

(5) Persons covered should include all males between specified ages who are working for wages or salary except :—

- (a) Persons adequately covered by existing schemes :
- (b) Persons giving satisfactory evidence of an assured income of not less than £104 on reaching pensionable age. (Page 4.)

(6) The following might be able to become voluntary contributors :—

- (a) Workers on own account.
- (b) Wage and salaried workers over the age at which the compulsory scheme ceases to apply. (Page 4.)

(7) A separate scheme would require to be prepared for females. (Pages 4 and 5.)

(8) Contributions might be made by the employer, the employee, and the State (at any rate in the initial stage). Eventually the scheme might be self-supporting without State contributions. The State would retain responsibility for old-age pensions to persons not covered. (Page 5.)

(9) Any scheme should be actuarially sound. (Page 5.)

(10) Estimates of costs on various assumptions are made. Scheme E is considered to be the most satisfactory. (Pages 6 to 9.)

(11) In the scheme of administration as full use as possible should be made of existing Friendly Societies and other approved societies. A National Insurance Board of six persons, responsible to a Minister of the Crown, is suggested, the departmental head being the Commissioner of National Insurance. District Sub-Commissioners, with local advisory committees, are suggested. (Pages 9 and 10.)

(12) Various miscellaneous provisions applicable to both the pensions and health insurance schemes are considered on page 10.

(13) The elaboration of details requires the decision of the Government on a number of questions including—

- (a) Scale of benefits :
- (b) Ages to be covered :
- (c) Distribution of contributions between employer, employee, and State :
- (d) The scheme of administration.

PART II.

NATIONAL COMPULSORY HEALTH INSURANCE.

A. EXTENT OF EXISTING SCHEMES.

The principle of health insurance is firmly established, and, indeed, in Europe has found well-nigh universal acceptance. There are to-day some twenty countries in which a system of compulsory health insurance providing hospital and medical benefit in some degree or other is in force. The list of these is as follows :—

Austria.	Germany.	Lithuania.	Roumania.
Bulgaria.	Greece.	Luxemburg.	United Kingdom.
Chile.	Hungary.	Netherlands.	Union of Soviet
Czecho-Slovakia.	Irish Free State.	Norway.	Socialist Republic.
Estonia.	Japan.	Poland.	Yugo Slavia.
France.	Latvia.		

In addition, keen interest has been shown in health insurance in both Australia and South Africa, where it has been the subject of investigation by Royal Commissions, and, again, in North America, where at present draft Bills are before the legislatures of various Provinces of Canada and various States of the United States of America.

In New Zealand the Hospital Boards Association and the New Zealand Branch of the British Medical Association have already given some thought to the subject. A joint report prepared by a committee representing the two bodies was submitted by them to their respective general conferences at the beginning of the present year, when the opinion was expressed that at any rate a strong case had been established for the fullest investigation.