Other Diseases or Disabilities.—Services for persons with chronic disabilities, such as heart disease, arthritis, diabetes, visual and auditory impairments and paraplegia have been developed largely by voluntary agencies assisted by federal and provincial funds. (See also pp. 300-301.)

Subsection 3.—Public Medical Care

Saskatchewan and Alberta operate province-wide medical care insurance programs. About half the population of Newfoundland receives physicians' services at home or in hospital under the provincially administered Cottage Hospital Medical Care Plan which is financed in part on a premium basis. Medical indigents not under the Plan may also receive care at provincial expense. In addition, all Newfoundland children under the age of 16 years are entitled to free medical and surgical care in hospital.

For several years Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia and Manitoba have supported the cost of providing certain personal health care services for specified categories of persons in need and receiving public assistance. In British Columbia and Ontario the beneficiaries include recipients of needs- or means-tested old age security, old age assistance, blindness and disability allowances, mothers' allowances, certain child welfare cases and unemployed persons in need (unemployables only in British Columbia); dependants are also usually enrolled. Alberta covers similar categories of persons now qualifying under a provincial needs test. Nova Scotia covers mothers' allowance recipients and their dependants, and blindness allowance recipients. Saskatchewan covers recipients of supplemental allowance to either old age security pensions or blindness allowances, aid to dependent families and provincial short-term assistance; old age assistance recipients are enrolled by the province, for hospital care and medical care benefits only, through the provincial health insurance programs. Manitoba covers aged and infirm persons requiring custodial care, recipients of blind persons' allowances, recipients of mothers' allowances and their dependants, and child wards. In all provinces, indigent persons not covered by these programs may have necessary care financed by the municipalities in which they reside.

Under the Ontario program, the principal service covered is physicians' care in the home and office, including certain out-of-hospital minor surgical procedures and prenatal and postnatal care. Basic dental care is available to the children of mothers' allowance recipients. The programs in Nova Scotia, Saskatchewan, Alberta, British Columbia and Manitoba provide for complete medical care in the home, office and hospital. In addition, all commonly used prescription drugs are included in British Columbia, Manitoba and Saskatchewan (although these carry a 50-p.c. co-charge limitation to long-term assistance recipients in Saskatchewan for non-life-saving drugs where financial hardship is not demonstrated). Dental care and optical care are covered in the four westernmost provinces, sometimes only on special authorization and/or with dollar limits. Other services that may be provided in these provinces include diagnostic tests, appliances, physiotherapy, chiropody, chiropractic treatment, home nursing and transportation for medical reasons.

In Alberta, Saskatchewan, Manitoba and Nova Scotia, where provincial welfare recipients only are covered, health services for eligible persons are financed wholly from provincial general revenues. In British Columbia, costs are shared on a 90-10 basis, with the municipalities assuming their 10-p.c. share on a basis proportionate to population; in Ontario, per capita contributions toward the cost of medical services for unemployed on relief are shared on an 80-20 basis with the municipality of residence.

Since July 1962, every person who has resided in Saskatchewan for three months (and is not entitled to receive medical services under other public programs) and has paid, or has had paid on his behalf, the required premium, is entitled to have payment made on his behalf from the Medical Care Insurance Fund for medical, surgical and obstetrical care, without limit, in his home, in the doctor's office and in hospital, from his physician-of-choice (including payment at specialists' rates for referred specialists' services). There are no restrictions relating to age or pre-existing conditions. Physicians may elect to receive payment in a number of ways; usually they choose to receive direct