

SUMMARY OF PROVINCIAL STUDIES

Constitutionally, the provincial and territorial governments have primary responsibility for the delivery of health care services. Although each provincial health care scheme must meet the criteria and conditions set out in the *Canada Health Act*, over the years, the provinces have been able to develop health care networks geared to their specific needs. The current provincial health care systems vary in style and nature.

Despite their differences, provincial health care schemes are confronted with similar challenges. Provincial health departments are deeply concerned about health expenditures. In every province of Canada, substantial sums are spent on health care; health currently accounts for about one third of provincial and territorial budgets. Health expenditures are expected to continue to rise as a result of factors such as the aging of the population, AIDS, growth in new technologies and increases in costs in human resources and institutions. Provinces are paying more attention to the limits of the traditional medical model which, it is said, places the emphasis on illness rather than health. They are also questioning current methods of funding as well as the role of a variety of the different health care professionals.

To find solutions to meet the challenges of the health care sector in the 21st century, the provinces have established commissions of inquiry or task forces. The following sections describe the mandates of these commissions and task forces and present a brief list of their main recommendations.

A. THE MANDATE OF PROVINCIAL COMMISSIONS OF INQUIRY AND TASK FORCES

The number of commissions of inquiry and task forces created by the provinces in recent years to look into health care is proof of their desire to examine all aspects of their health care systems with a view to making them more effective and efficient and to preparing for the future. Commissions of inquiry in Quebec, Alberta, Saskatchewan,