medical care of patients in mental and tuberculosis hospitals and preventive services provided to individuals by physicians in public health agencies.

A uniform terms and conditions clause is intended to ensure that all residents have unimpeded access to insured services. This condition prevents discrimination because of health, age, non-membership in a group, or other considerations. If a premium system of financing is selected, subsidization in whole or in part for low-income groups is permitted. The individual province may determine whether insurance will be voluntary or compulsory.

Utilization charges at the time of service are not precluded by the federal legislation if they do not impede, either by their amount or by the manner of their applications, reasonable access to necessary medical care, particularly for low-income groups.

Provincial and territorial plans. Methods of organizing, financing and administering health insurance plans vary. In some provinces, hospital and medical care plans are administered directly by provincial departments of health. In others, the plans are under separate public agencies reporting directly to the responsible provincial minister. Some provinces have one plan administered by the department of health and the other by a public agency.

Until 1977, the federal government reimbursed the provinces for about 50% of approved expenditures for services provided under the provincial hospital and medical care insurance plans. With the introduction of established programs financing legislation in April 1977, the federal contributions to the provinces were no longer tied to provincial spending but to the average rate of growth in gross national product. Contributions took the form of a cash transfer plus a transfer of tax and associated equalization payments to the provinces. Provinces must continue to meet criteria under federal legislation to be eligible for financing. Per capita cash contributions were also made to the provinces toward the cost of certain extended health care services, such as nursing home, adult residential, ambulatory and home care services. Methods of administering and financing these programs in each province and the provision of associated services are left to the provinces.

Each province is free to determine how its share of the cost will be financed. Most provinces finance their share out of general revenue, while three (Ontario, Alberta and British Columbia) and Yukon impose premiums. In Ontario both hospital and medical coverage are linked to premiums. In British Columbia, premiums are applied only to medical care insurance. Premium assistance is available in these provinces for certain categories of residents with limited income, and premium exemption is provided in Alberta and Ontario for most residents over 65 years of age. Some provinces levy limited user charges to some patients in general and allied special hospitals.

Arrangements vary for delivery of medical services and payment of physicians. Most physicians are paid on a fee-for-service basis. This accounts for about 94% of the cost of insured medical services nationally. Other arrangements include salary, sessional payments, contract service, capitation and monetary incentives to settle and remain in medically underserviced areas. For physicians remunerated on a fee-for-service basis, four broad categories of arrangements exist. Within these categories, each province has certain features which distinguish it from others. In the four types of arrangement, physicians may:

— participate in the provincial plan and not be allowed to bill beyond provincial plan benefit levels, or not participate and bill patients as they see fit, but their patients are no longer entitled to plan benefits (Quebec);

— choose to opt-in and bill the provincial plan for all patients or opt-out for all patients and bill the patients. Only the opted-out physicians are free to bill patients beyond the provincial plan benefit levels. Patients of opted-out physicians do not lose entitlement to benefits (Ontario, Manitoba, Newfoundland, British Columbia, Yukon, Northwest Territories);

— bill the plan for some services and for some patients, or bill the patient for some or all of the services provided. The physician is not allowed to bill both the plan and the patient for the same service. Billing beyond the provincial benefit levels may occur only for services billed to patients. Patients can be reimbursed up to the provincial benefit level (Saskatchewan, New Brunswick, Prince Edward Island); and

— bill either the plan or the patient or both for any service. A patient billed beyond the provincial benefit levels can be reimbursed up to that level (Alberta, Nova Scotia).

3.2.3 Health protection

Federal and provincial programs protect the public against unsafe foods, drugs, cosmetics, and medical and radiation-emitting devices, against harmful microbiological agents, technological and social environments, against environmental pollutants and contaminants, and against fraudulent drugs and devices.

Food safety, cleanliness and nutritional quality standards are developed through laboratory research and evaluation of data produced by private and public sectors, and international sources. Standards are maintained by inspection and analysis of foods of both domestic and imported origin. Regulations prescribe maximum levels for residue of agricultural chemicals in foods and use of food additives. Both are subject to pre-market evaluation before they can be used in a food sold in Canada.