital care for indigent cases under the Public Charity Act, per diem rates being shared by the province and the institution providing care; Prince Edward Island provides care to indigents at local discretion; New Brunswick, which is actively planning for the introduction of hospital insurance, provides grants to aid municipalities meet costs of hospital care for indigents.

Public Medical Care.—Public medical care programs exist in three provinces, but are limited to residents of particular sections. Nearly one-half of Newfoundland's population receives medical care on a premium basis at home or in hospital under the provincially administered Cottage Hospital Plan. In addition, all Newfoundland children up to the age of 16 are entitled to free surgical and medical care in hospital at provincial expense. All medical indigents also receive care at provincial expense in Newfoundland. In Manitoba and Saskatchewan locally operated municipal doctor programs cover about 30,000 and 167,000 persons respectively. The Swift Current Health Region in Saskatchewan operates a comprehensive prepaid medical-dental care scheme. All these services are subsidized to some extent by the provincial health departments.

Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia all operate special health service plans for certain of their public assistance groups. Indigent persons not covered by the plans in these provinces as well as indigents in other provinces may receive necessary care from their municipality of residence. In general, where costs are assumed by the municipality, a cost-sharing arrangement is undertaken with the provincial government.

In Nova Scotia and Ontario, physician's care in the home and office is the major benefit offered, while in Saskatchewan, Alberta and British Columbia physician's care in home, office and hospital, specified drugs, dental and optical care are supplied. All these plans are completely provincially financed except in British Columbia where services other than medical are shared on a 90/10 basis with the municipality on a proportionate population basis, and in Ontario where premiums for the Unemployment Relief Group are shared on a 60/40 basis with the municipality of residence.

Subsection 3.—Health Services in the Yukon and Northwest Territories

Health services in the two Territories are operated under conditions considerably different from those in the provinces. Vast, sparsely settled areas, climatic conditions, lack of municipal government and direct federal administration constitute a basic set of