

# Canadian Medical Plan Compared Kennedy Proposal With Senate-Tabled

Editor's note: The Saskatchewan doctor's strike and the Senate voting to table President Kennedy's medical care bill have focused attention on government attempts to help pay private medical bills. But although their basic objective is similar, the Canadian and Kennedy plans differ greatly in their scope and approach, as outlined in the following dispatch.

increased business. Here is the way this provision came about. The Saskatchewan College of Physicians and Surgeons suggests rates which general practitioners may charge. Traditionally, doctors have billed their patients on the basis of 85 per cent of these suggested charges. The government, therefore, decided to

use the 1959 college of physicians scale and reimburse doctors at 85 per cent of these rates for the plan's first year of operation (July 1, 1962 to June 30, 1963). The rates themselves are not set for beyond June, 1963. The Saskatchewan doctors are upset about this provision, saying there is nothing in the act to prevent the government from

lowering payments below 85 per cent. American-Doctors' charges are not involved. Financing Canadian-Each single adult must pay an annual premium of \$12 and each family, regardless of size, must pay \$24. Added money will come through a 1 1/2 per cent increase in the retail sales tax

and through a surcharge on personal income tax, amounting to about 1 per cent of an individual's taxable income, and a 1 per cent boost in the provincial corporate income tax. On such a basis, a family earning \$2,500 annually would contribute about \$39 a year. American-Paid for by increase in Social Security tax-

es. These taxes would go up in two steps for employers, employees and the self-employed. The taxable base would rise from the first \$4,800 earned to \$5,200 on Jan. 1, 1963, in addition to an increase from 3 1/2 per cent to 3 3/4 per cent already scheduled to go into effect next year. The tax would be raised one-fourth of one per cent in 1964. For ex-

ample, a worker making \$5,200 a year or more would have his Social Security taxes increased by \$27.50 in 1964 over amounts now scheduled. Of this, \$17.68 would be earmarked for health benefits. Options Canadian - Originally the plan was pre-paid and compulsory. But recently the government deleted the compulsory

element as it pertained to doctors. Doctors may continue private practice. Those who do not sign up for the medicare plan can bill their patients and the patients in turn can claim compensation from the government, for the statutory amount only. American - The bill encourages participation of private insurance companies and

states. It also gives an individual the opportunity to keep his own private policies. In all cases the federal government would pay for the basic health benefits outlined in the program. This could be paid to states which set up their own medicare plans or to a private firm which is insuring an individual. The idea is to encourage persons and states to supplement the basic plan with additional coverage such as those which would take care of doctors' fees.

By NORMAN RUNNION

Washington - (UPI) - Medicare these days is an explosive word, whether it's pronounced in Canada or the United States.

In Saskatchewan, the province's government-supported medical care plan has triggered a doctors' strike.

In the U.S. Senate, President Kennedy's medical care proposal was tabled Tuesday. It undoubtedly will be a political issue in next fall's congressional elections.

Between the two plans, the nickname "medicare" is the one basic similarity. There are these two vast differences:

The Saskatchewan plan provides for payment of doctors' bills, and the Kennedy bill does not; the Canadian plan covers all residents of the province, from cradle to grave, while the Kennedy bill applies only to those Americans over 65.

Hospital care - the basic objective of the Kennedy proposal - is not a part of the Saskatchewan plan because all Canadian provinces already sponsor a hospitalization program.

Here is a comparison of the two plans:

**Coverage**

Canada - Everyone, from child to parent to grandparent, who has been a resident of Saskatchewan for three months prior to July 1, or will have had three months residence by Dec. 31 of this year.

American - All persons now 65 or who reach 65 by 1957, whether or not they have paid into Social Security; after that, the plan would cover only those over 65 who are in the Social Security system.

**Benefits**

Canadian - Medical and surgical services and newborn care; specialist services where the patient has been referred to a specialist by another physician; anesthesia; X-ray, laboratory and other diagnostic services; preventive medical services; some physiotherapy; dental services where provided by a dentist in conjunction with facial surgery.

American - Payment for 90 days of hospitalization a year, provided the patient pays at least \$20, and up to a maximum of the first \$90, of his hospitalization costs; payment of up to 180 days of skilled nursing home care a year; 240 days of home health service visits by nurses; outpatient diagnostic services by or through a hospital to its outpatients, provided the patient pays the first \$20 of each diagnostic study; certain drugs, X-rays and the like if part of normal hospital care.

Canadian - Payment of 85 per cent of their 1959 rates. The government reasoned that the 15 per cent difference would be made up by

**Hanford Defeat Said Serious Blow**

Washington - (UPI) - Bonneville Power Administrator Charles F. Luce called Tuesday's defeat of a plan for non-federal power production at the Hanford, Wash., atomic plant a serious blow to plans for using waste steam.

"Basically, the same interests which opposed federal development of the project in last year's vote opposed non-federal development today," Luce said.

"A decision will have to be made by the Senate leadership whether to offer the same amendment in the Senate in the hope, that if passed, it can be held in conference."

The Washington Public Power Supply System had proposed that it finance, construct and operate the generating facilities which would be powered by waste steam from Hanford's new plutonium reactor.

**Alcoholism Control Should Start in Home**

Buffalo, N.Y. - (UPI) - One out of every 15 teen-agers may easily become an alcoholic under prevailing conditions of the average home, cautions Dr. Marvin A. Block. Control of alcoholism begins in the home, Block reported in the Journal of the American Medical Association. He said education of children should be supported by good example. "Kiddy cocktails" - soft drinks served to children in cocktail glasses - were cited as a potential source of trouble.

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