

enabled it to make payments to provinces and persons in fields where it had little or no regulatory authority: for example, hospital and medical care insurance programs, health resources, health grants programs, and fitness and amateur sport. It also enabled the federal government to undertake research and to provide information and consultative services.

Responsibility for health in Canada is thus shared between the federal and provincial governments. At the federal level Health and Welfare Canada is the principal agency for health matters. Its main objectives are to maintain and improve the quality of life of all Canadians, including their physical, economic and social well-being. These objectives are pursued in conjunction with other federal agencies and with provincial and local governments.

The federal government, through Health and Welfare Canada, is responsible for providing for the health needs of Indians and Inuit, public servants, certain groups of immigrants and refugees and residents of the Northwest Territories and Yukon. The department also provides diagnosis, treatment and preventive health services, prosthetic services, civil aviation medicine, health services in both peacetime and wartime emergencies, quarantine and regulatory inspection of arrivals to Canada, and immigration medical services.

In addition, under the Canada Assistance Plan, the federal government pays 50% of the cost of various health and social services to persons in need. This program was enacted in 1966 to complement other health and welfare programs; it is administered by provincial governments. Health benefits, under the Canada Assistance Plan, vary from province to province, and may include such services as eye-glasses, prosthetic appliances, dental services, prescribed drugs, home care services, and nursing home care.

Since the federal and provincial governments share responsibility for health, a formal structure has been established for federal-provincial co-operation. It comprises the following: Conference of Ministers of Health; Conference of Deputy Ministers of Health; and federal-provincial Advisory Committees on Institutional and Medical Services, Community Health, Health Human Resources, Mental Health, International Health Affairs, and Environmental and Occupational Health. The conferences of ministers and deputy ministers of health convene periodically to discuss all matters related to health, including the promotion, protection,

maintenance and restoration of health of Canadians. The advisory committees and the conferences of ministers and deputy ministers may set up sub-committees and ad hoc working groups, to deal with particular subjects requiring more detailed study.

### 3.2.2 Health insurance plans

Canada does not have a single national health insurance plan. Instead, nationwide health insurance is achieved through a series of interlocking provincial/territorial plans, all sharing common elements. To qualify for federal financial support, provincial/territorial hospital and medical care insurance plans must meet minimum federal legislation criteria: comprehensiveness of coverage of services, universal population coverage, reasonable accessibility to services, portability of benefits, and non-profit plan administration by a public agency. The plans are designed to ensure that all residents of Canada have access, on a prepaid basis, to needed medical and hospital care.

Until 1984, federal participation in the national health insurance programs had been governed by provisions of the Hospital Insurance and Diagnostic Services Act, 1957, and the Medical Care Act, 1966-67. Effective April 1, 1984, the Canada Health Act consolidated the provisions of these two acts into one and, by identifying and strengthening the program conditions and criteria, it reaffirmed Canada's commitment to a universal, prepaid public national health insurance program. The financing component of the system comes under the Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977.

**Hospital insurance.** The Hospital Insurance and Diagnostic Services Act, 1957, which came into effect in July 1958, was designed to make available to all eligible residents a wide range of hospital and diagnostic services at little or no direct cost to the patient. All provinces and territories have participated in the national program since 1961. The programs include all acute, general, chronic and convalescent hospital services medically required. Excluded are hospitals for the mentally ill, tuberculosis sanatoria, and nursing homes or institutions whose primary purpose is custodial care. Insured hospital services vary from province to province, but a fairly comprehensive range is provided in all provinces. Additional benefits may be included in the plans at the province's discretion without affecting the federal-provincial agreements.