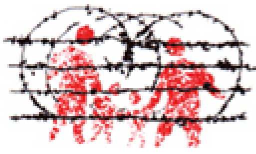

Conseil canadien pour les réfugiés
Canadian Council for Refugees

# Refugee health survey by province and by category

**February 2015**

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# 1. INTRODUCTION

This document is intended to provide basic information about issues in access to health care across Canada for refugees, refugee claimants and others affected by the June 2012 cuts to the Interim Federal Health (IFH) Program, including with respect to:

- Particular problems in access to health care.
- Issues by immigration category or special situation.
- Coverage by province.

The information is compiled based on input received from members of the Canadian Council for Refugees (CCR) and others providing services to refugees. In addition, provincial governments were asked to provide some basic information about access to health for refugees in their province, in the wake of the IFH cuts.[1]

While we have made our best effort to be accurate, there are certainly gaps in the information presented below. We recognize that the information is largely anecdotal.

On 5 November 2014, IFH coverage was extended in a number of ways.[2] The information outlined below was mostly collected before those changes were introduced. However, many of the same issues are likely to continue, given the complexities of the revised categories, the remaining gaps and the means of delivery.

# 2. ISSUES RELATING TO IFH

Despite the June 2012 cuts to the Interim Federal Health Program, many refugee claimants and refugees continue to have at least some health care coverage under IFH. This coverage is administered by Medavie Blue Cross.[3]

CCR member organizations have identified a number of problems in accessing health care under IFH.

### 1. Access issues

People who are entitled to IFH are sometimes not receiving services, or only with difficulty getting them, due to inadequate or inaccurate information and administrative barriers. People

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[1] Responses were received from all provinces.

[2] http://www.cic.gc.ca/english/department/media/notices/2014-11-04.asp and http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp

[3] https://provider.medavie.bluecross.ca/

relying on IFH coverage must generally either go to a limited number of health care providers that are familiar with IFH and prepared to work with it, or must be supported by advocacy.

Some users report good experiences with Medavie Blue Cross. The website is found by some to be easily accessible and the pathway to information such as the Benefits Grid easy to follow. Some health care practitioners who have registered with Medavie Blue Cross have reported that it was easy to register and that they received good service. Nevertheless, a number of problems were reported.

- **Lack of information**
  - Many health professionals do not understand the complex rules about who and what is covered. Especially in general clinics and with some front-line staff, the response is often simply to refuse service under IFH. The lack of information and confusion in coverage applies to doctors, pharmacists and dentists. Some health service providers have never heard of the program and refuse service on that basis. With frequent changes in staff in the health care system, IFH clients may be refused care, or asked to pay for services, by a new staff person.
  - Clients also lack information on what services they are entitled to. The IFH document is hard to read and information dense.
  - Service providers sometimes wrongly tell the client that they are not covered due to lack of understanding of the services covered. The client is asked to pay for services. Sometimes, the client pays for the service; in other cases, the client leaves without getting the services they need.
  - Only registered providers can access client file information with the IFH service provider (Medavie Blue Cross). This makes things extremely difficult for settlement workers who are trying to assist clients by interpreting the IFH system to medical providers. NGOs have lost the opportunity to advocate on behalf of clients or help them problem solve around coverage. This has complicated access to coverage.
  - Prior to the move to Medavie Blue Cross, NGOs had access by phone to a designated person who could problem solve. In principle, a CIC staffperson is available, but access is difficult.
  - The lists of medications that are covered are not accessible.
  - Officials of CIC and the Canada Border Services Agency (CBSA) do not always give newcomers information on IFH, so individuals who are covered may lack information about the coverage and procedures.
  - There is a lack of awareness among stakeholders about how to access services and register properly to ensure full treatment and coverage.
  - There are reportedly inaccuracies in the list of health care providers on the IFH Medavie Blue Cross website. Settlement workers contacted a number of dentists on the list, and found wrong phone numbers, non-existent dental clinics, dentists working at hospitals only (not able to take on clients), etc.

- **Delays because of approval issues**
  - Accessing services requires a lot of paperwork even if the service is needed urgently. For example, a client who was found by her physician to need physiotherapy had to wait two weeks to receive it because of the issues with prior approval.
  - IFH dental coverage is only for 'emergency' dental treatment, but the approval process can take weeks. Clients suffer while waiting.
  - Some dental clinics willing in principle to offer services funded through IFH dropped out because they could not get prior approval. IFH expects clinics to contact them on the day of the service.

