inquiry should be undertaken by the Government which would include the taking of evidence from-

(1) The medical profession.

(2) Hospital authorities.

(3) The pharmaceutical profession.

(4) Friendly Societies.

- (5) The Government Actuary.
- (6) The Department of Health.
- (7) Any other interested parties.

In the event of its being decided to proceed with both schemes simultaneously it would be a matter for consideration as to whether it would not be desirable to have one administrative Board for both schemes.

SUMMARY.

PART II.—NATIONAL COMPULSORY HEALTH INSURANCE.

(1) It is considered that there is a strong case for considering the establishment of a scheme of national compulsory health insurance, and also the recommendation of the Hospital Boards Association that an inquiry be undertaken by the Government which would include the taking of evidence from all interested parties. (Pages 13 and 14 of report.)

(2) A study of existing and proposed schemes shows certain trends. set out in detail, and represent the guiding principles which might be considered in any scheme which may be introduced into New Zealand. (Pages 12 and 13 of

report.)

(3) It is a matter for consideration by the Government as to whether the benefits

of the scheme should be restricted. (Pages 12 and 13 of report.)

(4) While insurance might be compulsory for persons working for wages and salaries, there might also be provision for the voluntary inclusion of workers on their own account. The case of the unemployed also requires special consideration. (Page 12 of report.)

(5) Contributions in the case of compulsory members might be made by the employee, the employer, and the State. Workers on their own account should contribute a sum representing payments by employer and employee. (Page 12 of

report.)

(6) While reliable figures are unobtainable, it appears that a reasonably complete hospital and medical benefit could be provided for those coming within the scope of the scheme for a sum not exceeding £2 10s. per head. (Page 12 of report.)

(7) In any national health-insurance scheme resemblance to private practice should so far as possible be maintained. All medical practitioners should be given the right to participate in the scheme on a part-time basis, with absolute freedom

of choice as between doctor and patient. (Page 13 of report.)
(8) On the subject of administration, it is suggested that any scheme for health insurance should be linked closely with existing health and public hospital services so as to provide the very necessary co-ordination. This might be effected by placing the administration centrally under the Health Department and locally under Hospital Boards. There should be provision for obtaining the opinions of professional and other groups affected by the scheme, while the medical profession, as far as practicable, should be responsible for the quality of the medical service and for the discipline of their own members. (Page 13 of report.)

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H. Belshaw, Advisory Economist.

J. H. Boyes, Pensions Department.

C. Gostelow, Actuary's Department.

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W. L. Comrie, Secretary, 17th August, 1935.

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