

# Chapter 6

## Health and welfare

### 6.1 Federal health organization and activities

Under the British North America Act responsibility for administration of health services is the direct concern of provincial governments, with municipalities often exercising considerable influence over matters delegated to them by provincial legislatures. Although patterns of health services in different provinces are similar, their organization, system of financing and administration vary from province to province.

On the national level, the Department of National Health and Welfare is the chief federal agency in health matters. In conjunction with other federal agencies and with provincial and local health agencies it works to raise the health level of all Canadians. The health side of the Department, under the Deputy Minister of National Health, is organized into three branches: Health Protection, Health Programs and Medical Services. In addition, there is a Long-Range Health Planning Group, and the separate Medical Research Council.

The Health Protection Branch provides services to protect the Canadian public from environmental health hazards of all types. It is composed of seven organizational units: Food, Drugs, Environmental Health, Non-medical Use of Drugs, Laboratory Centre for Disease Control, Field Operations and Administration Services. A central Epidemiology Service serves all health branches of the Department.

The Health Programs Branch administers federal aspects of Canada's two major health programs, hospital and medical insurance. This Branch is made up of the following units: Program Development and Evaluation, Hospital Insurance and Diagnostic Services, Medical Care, Research Programs, Health Economics and Statistics, Health Manpower, Health Facilities Design, Health Systems, Health Standards, Task Force on Community Health, and Program Finance and Administration.

The Medical Services Branch has direct responsibility for the health care and public health services of Indians and Eskimos and of all residents of the Yukon and Northwest Territories, as well as for quarantine and immigration medical services, public service health, a national prosthetics service, and civil aviation medicine.

Other federal agencies carry out specialized health functions; for example, Statistics Canada is responsible for gathering vital and other health statistics, the Department of Veterans Affairs administers hospitals and health services for war veterans, and the Canada Department of Agriculture has certain responsibilities connected with health aspects of food production.

#### 6.1.1 Health care

##### 6.1.1.1 Public medical care

The Medical Care Act was passed by Parliament in December 1966 and the medical care program began to operate on July 1, 1968. As of April 1, 1972 all provinces and territories had entered the federal program. Under the Act the federal government contributes to any one participating province one half of the per capita cost of all insured services furnished under the plans of all participating provinces, multiplied by the number of insured persons in that one province. The minimum criteria to be met are described in the following paragraphs.

Comprehensive coverage must be provided for all medically required services rendered by a physician or surgeon. There can be no dollar limit or exclusion except on the ground that the service was not medically required. The federal program includes not only those services that have been traditionally covered as benefits to a greater or lesser extent by the health insurance industry, but also those preventive and curative services that have been traditionally covered through the public sector in each province such as medical care of patients in mental and tuberculosis hospitals and services of a preventive nature provided to individuals by physicians in public health agencies.

The plan must be universally available to all eligible residents on equal terms and conditions and cover at least 95% of the total eligible provincial population. This "uniform terms and conditions" clause is intended to ensure that all residents have access to coverage and to prevent discrimination in premiums on account of previous health, age,