

payment from the Medical Care Insurance Commission at 85 p.c. of the 1959 Schedule of Minimum Fees of the College of Physicians and Surgeons of Saskatchewan (as amended) as payment in full, or their patients enrol voluntarily with an approved health agency, which pays the physician an amount equal to the amount paid to the agency by the Commission in respect of the physician's assessed account. The Saskatchewan program is financed almost wholly from personal premiums plus general revenue contributions. In 1964, premiums accounted for 16 p.c. and general revenue contributions for 82 p.c. of the Commission's total receipts. There were more than 879,000 persons covered by the Saskatchewan Medical Care Insurance Act at the end of June 1964, or about 93 p.c. of the provincial population. Most of those not covered were protected under other public programs, both federal and provincial.

On Oct. 1, 1963, Alberta's medical care plan became effective. It is designed primarily to help residents with low incomes who voluntarily purchase medical care insurance from approved non-profit and commercial agencies. The approved carriers must make available to all residents, with no restrictions relating to age or pre-existing health conditions, a program of insurance that provides the attendance of physicians in home, office or hospital, as well as surgical, specialist and general diagnostic services. Maximum premium rates, set by the province, must not be exceeded. The plan is financed completely from personal premiums but there is provision for government subsidization of the premium costs of low-income persons. The subsidies are set up as flat rates but usually amount to 50 p.c. of the premium for persons with no taxable income and 25 p.c. for persons with taxable incomes of from \$1 to \$500. All residents may insure medical services either through the doctor-sponsored Medical Services (Alberta) Incorporated or through approved commercial agencies: doctors are re-imbursed at 90 p.c. of their assessed fees by the former and at 100 p.c. by the latter. In May 1965, some 831,000 persons were covered by the Alberta medical plan, 57 p.c. of the provincial population. Another 162,000 persons, 11 p.c. of the population, had coverage for comparable benefits under special programs.

The British Columbia legislature passed, in March 1965, a Medical Grant Act allowing the government to establish a medical insurance care plan similar to the one operating in Alberta, in that purchase of insurance is to be voluntary, maximum premiums will be set, and no person may be refused insurance because of age or health conditions. The government may share the premium costs of certain persons but, instead of setting out flat rates, it will pay one half of the premium of persons with no taxable income and one quarter of the premium of persons with taxable incomes of from \$1 to \$1,000. The plan is scheduled to take effect on Sept. 1, 1965.

The Ontario legislature passed, in June 1965, an Act to establish a plan of medical services insurance. Under the plan, maximum premiums will be set by the government and insurance will be available to all, with no exclusions because of age or pre-existing health conditions. The premium costs to certain individuals, to be specified in the regulations, will be totally subsidized by the government and the government will act as the insuring agency for those persons. Persons who are ill, disabled or unemployed and are unable to continue payment of their premiums may apply for assistance to maintain their medical services insurance. The plan is scheduled to take effect on June 1, 1966.

Subsection 4.—Services for the Disabled and Chronically Ill

The success of rehabilitation programs for injured workers, war veterans, handicapped children and other disability groups has encouraged more recent efforts to extend rehabilitation services to all handicapped persons. By 1964, physical medicine and rehabilitation departments were established in some 66 hospitals, including 13 children's hospitals, and in six veterans hospitals. Complementing these were 48 independent rehabilitation centres, including 27 children's centres and four workmen's compensation centres. Hospital services available to in-patients and out-patients include physical medicine, physiotherapy, occupational therapy and social services; most of the children's hospitals and the teaching hospitals also supply speech therapy. The rehabilitation centres provide com-