A New Canadian Federal Approach to Health
A Provincial Opportunity and a National Necessity

The implications of an aging population on health systems and succession of Canadian business create two key challenges for Canada's provinces and territories:

- Healthcare costs (including addiction crises, product shortages and delays in access to medicines) and
- The cost of living/doing business (including increasing demand for Canadian made goods to address insecurities in Canada's supply chain).

The challenges above are directly related to the federal approach to health including:

- Establishing the legal (criminal) benchmark for making and selling products in Canada
  - Canada's unique regulatory approaches that do not align internationally and are not validated against health outcomes.
- Establishing federal health research and investment priorities and the related administration
  - Canada's disparities in the priorities of health charities the federal departments who jointly fund health research as well as the laws that limit their respective overhead.
- Ensuring that Canadian compliant business practices are competitive and easy to start up/grow
  - Canada's ad-hoc and isolated efforts to validate federal laws against enforcement resources or maintain consistency in the application of laws across retail settings online and in-person.

What is the federal approach to health?

Essentially, a group of departments and agencies reporting to the Minister of Health who, together, set national health program priorities, and most importantly, establish national standards using criminal law power. Standards, that govern access to healthcare products, research activities, farming practices, and the manufacturing of every personal commodity sector ranging from household appliances and furniture to food, medicine, pesticides and recreational substances.

The use of criminal law power has direct implications on the priorities and coordination of policing forces at all levels of government. However, this power largely does not extend what citizens can make themselves or import for personal use. As it relates to access to medicines as well as the costs of business and everyday items, the government has increasingly struggled with combining risk observations and good intentions into to presumptive-risk-based regulatory controls. Effectively, introducing paternalistic approaches into criminal-law-based public protection.

Criminal law power was never designed for the management of presumptive risks - those that cannot be validated nor measured. Fair competition, investment, efficient operational models, enforcement priority setting and innovation are all hindered by federal approaches that have been based on overprotective regulations.

It is critical to recognize that disparities between the regulatory approaches over the sale and manufacture of something, versus something that can be made at home, can erode public trust by creating a double standard of risk-tolerance between the people who buy things versus those who make things.

The growth of this double standard can likewise incubate a form of *divisiveness in the real world between people who buy things and those who make things.*

Canada's federal approach to health is not calibrated to a world of shifting and growing risk tolerances.

TRUE MODERATION

Changing the federal approach to health is pivotal to Canada's future – but significant change has not yet been put forward by any political party.

Change is possible and can be realized in short and medium terms.

- Without creating undue burden on any size of province.
- While liberating federal health funding for more direct applications provincially,
- While improving access to medicines and inviting greater health research/investment and
- Establishing valid competitive regulatory practices that reduce costs for Canadian business and the products they make.

The federal government recognizes that certain areas of government action are not specifically identified and assigned to one or both orders of government[1] in the *Constitution Act, 1867.* The courts have found that these areas come under various legislative powers, some federal, others provincial. One such area is health.

Historically, it is the provinces and territories and not the federal government that have had the greatest impact on health outcomes. Much of what the provinces and territories already do, already have access to, already understand, and already achieve can be weighed against the value of federal programs that ostensibly influence the same health outcomes.

There exist already laws that can enable change, examples of high performing national investment and regulatory models, the information technology to support systems and the health metrics necessary to elaborate effective program designs. Public support for real-world risk tolerances that invite innovation and investment can be achieved through federal approaches that are validated against measurable benefits. Benefits that fulfill agreed upon outcomes and that fall within the priorities of relevant police forces.

Whole of country approaches have become critical and are already in action or development in Europe.

There is opportunity:

- To liberate direct healthcare funding, reduce business and products costs while better prioritizing research and overall federal interests through:
  - alternative service delivery and leveraging provincial, charitable, academic and civil society systems already in place.
- To maintain and grow local Canadian ownership over private enterprise as well as provincial responsibility over the decisions that directly improve health outcomes, entrepreneurialism, investment and sales tax revenue.
- For provinces and their residents to achieve real outcomes for themselves, their country and the world.

Canada's future lies in what and how we make things, who makes things for us, how and what information we share, and what we commit to individual and corporate memory for ourselves and future generations.

True Moderation, *Working Relations Without Assumptions*

[1] The constitutional distribution of legislative powers - Canada.ca

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