

receipt of means-tested old age security supplements, old age assistance, blindness and disability allowances, mothers' allowances and certain child welfare cases, and unemployed employables. Nova Scotia covers only mothers' allowance recipients and their dependants, and blindness allowance recipients. In Saskatchewan, old age assistance recipients (for health services other than hospital and medical care), disabled persons, blind persons not receiving a supplemental allowance, and persons on local relief (social aid) are the responsibility of the municipality of residence in regard to health services. The Manitoba program covers cases of need among the aged and infirm, including those in nursing homes or institutions, the blind and the physically or mentally disabled, mothers with custody of dependent children, and neglected children. Indigent persons not covered by these programs may have necessary care financed by the municipalities in which they reside.

Under the Ontario program, the principal medical service covered is physicians' care in the home and office, including certain minor surgical procedures and prenatal and post-natal care. Emergency drugs are a benefit and basic dental care is available to the children of mothers' allowance recipients. In addition to such medical services, Nova Scotia provides major and minor surgical and obstetrical services and medical attendance in hospital. The programs in Saskatchewan, Alberta and British Columbia give complete medical care in the home, office and hospital, including surgical and obstetrical services, all generally used prescription drugs (except in Alberta, and with a 50-p.c. co-charge limitation in Saskatchewan for non-life-saving drugs where financial hardship is not demonstrated), and dental and optical care, sometimes only on special authorization and/or with dollar limits. Prior to July 1, 1962, beneficiaries among the old age assistance group in Saskatchewan were entitled to insured hospital services only, but since that date they have been included under the medical care insurance plan of that province for insured services although personally exempt from premium payments. Services that are paid for in Manitoba include medical and surgical care in homes and doctors' offices, as well as optical and dental care, basic drugs, diagnostic tests, remedial care, appliances, and treatment including physiotherapy. Chiropody, chiropractic and emergency transportation may also be provided. Physicians are expected to offer care in hospital without charge, as in Ontario.

In Alberta, Saskatchewan, Manitoba and Nova Scotia, health services for eligible provincial public assistance recipients are wholly financed from provincial general revenues. In British Columbia, costs are shared on a 90-10 basis with the municipalities assuming their 10-p.c. share on a basis proportionate to population; in Ontario per capita contributions toward the cost of medical services for unemployed on relief are shared on an 80-20 basis with the municipality of residence.

Since July 1962, every person who has resided in the Province of Saskatchewan for three months (and is not entitled to receive medical services from the Government of Canada) and has paid, or has had paid on his behalf, any premium he is required to pay under the Saskatchewan Medical Insurance Act, is entitled to have payment made on his behalf from the Medical Care Insurance Fund, for medical, surgical and obstetrical care, without limit, in the office, home or hospital, from his physician of choice (including payment at specialists' rates for referred specialists' services). Out-of-province benefits are also paid, on a patient-reimbursement basis. There are no restrictions relating to age or pre-existing conditions, or other factors, except the requirement of three months' residence in the province. Physicians providing insured medical services may elect to receive payment in a number of ways: (1) they may contract for a salary or similar arrangement; (2) they may choose to receive direct payment from the administering public agency, the Medical Care Insurance Commission at 85 p.c. of the 1959 Schedule of Minimum Fees of the College of Physicians and Surgeons of Saskatchewan as payment in full; (3) they may bill their patients directly, the patient in turn being paid by the Commission, on presentation of an itemized account (bill) or receipt, an amount equal to 85 p.c. of the assessed fee; (4) the physician may practise for private fees, whereby the patient assumes all responsibility for payment of the doctor's fee