

problems such as cancer, alcoholism and drug addiction, venereal diseases and dental conditions have been developed by government agencies, often in co-operation with voluntary associations. A number of provincial programs have been directed to meet the needs of specific population groups such as mothers and children, the aged, the needy, and those requiring rehabilitation care.

Environmental health responsibilities, involving education, inspection, and enforcement of standards, are frequently shared by health departments and other agencies.

Public health or community health units are among the most decentralized. Some of these units have taken on responsibility for such things as local health education, school health and organized home care. Although local and regional involvement in health services has been concentrated in hospital planning and some public health aspects, several provinces have inaugurated district and regional boards which participate in the co-ordination of all health-related services in their areas.

5.2.1 Hospital and institutional care

Apart from mental hospital care which is reported separately, and care in tuberculosis sanatoria, virtually all care provided in other (general and allied special) hospitals is covered by provincial hospital insurance plans through agreements made under the provisions of the Hospital Insurance and Diagnostic Services Act, 1957. Newfoundland, Saskatchewan, Alberta and British Columbia operated hospital insurance plans prior to the proclamation of the federal Act and these provinces with 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 insure 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 since been virtually no change in the range of insured in-patient services.

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, but approval of the Commission is required by Nova Scotia and Prince Edward Island except for emergency care. For in-patient services outside Canada, limits on rates and the volume of services apply in most provinces. Payments for out-of-province insured out-patient services are generally limited by the rates payable within the province with restrictions on service volumes. Nova Scotia makes no payment for out-patient care outside the province.

Provinces finance their portion of the cost of sharable hospital care through a variety of methods including general revenue, premiums, sales (hospital) tax, and in some instances a combination of these sources.

Ontario charges a monthly premium of \$11 for single persons and \$22 for families for both hospital and medical care. The Ontario plan requires compulsory payroll deductions in employee groups consisting of 15 or more persons. For other residents coverage is voluntary. This is the only semi-voluntary plan. In Alberta the joint premium charge for medical care and hospital insurance is \$5.75 per month for single persons and \$11.50 for families. Premium assistance is available in both Ontario and Alberta for certain residents with limited incomes, and premium exemption is provided for residents over 65 years of age.