

## Federal health services

## 5.1

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

On the national level, the Department of National Health and Welfare is the chief federal agency responsible for the promotion, preservation, and restoration of the health of Canadians, and for social security and social welfare, in conjunction with other federal agencies and provincial and local services. The health side of the department is organized into five branches.

The Health Protection Branch provides services to protect the public from health hazards of all types. It is composed of eight organizational units: Foods, Drugs, Environmental Health, Non-medical Use of Drugs, Laboratory Centre for Disease Control, Field Operations, Planning and Evaluation, and Administration.

The Health Programs Branch administers federal aspects of Canada's two major health programs, hospital and medical insurance; supports health-care-delivery-system and resource development; undertakes health promotion; and both supports and conducts research. This branch is made up of the following units: Policy Development and Coordination, Health Insurance and Resources, Research Programs, Health Standards, Health Consultants and Finance and Management Services.

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

The Fitness and Amateur Sport Branch encourages, promotes, and develops fitness and amateur sport by enhancing the competitive excellence of Canada's athletes and by encouraging participation in activities oriented to fitness and recreation.

The Long Range Health Planning Branch is concerned with assessing the orientation of health services and the organization of resources.

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.

### Health care

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**Public medical care.** The Medical Care Act was passed by Parliament in December 1966 and federal contributions to participating provinces became payable from July 1, 1968. As at April 1, 1972 all provinces and territories had entered the federal program. Under the act, federal government contributions to the provinces are based on half of the per capita cost of the insured services of the national program furnished under the plans of all provinces, excluding administration, multiplied by the number of insured persons in each 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