

MULTIPLE CHOICE

1. Which government act confirmed the historical division of powers between the Canadian federal government and the provinces in relation to responsibility for health care?
 - a. *British North America Act*
 - b. *Constitution Act* of 1982
 - c. *Canada Health Act* of 1984
 - d. *National Medicare Act*

ANS: B

The *Constitution Act* of 1982 confirmed this historical division.

DIF: Knowledge REF: 4 OBJ: 1 | 2

2. During the 1930s, prior to the availability of universal health insurance, economic disaster left numerous patients unable to pay medical bills. Many physicians found themselves in a difficult financial situation during this time. The Saskatchewan Relief Commission attempted to assist physicians with monthly payments in which of the following amounts?
 - a. \$10 to \$20 per month
 - b. \$25 to \$50 per month
 - c. \$50 to \$75 per month
 - d. \$75 to \$100 per month

ANS: C

Many physicians received payments of \$50 or \$75 per month from the Saskatchewan Relief Commission during the 1930s, to help with economic difficulties experienced prior to the availability of universal health insurance.

DIF: Knowledge REF: 6 OBJ: 3

3. In Calgary during the 1930s, what was the approximate monthly income of a general hospital graduate nurse, excluding room and board?
 - a. \$20 per month
 - b. \$30 per month
 - c. \$40 per month
 - d. \$50 per month

ANS: B

During the 1930s, general hospital graduates were often unable to obtain positions as special nurses, and therefore worked as hospital staff, receiving a monthly salary of \$30 in addition to room and board.

DIF: Knowledge REF: 6 OBJ: 3 | 4

4. The first province-wide Blue Cross Plan in Canada was created in which province?
 - a. Manitoba
 - b. Nova Scotia

- c. Saskatchewan
- d. British Columbia

ANS: A

Initiated in 1937, the first province-wide Blue Cross Plan in Canada was created by an act of the Manitoba legislature and administered by the Manitoba Hospital Service Association.

DIF: Knowledge REF: 7 OBJ: 2 | 3

5. In 1935, which government act was responsible for collecting information and advising groups in provinces that were planning a health insurance program?
- a. *Canada Health Act*
 - b. *National Health Grants Act*
 - c. *Employment and Social Insurance Act*
 - d. *National System of Medicare and Medicaid Act*

ANS: C

In 1935, the *Employment and Social Insurance Act* provided for collecting information and advising groups in provinces planning a health insurance program.

DIF: Knowledge REF: 7 OBJ: 2 | 3

6. Which province was the first to institute a hospital insurance plan that was financed entirely by the province?
- a. Alberta
 - b. Manitoba
 - c. Saskatchewan
 - d. British Columbia

ANS: C

In 1947, the province of Saskatchewan, under the leadership of Premier T.C. Douglas, instituted a hospital insurance plan that was entirely financed by the province.

DIF: Knowledge REF: 8 OBJ: 2 | 3

7. In which year was the first hospital insurance plan that was financed entirely by the province created?
- a. 1942
 - b. 1947
 - c. 1952
 - d. 1957

ANS: B

It was in 1947 that Saskatchewan became the first province in Canada to institute a hospital insurance plan that was entirely financed by the province.

DIF: Knowledge REF: 8 OBJ: 2 | 3

8. The first provincial hospital insurance plan was subsidized from general revenues and which other source?
- a. Federal sales tax
 - b. Provincial sales tax

- c. Federal transfer payments
- d. World War II Surplus Fund

ANS: B

In 1948, the government of Saskatchewan increased its provincial sales tax to help finance its hospital insurance plan.

DIF: Knowledge REF: 8 OBJ: 2 | 3

9. The federal government's first foray into health care financing occurred through the National Health Grants Program in which year?
- a. 1945
 - b. 1946
 - c. 1947
 - d. 1948

ANS: D

The National Health Grants Program was created in 1948 and is considered to be the Canadian federal government's first foray into health care financing.

DIF: Knowledge REF: 8 OBJ: 3 | 4

10. Which following statement is true regarding the *Hospital Insurance and Diagnostic Act* of 1957, which laid out the details of a national health insurance plan?
- a. All provinces were required to join.
 - b. The act did not allow for hospital insurance portability from province to province.
 - c. The act provided comprehensive coverage for all in-hospital care.
 - d. Federal payments were based on a province's population.

ANS: C

Comprehensive coverage for all in-hospital care was included in the *Hospital Insurance and Diagnostic Act* of 1957. Provinces could opt to join, the plan was portable, and payments were based on the number of insured persons, rather than the province's population.

DIF: Comprehension REF: 8 OBJ: 4

11. By which year had all of the provinces accepted the terms and conditions of the *Hospital Insurance and Diagnostic Act* of 1957?
- a. 1957
 - b. 1959
 - c. 1961
 - d. 1963

ANS: C

All provinces had accepted the terms of the *Hospital Insurance and Diagnostic Act* by 1961.

DIF: Knowledge REF: 8 OBJ: 4

12. There was much variation among the provinces in relation to user charges and extra billing during the 1970s. Which province had the most restrictive rules related to extra billing?
- a. Prince Edward Island
 - b. Quebec

- c. Alberta
- d. Manitoba

ANS: B

Quebec had the most restrictive rules related to extra billing: physicians who extra-billed were required to opt out of the provincial health insurance plan and bill patients directly, and their patients could not seek reimbursement from the plan.

DIF: Knowledge REF: 9 OBJ: 6

13. Recession has led to many discussions about privatizing health care. Although a number of provinces conducted experiments in privatization, the results have not been made public, largely because these experiments violate which following principle of health care legislation in Canada?
- a. Accessibility
 - b. Universality
 - c. Portability
 - d. Public administration

ANS: D

Many organizations, health analysts, and individuals have opposed these privatization experiments because they appear to violate one of the five basic principles on which health legislation in Canada was founded, that is, public administration.

DIF: Comprehension REF: 11 OBJ: 7

14. The need for change in how health services are structured and paid for has been recognized for some time. Which following factor has been a deterrent to implementing these needed changes?
- a. Political considerations
 - b. Financial considerations
 - c. Provinces wanting to give up their constitutional prerogatives to federal control
 - d. The proposition of powerful lobbyists indicating that the status quo is envied by many countries

ANS: A

The factors that have been responsible for deterring changes to the health care system include political considerations, the fierce determination of the provinces to *retain* their constitutional prerogative for health care, and the opposition to change by powerful lobbyists.

DIF: Comprehension REF: 13 OBJ: 9

15. Despite the lack of planning for change at the system level, which following principle driving health care reform has had some positive effects on the provision of health care?
- a. A move toward the provision of more community-based services
 - b. An increase in the number of acute-care hospital beds
 - c. A maintained health emphasis on the medical cure model
 - d. A retention of the physician-centred and hospital-based health care model

ANS: A

Principles driving health care reform that have had positive effects include more community-based services, attempts to provide care to people on either an outpatient or home-case basis, and the placement of greater emphasis on health promotion at all levels of care.

DIF: Comprehension

REF: 16

OBJ: 10