tions 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

Newfoundland, Saskatchewan, Alberta and British Columbia operated 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 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 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, 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.

Some plans also insure services which are excluded under the federal Act and are consequently not subject to cost sharing. Coverage in psychiatric hospitals is provided by Nova Scotia and Ontario. Where medically necessary, care in nursing homes is provided in Ontario, Manitoba and Alberta subject to an authorized charge. Ontario also provides essential ambulance services at a modest cost, and physiotherapy, occupational and speech therapy in non-hospital facilities. Alberta and Manitoba provide care in senior citizens lodges or hostels subject to appropriate charges. Physiotherapy services in non-hospital facilities are available in Alberta and Saskatchewan.

Provinces finance their portion of the cost of sharable 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, Manitoba, Saskatchewan and the Yukon Territory finance their programs from general revenues. Other provinces use general revenue to some extent to supplement other sources of revenue. Alberta, British Columbia and the