

Subsection 2.—Hospital Insurance

The federal-provincial hospital insurance program, established in all provinces and both territories, covers 98.7 p.c. of the insurable population of Canada. The system of federal grants-in-aid to the provinces to help meet the cost of specified hospital services is set out under the federal Hospital Insurance and Diagnostic Services Act of 1957. The methods of financing and administering the provincial plans, as well as the types of service offered above the minimum stipulated in the Act, rest with the provinces.

Federal legislation covers specified hospitals, generally including acute, chronic and convalescent institutions. Tuberculosis and mental hospitals are excluded from the federal-provincial plan, as are institutions providing custodial care. On the other hand, the psychiatric and tuberculosis units of general hospitals are included.

The range of in-patient benefits that, under the Act, is required to be provided includes standard ward accommodation and meals, nursing service, drugs and biologicals, surgical supplies, the use of operating and case rooms, diagnostic procedures (including X-ray and laboratory procedures) together with necessary medical interpretations, and the use of radiotherapy and physiotherapy facilities where available. The same benefits for out-patients, although authorized for assistance under the federal legislation, are not mandatory upon provincial plans. All provinces but one provide insured out-patient services. The pattern varies from province to province, but among the services offered are emergency care following accidents, diagnostic services and therapeutic services including minor surgical and medical procedures. Some provinces provide certain psychiatric out-patient services.

There is considerable variation between provinces in the administration and financing of programs. General revenues, provincial sales taxes and personal premiums are utilized, separately and in combination, in different provinces. The Federal Government pays each province 25 p.c. of the per capita cost of in-patient services in Canada as a whole, together with 25 p.c. of the per capita cost of in-patient services in the province, multiplied by the average for the year of the number of insured persons in the province. On a national basis, the federal contribution amounts to about 50 p.c. of shareable costs. However, for individual provinces the proportion of shareable costs met by the Federal Government varies, with a higher proportion of the cost of low-cost programs being met than of high-cost programs. Federal payments to the provinces under the program from July 1, 1958 to Mar. 31, 1962, as shown in Table 2, totalled nearly \$680,000,000.

2.—Federal Payments to Participating Provinces under the Hospital Insurance and Diagnostic Services Act, July 1, 1958-Mar. 31, 1962

Province or Territory	July 1-Dec. 31, 1958	Calendar Year 1959	Calendar Year 1960	Calendar Year 1961	Jan. 1-Mar. 31, 1962
	Contributions	Contributions	Advances ³	Advances ³	Advances ³
	\$	\$	\$	\$	\$
Newfoundland.....	1,990,135	4,788,014	4,993,524	5,626,924	1,490,205
Prince Edward Island.....	—	235,524	1,072,409	1,203,258	328,848
Nova Scotia.....	—	8,149,540	9,284,357	10,595,263	3,174,483
New Brunswick.....	—	3,331,614	7,324,198	9,086,618	2,294,131
Quebec.....	—	—	—	66,746,709	20,212,549
Ontario.....	—	72,610,304	80,860,904	95,016,981	25,528,010
Manitoba.....	4,779,866	11,556,010	12,599,069	14,086,401	3,746,496
Saskatchewan.....	5,775,876	13,276,380	14,087,668	15,119,648	3,956,524
Alberta.....	6,494,722	14,362,663 ¹	16,378,050	18,778,936	5,095,077
British Columbia.....	8,609,463	20,033,811	21,955,550	24,271,046	6,511,249
Yukon Territory.....	—	—	112,206	269,521	82,994
Northwest Territories.....	—	—	180,126	362,037	97,628
Totals.....	27,650,062	148,343,860²	168,848,061	261,163,343	72,518,194
Cumulative Total, July 1, 1958-Mar. 31, 1962.....					678,553,520

¹ Advances only; a final adjustment of \$983,006 was withheld. holdback not available.

² See footnote 1.

³ Amount of