

Special schools or classes for various groups of handicapped children are, typically, operated by school boards whereas most of the 17 schools for the deaf and the six schools for the blind are residential schools operated by provincial governments. In 1971-72, there were 3,410 students enrolled in schools for the deaf and 682 in schools for the blind.

6.2.4 Provincial hospital insurance programs

Newfoundland, Saskatchewan, Alberta and British Columbia were operating hospital insurance plans prior to the proclamation of the Hospital Insurance and Diagnostic Services Act in 1957. These provinces and Manitoba entered federal-provincial agreements on July 1, 1958, the earliest possible date under the new Act. Prince Edward Island, Nova Scotia, New Brunswick and Ontario followed in 1959, the territories in 1960, and Quebec in 1961. Effective January 1, 1965, Quebec elected to accept cost-sharing tax abatements in lieu of hospital insurance payments under the Established Programs (Interim Arrangements) Act.

Plans are administered by provincial departments of health or social affairs in some provinces, and by separate commissions in others. In some provinces, hospital insurance and medical care insurance are combined under one administration.

Coverage is automatic or compulsory in most provinces for all residents; however, in Ontario some persons are eligible to remain outside the plan as noted below, while in Alberta a resident who elects to remain outside the medical care plan must also "opt out" of the hospitalization plan.

Provincial plans assure all approved available in-patient services at the standard ward level as indicated in the federal Act and agreements. In view of the federal requirement all provinces guaranteed to provide these services upon entering into agreements and there has been virtually no change in the range of services insured on an in-patient basis during the years since the Act took effect.

Out-patient services have remained an option of the province. In the initial years of operation under the Act many provincial plans provided only limited out-patient services; however, there has been a continuous improvement in coverage throughout the years and all provinces now provide a fairly comprehensive range of insured out-patient services.

All plans pay for insured in-patient services in other provinces of Canada at the rates prevailing in those provinces. Prior approval of the Commission is required by Nova Scotia and Prince Edward Island except for emergency care. Restrictions regarding rates and the volume of services are applied by most plans to in-patient services outside Canada. Payments for out-of-province out-patient services are more restricted; Nova Scotia and Quebec make no payments unless by special agreement in border areas; other provinces make payments subject to maximums for rates and volumes.

Some plans also insure services which are excluded under the federal Act and which are consequently not subject to cost sharing. These include coverage in psychiatric hospitals in Nova Scotia and Ontario. Ontario also provides essential ambulance services at a modest cost, care in tuberculosis sanatoria, care in nursing homes where medically necessary subject to a daily charge, and physiotherapy, occupational and speech therapy in non-hospital facilities. Alberta provides nursing home care and care in senior citizens lodges subject to appropriate charges, and physiotherapy services in non-hospital facilities.

Provinces finance their portion of the cost of hospital care through a variety of methods including general revenue, premiums, sales or property tax, authorized charges payable at the time of hospitalization, or various combinations of these sources. Newfoundland, Prince Edward Island, New Brunswick, Quebec, the Yukon Territory and the Northwest Territories finance their programs from general revenues. British Columbia and the Northwest Territories also levy authorized charges. Other provinces use general revenue to some extent to supplement other sources of revenue. Nova Scotia levies a provincial sales tax. Ontario charges a monthly premium of \$5.50 for single persons and \$11.00 for families. There is a compulsory payroll deduction in relation to establishments with 15 or more employees including the employer. With respect to other persons the program is available on a voluntary basis. In Manitoba the monthly premium for single persons is \$3.60 and for families \$7.20. A 6% charge on personal income tax and an extra 1% tax on the taxable income of corporations are levied to provide for costs not covered by premiums. In Saskatchewan the annual premium of hospitalization tax is \$24 for single persons and \$48 for families. In Alberta the joint premium charged for medical care and hospital insurance is \$5.75 per month for single persons and \$11.50 for families. These funds are augmented by authorized charges and a mill rate on property.