- **Billing issues**
  - Some health care providers report that they do not want to take IFH clients because of previous issues with billing.
  - In New Brunswick, health care providers (Horizon Health) will not provide coverage under IFH, insisting that Government Assisted Refugees have provincial health coverage. It has been suggested that this is because IFH coverage is less than Horizon Health's costs.
  - Payments to health care providers are sometimes delayed. This grievance has caused some health care providers (doctors, dentists, pharmacists) to discontinue or be reluctant to provide IFH-funded services to clients.
  - The prior approval process takes a lot of time and interferes with the clients' best interests when they are waiting to access services and need early intervention and treatment.
  - There are challenges associated with coding and billing under Medavie.
  - A walk in clinic in Windsor, Ontario, has a sign by the front desk that states: "If you have INTERIM FEDERAL HEALTH (IFH), we can only see you until 3pm". On being pressed for explanation, a staff member said it was "for billing purposes".
  - Some pharmacy chains (e.g. Rexall in BC) do not accept IFH and will deny service to clients covered by IFH.

**2. IFH paperwork**

- **Issuing of IFH papers to resettled refugees[4]**
  - The local CIC office is responsible for issuing IFH papers to resettled refugees, but there is confusion at some local offices. In Toronto, Blended Visa Office Referred Refugees (BVORs) are to go to one local CIC office, whereas regular Privately Sponsored Refugees (PSRs) are to go to another local CIC office, and Government-

[4] i.e. Government-Assisted Refugees and Privately Sponsored Refugees.

Assisted Refugees (GARs) and Joint Assistance Sponsorships (JAS) Refugees have the papers issued at the reception centre. In some provinces, IFH is issued by the local CIC office by mail rather than an in-person meeting with local CIC officer.
- Any problems with inputting information in the IFH system (at CIC's end) can lead to delays and clients having to pay for service.

- **Mistakes in initial issuing of IFH papers to refugee claimants**
  - Some claimants are not issued IFH at the Port of Entry.
  - CBSA officers sometimes provide the IFH papers to the claimants without entering the information into the IFH registration system. When the clients go to receive medical services with their IFH document, they find they are not enrolled.
  - Refugee claimant units at some entry points have been dismantled. This has led to an increase in errors as CBSA officers processing refugee claimants are not as experienced and do not know how to issue the proper document.

- **Other issues**
  - Some Government Assisted Refuges' ID is not associated with a Blue Cross account. RAP[5] workers have to undertake a time-consuming process of contacting CIC to resolve the issue.
  - Some claimants don't have coverage for the medical immigration exam, despite having valid IFH coverage.
  - Former detainees need to re-apply after they are released from detention (see below under issues for Detainees).
  - Refugee claimants need to remember to renew their IFH every year. Renewals can be slow (up to 2 months)
  - There are some reports of GAR clients being cut off from IFH coverage before the end of their one year of coverage. Some clients (including people with very serious chronic health issues) have been cut off 1-2 weeks before expiry without any notification.

**3. Inconsistencies**
  - There is inconsistency in what is covered from one person to another. In the case of dental work, a single client had varying coverage for different teeth (but under the same fee code). It is very difficult to explain the situation to clients because it seems to make no sense on paper.
  - There is a perception that some types of claims are approved in the first 10 months of IFH, but not in the last 2 months.

[5] Resettlement Assistance Program.

- Even though prenatal care is covered by IFH for refugee claimants, there is confusion around this and women are being billed for the services.
- On many occasions coverage of prescriptions is refused even though they are listed on the IFH list.
- Sometimes Medavie Blue Cross staff wrongly rejects claims that should be covered according to their policies. When the error is pointed out they don't reimburse the client that ended up paying for the services due to their error. In other cases, when Blue Cross (wrongly) says that the service is not covered, the client cannot pay and leaves without getting the service or the prescription.
- Information given by Medavie Blue Cross is not always clear and consistent. There is a perception that the answer given may depend on who you talk to.
- Coverage of prescriptions on the list is not consistent. A person can be covered one time and rejected the next time. Pharmacists need to advocate and clarify issues. They get frustrated and do not want to deal with IFH.
- One child was diagnosed with 11 cavities and 4 were approved for coverage. Things like this leave people confused.

