

THE CANADA HEALTH ACT

In 1999, federal and provincial governments signed the Social Union Framework Agreement (SUFA), which defines principles for the design and development of social policies and programs. These principles include accountability and citizen engagement. Among its principles, SUFA also re-confirms the conditions of the *Canada Health Act*.

The *Canada Health Act* (1984) lists the conditions that provincial/territorial health insurance plans must respect in order to receive federal cash contributions. The five conditions listed in the act are public administration, accessibility, comprehensiveness, universality and portability. CNA believes that these conditions are essential to Canada's health care system:

- Public administration means that provincial insurance programs must be publicly accountable for the funds they spend. Provincial governments determine the extent and amount of coverage of insured services. Moreover, management of provincial health insurance plans must be carried out by a not-for-profit authority, which can be part of government or an arm's-length agency.
- Accessibility means that Canadians must have reasonable access to insured services without charge or paying user fees.
- Comprehensiveness means that provincial health insurance programs must include all medically necessary services. The *Canada Health Act* defines comprehensiveness, broadly, to include medically necessary services "for the purpose of maintaining health, preventing disease, or diagnosing or treating an injury, illness or disability."
- Universality means that provincial health insurance programs must insure Canadians for all medically necessary hospital and physician care. The condition also means that Canadians do not have to pay an insurance premium in order to be covered through provincial health insurance.
- Portability means that Canadians are covered by a provincial insurance plan during short absences from that province.

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Also see:

Fact Sheet: The Primary Health Care Approach (2000)