

Act, 1867) allocated to the federal government jurisdiction over quarantine and the establishment and maintenance of marine hospitals; provinces were assigned jurisdiction over the establishment, maintenance and management of hospitals (other than marine hospitals), asylums, charities and charitable institutions in and for the province. This latter assignment together with provincial power over municipal institutions has led to acceptance that health care services are primarily a provincial responsibility.

In addition to the powers of the federal Parliament to legislate in certain areas, the Constitution gave it wide powers to spend monies. This spending power enabled the federal Parliament to provide for 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.

At the federal level the Department of National Health and Welfare 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 department provides for the health needs of Indians, certain groups of immigrants and refugees, and residents of the Yukon. The department also provides diagnosis, treatment and preventive health services, public service health, occupational and environmental health, civil aviation medicine, health services in peacetime and wartime emergencies, quarantine and regulatory inspection of persons entering Canada, and immigration medical services.

Under the Canada Assistance Plan, the federal government pays 50% of the cost of various health and social services to persons in need beyond those covered under national hospital and medical care programs. Health benefits, under the Canada Assistance Plan, vary from province to province, and may include such services as eyeglasses, prosthetic appliances, dental services, prescribed drugs, home care services, and nursing home care.

Since the federal and provincial governments share responsibility for health, many co-ordinating structures have been established to ensure federal-provincial co-operation. 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. Advisory committees and the conferences of ministers and deputy ministers frequently establish sub-committees and working groups to deal with particular subjects.

3.2.2 Health insurance plans

In Canada, nationwide health insurance is achieved through a series of interlocking provincial and territorial plans, sharing common elements. The plans are designed to ensure that all residents of Canada have access, on a prepaid basis, to needed medical and hospital care. Provincial and territorial hospital and medical care insurance plans meet minimum federally-legislated criteria: comprehensiveness of coverage of insured services; universal population coverage; reasonable accessibility of services; portability of benefits; and non-profit plan administration.

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. Benefits 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 which have a primary purpose of custodial care. Insured hospital services vary from province to province, but a fairly comprehensive range is provided throughout Canada. Additional benefits can be included in the plans at the province's discretion without affecting federal-provincial agreements.

During a temporary absence from residence, coverage is portable. Specific terms of availability and portability of hospital benefits are described in provisions of each provincial insurance plan. The plans in general stipulate a waiting period of three months when a person moves from one province to another. First-day coverage is generally provided for the newborn, immigrants, and certain other categories of persons without prior coverage in other provinces.

A health insurance supplementary fund exists for residents who have been unable to obtain coverage or who have lost coverage through no fault of their own.

Medical care insurance. The Medical Care Act, 1966-67 authorized the federal government to make payments to provinces and territories which operate medical care insurance plans meeting certain minimum criteria. Federal contributions