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 pp. 310-311.)

Subsection 3.—Public Medical Care Insurance and Programs

Provincial Medical Care Plans.—Traditionally, patients have paid directly for personal health care services. For the services of physicians, especially, prepaid insurance has been replacing direct payment. Thus, at the end of 1965 about 12,000,000 Canadians or 61 p.c. of the population had some voluntary insurance protection against the cost of physicians' services.

Government financing of personal health care has been increasing in two directions concurrently. First, for the indigent, most provincial governments have assured payments to physicians and several, as well, to dentists, pharmacists for prescribed drugs, optometrists and others. Such programs have operated in several provinces for many years and the remaining provinces have recently made similar provisions. Under the Canada Assistance Plan, the cost of the services can be shared by the Government of Canada. Secondly, for the general population, some provincial governments have introduced programs intended to ensure, if necessary by using tax revenue, that all residents can have physicians' services insurance. In Saskatchewan, coverage is compulsory and no other agency is permitted to compete in the service area covered by the public plan. In British Columbia since 1965 and in Ontario since 1966, public agencies administer optional programs available to individual applicants. In Alberta in 1963 the government established minimum benefits and maximum premiums for existing voluntary insurance plans. In 1967 this arrangement was superseded by a plan similar to those in British Columbia and Ontario. The British Columbia and Alberta schemes cover a comprehensive range of physicians' services and also make provision for paramedical and other health-care benefits to be included as part of the basic contract or as options at a somewhat higher premium cost. As of mid-1967, the publicly administered plans in British Columbia, Alberta and Ontario offered individual contracts only. Private voluntary agencies continued to offer group contracts.

In Newfoundland, the population in the Cottage Hospital Districts (i.e., isolated outlying areas) may enrol in a salaried medical service scheme. (Additionally, all children under 16 years of age throughout the province are covered under the Children's Health Service, at no direct charge to their families, for physicians' services in hospital.)

All these plans except the Children's Health Service in Newfoundland use premiums. To ensure that the premium burden upon individuals is not too heavy, Saskatchewan and Newfoundland cover about three quarters of the total cost from general tax revenues. In Ontario, Alberta and British Columbia premiums of the needy, as defined by a simple test of income adequacy, are subsidized from general tax revenues. British Columbia also uses a special taxation-supported fund to help stabilize premium levels.

Saskatchewan.—Only Saskatchewan has a universal-coverage medical care program. This program, introduced in July 1962, requires enrolment of the entire eligible population. The premiums are compulsory. The maximum for a family is $24 per year. These premiums cover approximately 25 p.c. of the costs of the program. Among the medical services covered are home, office and hospital visits, surgery, obstetrics, psychiatric care, anaesthesia, laboratory and radiological services, preventive medicine, and certain services provided by dentists. There are no waiting periods for benefits and no exclusions for reasons of age or pre-existing health conditions.

Physicians may elect to receive payment in a number of ways. First, the physician may receive payment of 85 p.c. of the tariffs in the current schedule of fees of the organized