

interpreted as a provincial responsibility. It would also require renegotiation and agreement between the federal, provincial and territorial governments on arrangements providing the financial basis of health care.

Option 1 would co-ordinate and standardize the administration, delivery and funding of health care across Canada and could facilitate the enforcement of national standards by the federal government, as well as increasing financial accountability. This approach would not necessarily contradict the findings of those provincial studies which recommend that the health care system be more decentralized, since regional structures can allow responsibility, funding and planning at a central level, with administration and delivery done locally.

OPTION 2 The federal government could maintain a strong role in national health care, including a strong funding role which enables the enforcement of the criteria and conditions that each provincial health insurance plan must meet in order to receive full federal cash contributions.

The federal government could maintain the funding basis of its traditional role, as some witnesses suggested, by re-establishing the original EPF block funding formula in which the calculation of cash contributions to the provinces takes into account population size and growth in GNP.

In the absence of increased cash contributions, the federal government can, as stated by Finance Minister Michael Wilson in his February 1991 budget speech, introduce federal legislation to ensure that the federal government has the means to enforce the principles set out in the *Canada Health Act*.²³ It is unclear at this time what the content of this implied legislation might be.

The federal government could amend the *Canada Health Act* to permit a broader range of options to the provinces in financing and delivering health care. User fees have been discussed in this context. The Health Services Review (1979-1980) and the House of Commons Task Force (1981), the recommendations of which paved the way for the *Canada Health Act*, both concluded that "user pay" endangered the principle of reasonable access.²⁴ This Committee reaffirms these principles of the *Canada Health Act* relating to user-fees and extra-billing.

²³ *House of Commons Debates*, February 26, 1991, p. 17689.

²⁴ E.M. Hall, *Canada's National Provincial Health Program for the 1980's*, Health and Welfare Canada, Ottawa, 1980. Canada, Parliamentary Task Force on Federal-Provincial Relations, *Fiscal Federalism in Canada*, Supply and Services Canada, Ottawa, 1981.