

As a result of the failure of the Conference to reach general agreement, the federal health proposals were not acted upon. In 1948, however, the Government brought forward, as the National Health Grant Program, ten grants which incorporated, in revised form, three of the four types of assistance offered in the Proposals of 1945. The availability of the grants to the provinces was not made contingent upon the provinces establishing health insurance. The Prime Minister described the grants as "fundamental pre-requisites of a nation-wide system of Health Insurance", but stated that they were "essential steps in the development of adequate health services . . . regardless of whether or not Health Insurance was eventually to be introduced". After five years of experience in the administration of these grants it was considered appropriate to add three new grants in 1953.

**Administration of the Program.**—Upon its inauguration, the National Health Grant Program became a responsibility of the Minister of National Health and Welfare who assigned its day-to-day administration to the Directorate of Health Insurance Studies. Legislative authority for the Program is derived from the Department of National Health and Welfare Act, from various Appropriation Acts and, more specifically, from annual Orders in Council. During the first two years of the Program, Orders in Council were approved for each of the ten grants individually but, since 1950, the Orders have appeared as General Health Grants Regulations which, in addition to setting forth the provisions governing the specific grants, contain regulations affecting the grant program in general. Under the authority of the Regulations, the Minister has prescribed a number of definitions, forms and conditions, and these, in 1951, were brought together in a Reference Manual which outlines policy provisions and administrative procedures.

The administration of the Program consists, in simple terms, of allocating to the provinces, on a project basis, the funds available under the specific grants. Projects submitted by the provinces are required to meet the conditions outlined in the Regulations, which are designed to secure the aims of the particular grants without impairing the provinces' control of provincial health administration. Provincial autonomy in health planning is, in particular, assured in the provision that the projects submitted should form part of long-term provincial plans and programs in the various health fields. The additional requirements associated with the grants are largely related to matters of financial accounting, adequate record-keeping and the submission of periodic progress reports relating to the effects of the grants in extending and improving health services and facilities.

The projects require the approval of the Minister of National Health and Welfare who, in the process of approval, has the advice of Departmental consultants in a number of health fields and outside advice from health authorities in such agencies as the Canadian Tuberculosis Association and the National Cancer Institute. In the broader aspects of administration, the Minister may consult with the Dominion Council of Health which is composed largely of senior provincial health officials, thus bringing provincial points of view into deliberations on health-grant policies.

Following the Minister's approval of a project, federal funds in the amount designated become available for carrying out that project. The "repayment method" is normally followed with federal funds being paid periodically on evidence of provincial expenditure in approved amounts for approved purposes. Amendments to projects are permitted, subject to the usual approval procedure.