

Subsection 2.—Hospital Insurance

The federal-provincial hospital insurance program, established in all provinces and both territories, covers 98.6 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 only services provided by approved 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 basic range of in-patient benefits that, under the Act, each province is required to provide 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 sharable costs. However, for individual provinces the proportion of sharable 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 Dec. 31, 1963, totalled over \$1,300,000,000. During 1963, federal grants to the individual provinces and territories totalled \$357,600,000, divided as follows: Newfoundland, \$7,600,000; Prince Edward Island, \$1,800,000; Nova Scotia, \$13,800,000; New Brunswick, \$11,600,000; Québec, \$100,800,000; Ontario, \$126,800,000; Manitoba, \$18,200,000; Saskatchewan, \$19,700,000; Alberta, \$25,300,000; British Columbia, \$31,100,000; Yukon Territory, \$295,000; and the Northwest Territories, \$553,000.

The data appearing in Tables 2 and 3 pertain to the calendar year 1961, which was the first full year that all the provinces and both territories participated in the hospital insurance program. The tables refer to hospitals listed in the hospital insurance agreements. Hospitals participating in hospital insurance programs are designated as "budget review" hospitals, which comprise the bulk of hospitals listed in the agreements, and "contract" hospitals, which are private or industrial hospitals with which a province has contracted for the provision of insured services. Federal hospitals, also listed in the agreements, are included in Tables 2 and 3. Budget review hospitals include general hospitals designed for acute or short-term care, special hospitals and chronic hospitals.

On Dec. 31, 1961, the 1,309 hospitals of all categories reporting showed a total of 121,046 beds and cribs set up, a rate of 6.6 beds per thousand population; provincial rates ranged from 4.3 in Newfoundland to 8.5 in Alberta and territorial rates were even higher. The volume of hospital days per thousand population also varied considerably from province to province; that for Canada was 1,951.9, a rate considerably below the averages in Saskatchewan and Alberta but well above the average in Newfoundland. In 1961, 87.8 p.c. of all days of care in hospital were insured days.