

small annual fees by subscribers in cottage hospital districts entitled beneficiaries to out-patient diagnosis and treatment, home visits by the doctor and public ward care in the local hospital or the St. John's General Hospital; residual costs of the government-operated hospitals were met from general tax revenues. By 1958, about one-third of the province's population was covered for a comprehensive range of health services, and about one-half for hospital care under the Cottage Hospital Plan. In addition, the provincial government supplied free medical and hospital care for indigent persons throughout the province, and in 1957 introduced a program of out-patient diagnostic services and public ward hospital care for children under 16 years of age. In 1958, medical and surgical care in hospital was added to the children's program.

**Saskatchewan.**—Interest in the development of publicly financed province-wide hospital insurance schemes, indicated in the 1930's by health insurance legislation enacted (but not put into effect) by Alberta in 1935 and British Columbia in 1936, was renewed in the early postwar period. Saskatchewan became the first province to adopt a universal coverage hospital care prepayment plan. Under the Saskatchewan Hospitalization Act, enacted in 1946 and implemented on Jan. 1, 1947, municipal plans were replaced by a province-wide scheme financed partly through compulsory personal premiums collected by arrangement with the municipalities, partly through one-third of the proceeds of a 3-p.c. provincial sales tax, and partly from provincial general revenues.

**British Columbia.**—British Columbia followed Saskatchewan in 1949 with the development of a universal coverage prepayment program financed through premiums collected primarily through a payroll deduction system with rates designed to pay nearly the full cost of the program. Co-insurance charges, payable by the patient at the time of service, were introduced in 1951. Factors such as collection difficulties and the high mobility of the labour force brought about the abolition of premiums in 1954. Provision was made for financing from general revenues, and for this purpose the provincial retail sales tax was increased from 3 p.c. to 5 p.c.

**Alberta.**—Provincial action in Alberta was more gradual and evolved directly from experience with municipally operated programs. Assistance to municipalities was preceded by several special programs such as hospital care for poliomyelitis patients in 1938, hospital care for cancer diagnosis in 1943, free public ward care for maternity patients in 1944, and a provincial program of health services for selected categories of public assistance recipients in 1947. The province introduced grants-in-aid of municipal prepayment plans for public ward care in 1950; three years later the grants were extended to include 'extra' or special services. By 1957, municipal prepayment districts encompassed approximately 75 p.c. of the population of the province. This scheme provided for a three-way division of costs among the patient, the municipality and the provincial health department. The patient was charged \$1 a day for public ward care and up to \$1 a day for special services, with residual costs shared by the municipality through a compulsory levy on real property and by the province which paid 50 or 60 p.c. of the remainder, as well as statutory grants to hospitals and payments under the special provincial programs. Alberta introduced a new system of province-wide coverage on Apr. 1, 1958.

**Recent Developments.**—Federal hospital insurance legislation stimulated the further development of provincial hospital insurance schemes. British Columbia, Alberta, Saskatchewan, Manitoba (with a completely new scheme) and Newfoundland (with new province-wide coverage), entered the federal-provincial cost-sharing arrangements on July 1, 1958. Ontario and Nova Scotia commenced provincial hospital insurance schemes on Jan. 1, 1959, New Brunswick on July 1, 1959 and Prince Edward Island on Oct. 1, 1959. It is anticipated that programs in the Northwest Territories and the Yukon will begin sometime during 1960, and Quebec has indicated that steps are under way to implement a program in that province.