

the first day of care, while patients receiving auxiliary (chronic) hospital care are charged \$3 a day commencing with the 121st day of care.

In British Columbia, in-patients pay \$1 a day and in the Northwest Territories \$1.50. In British Columbia there is also a charge of \$1 or \$2, for specified out-patient services.

Some provinces charge for services which are additional to the provisions of the federal Act. For example, insured residents in Ontario pay \$5 for ambulance services with a mileage charge beyond 25 miles; Ontario imposes a charge of \$4.50 a day in nursing homes; Manitoba charges \$4.50 in personal care homes, extended treatment centres, and hostels; Alberta charges \$3 for standard ward accommodation in nursing homes.

5.2.2 Medical care and related services

By early 1972 all 10 provinces and the two sparsely-settled territories of the North had met the criteria stipulated under the Medical Care Act as conditions for federal cost sharing, and virtually the entire eligible population was insured for all medically required services of physicians plus a limited range of oral surgery in approved hospital settings. The principal coverage exclusions (about 0.5% of the total population) are members of the Canadian Armed Forces, the Royal Canadian Mounted Police, and inmates of federal penitentiaries, whose medical care requirements are met under alternative provisions. The principal benefit exclusions are services by physicians that are not medically required (e.g. examinations for life insurance) and services to treat work-related conditions already covered by workmen's compensation legislation.

The federal government contributes, over-all, half of the cost of insured services. The proportion varies somewhat from province to province, depending upon actual provincial cost levels. In 1972-73 the proportions ranged from about 43% in Ontario to just over 91% in Newfoundland.

As with hospital insurance, several methods are used by the provinces to finance their share of the cost. During the early years of the plans, premiums were levied in several provinces to meet part of their share; by 1974 only three provinces and one of the northern territories were employing this mode to raise revenue. British Columbia's plan is totally voluntary; Ontario's is compulsory for employee groups of more than 15 persons and voluntary for other residents. In both plans, payment of premiums is a condition of eligibility to receive insured services. The plans of Alberta and the Yukon Territory require registration as an eligibility condition and registration in most instances is contingent on payment of premiums. In these three provinces and the Yukon premiums are paid on behalf of welfare recipients and other needy residents, and in Alberta and Ontario on behalf of persons 65 years of age or older. There is provision for full or partial premium subsidy on behalf of residents who, while self-supporting, find the cost a financial hardship.

Quebec levies a special employee income tax surcharge plus a comparable tax on employer payrolls to finance part of its share of costs. In all the remaining provinces the entire amount of the provincial share is met from general revenues.

Although in most provinces hospital and medical insurance plans are administered separately, those provinces still employing premiums tend now to regard this mode as representing a financial contribution to the revenue requirements of both plans jointly.

Patients have the right to the physician of their choice, and physicians the right to choose patients.

Some provincial plans insure residents for a variety of benefits not yet eligible for cost sharing by the federal government under the Medical Care Act. Among these can be specified services provided by optometrists, chiropractors, podiatrists (chiropodists), osteopaths and naturopaths.

All provinces have provisions to pay all or part of the cost of additional services required by residents in financial need under their social assistance programs. These costs are shared 50-50 by the federal government under the Canada Assistance Plan Act. The range of benefits varies from province to province, but may include such services as eyeglasses, prosthetic appliances, dental services, prescribed drugs, home care services and nursing home care.

Self-supporting residents in Canada seeking insurance coverage for services not included in the two government-administered hospital and medical insurance programs continue to have recourse to the private sector whether commercial or non-profit. Private carriers market plans providing benefits in such areas as the extra cost of semi-private and private ward accom-