

Minister of National Health
and Welfare



Ministre de la Santé nationale
et du Bien-être social

STATEMENT BY THE HONOURABLE DIANE MARLEAU

MINISTER OF HEALTH

October 16, 1995

Last January, I wrote to all provincial and territorial health ministers setting out the federal government's policy on the charging of facility fees by private clinics.

I indicated then that I expected provincial governments to stop private clinics from charging patients extra for medically necessary services over and above the professional fees paid from public funds by provincial health care plans.

In my January letter, I said that the federal government would reduce its payments to provinces that do not act to correct any such situations and set a deadline of October 15. For provinces that have not yet complied, penalties will be calculated from that date.

Let me explain why these facility fees are a problem. Simply put, it's a question of fairness. People who can afford to pay them can get faster access to medically necessary services, services that all Canadians help pay for through their tax dollars.

I call this subsidized queue-jumping, because it allows some people to buy their way to the head of the line by adding significant payments to what is provided by the public sector. That is not what medicare is all about.

A fundamental principle of our health care system is at stake in this matter — the principle that all Canadians should have equal access to a comprehensive package of publicly supported, medically necessary services. Canadians believe, and expect, that access should be based on their medical need, not on whether they can afford to pay.

The principle is clear and enduring: If provinces say a service is medically necessary, the *full costs* must be covered by public health insurance. Otherwise, the penalties provided under the *Canada Health Act* must be invoked.

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Provisions set out in federal regulations govern the timing and estimation of deductions. Actual deductions from transfer payments to provinces and territories in violation of the *Canada Health Act* could begin as early as November.

I have followed this course because, at our meeting in Halifax in September 1994, virtually all the provincial and territorial health ministers and I agreed that there was an urgent need to take whatever steps were required to regulate the development of private clinics in Canada.

As I did not wish to cause undue hardship for provinces where changes to regulatory systems were required, I provided a reasonable period of more than nine months for them to make adjustments. In that time, my officials have consulted frequently with interested provinces and territories.

Our objective has always been to find solutions to the facility fees problem, and to help smooth the way for provinces and territories to comply with the policy. I deeply regret that a number of provinces have not yet chosen to do so.

Let me stress that this policy is about clinics and about equal access for all Canadians. It is not intended to single out any one province. Nor does it single out any one type of clinic. Our goal is to ensure that Canadians have equal access to medically necessary care whether it is provided in private clinics or in public hospitals.

I remain ready and willing to work with provinces to find common solutions. There is no reason why we can not, and should not, continue efforts to resolve these problems together.

I welcome renewed discussions, and concrete proposals, to end the practice of private clinics charging facility fees for medically necessary care.

The federal and provincial governments share broad agreement on most health issues. For example, ministers of health are working together to develop a vision of the future of the health system. We have made good progress and Canadians can be assured that the federal government's view of the future is a health system rooted firmly in the principles of the *Canada Health Act* — public administration, comprehensiveness, universality, portability and accessibility.

I have a responsibility to Canadians and to Parliament to administer the *Canada Health Act* and to safeguard its fundamental principles. That is what I am doing, and that is what I will continue to do.