

In each province, both institutional and ambulatory care for tuberculosis and mental illness is provided by an agency of the department responsible for health, with increasing attention directed to preventive services. Programs related to other particular health problems such as cancer, alcoholism and drug addiction, venereal diseases and dental conditions have been developed by government agencies, often in cooperation with voluntary associations. A number of provincial programs serve specific population groups such as mothers and children, the aged, the needy, and those requiring rehabilitation.

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 are responsible for 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.

Hospital and institutional care

5.2.1

Apart from care in mental hospitals and 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 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 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 of 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; in Ontario some persons are eligible to remain outside the plan; 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. With a continuous improvement in coverage through the years, all provinces now provide a fairly comprehensive range of insured out-patient services.

All plans pay for insured in-patient services in other provinces at their prevailing rates, but approval of the administering 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.