4. **Need for advocacy**
   - NGOs report that they are constantly required to advocate for IFH clients at health clinics, hospitals, pharmacies, dental offices, labs, etc. Often clients are initially turned away (even at emergency rooms) and given services only after an intervention is made on their behalf.
   - People are paying out of pocket for medications that should be covered by IFH. If a settlement worker doesn't contact CIC to have it reviewed, it is not addressed.
   - It is difficult for IFH clients to advocate on their own behalf. Often they do not understand the various IFH coverage plans and different immigration categories.
   - Even when someone advocates on behalf of IFH clients, health providers sometimes refuse to provide care that should be covered by IFH. For example, a person who was entitled to supplemental (medication) coverage as a Blended Visa Office Referred Refugee was unable to find a pharmacy in Toronto that is willing to fill prescriptions, except for pharmacies that are attached to hospitals.

5. **Hostility of some health care professionals to IFH patients**
   - A person suffering from second degree burn was scolded by a service provider in the emergency room for not having health care coverage while receiving treatment. Afterwards the claimant said: "the words were more painful than the burn."
   - People are paying out of pocket for medication because many pharmacies are not willing to accept/become services providers for IFH program.

**6. Lack of information about the exceptional circumstances provision**

- There is a provision allowing the Minister to give IFH coverage or extra coverage, "in exceptional and compelling circumstances", on a case by case basis.[6] However, there is a lack of information about how to seek exceptional coverage and in what situations the Minister uses his discretion.

## 3. ISSUES BY IMMIGRATION CATEGORY

### A. Government-assisted refugees (GARs)

- There are issues for babies born in Canada to GARs. In Nova Scotia, the babies get the provincial health card, but they are not eligible for IFH (even though their parents are). This means there is no coverage for medicines, etc. for the children.

- Some GARs arrive on Ministerial permits. They have a very difficult time accessing services as they only have IFH coverage. It sometimes takes 1-2 years before they get permanent residence status and access to provincial health coverage.

- There are also issues when there are mistakes on the documentation of GARs and they must wait to receive permanent residence papers. Although they are issued IFH, they cannot apply for a SIN, provincial health coverage or child tax benefits. This leads to restrictions in access to health care services.

- There are reports of GAR clients being cut off IFH coverage before their one year is up. Some clients have been cut off 1-2 weeks before the end of the year without any notification.

- There are specific concerns about inadequate access to dental services for people with serious dental problems, which can lead to poor overall health. Coverage is mostly limited to urgent needs, which sometimes translates into temporary treatment only. People needing a filling or root canal often have to have the tooth removed as extractions are covered by IFH but basic preventative dental work is not. Last year, the Canadian Paediatric Society recommended that all levels of government hold dental care to the same standards of accessibility as other services under the Canadian Health Act.[7]

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[6] See http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp. The exceptional circumstances provision also existed in the 2012 order (which was struck down by the Federal Court, effective 5 November 2014):Order Respecting the Interim Federal Health Program, 2012, SI/2012-26, s. 7. http://laws-lois.justice.gc.ca/eng/regulations/SI-2012-26/FullText.html.

[7] http://www.cps.ca/documents/position/oral-health-care-for-children

- Physiotherapy treatments for GARs arriving with health issues are not always adequately covered.
- GARs are denied service in some pharmacies or by some health providers due to lack of knowledge about which refugees are covered. Staff are not always willing to listen to explanations.

### B. Privately sponsored refugees (PSRs)[8]

Most privately sponsored refugees do not have access to expanded IFH coverage[9], but they should have access to provincial health care when they arrive.

Regular privately sponsored refugees (PSRs) receive the "Health Care Coverage" (Type 3) which is very limited.

Those receiving some RAP funding (Joint Assistance Sponsorships and Blended Visa Office Referred cases) receive the "Expanded Health-Care Coverage" (Type 1) which means they have supplemental medical coverage until the end of the sponsorship.[10]

**Issues**

- There are some issues in accessing provincial coverage (see below by province).
- The different benefit grid is a challenge for privately sponsored refugees and their sponsors as the sponsors have to engage in more fundraising. They are also facing many of the same issues identified above.

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[8] Privately sponsored refugees are resettled refugees, like Government Assisted Refugees. They are selected overseas. They are granted refugee (Protected Person) status and are issued a permanent residence visa before leaving for Canada, which means that they become permanent residents as soon as they arrive in Canada (except in rare cases where they arrive on a Temporary Resident Permit). Privately sponsored refugees are supported by a private sponsoring group for up to 12 months from their arrival in Canada. While some provinces impose a residency requirement for access to provincial health care coverage, an exception is made for resettled refugees. This means that resettled refugees are entitled to provincial health care on arrival, rather than having to wait for the residency period imposed on other arriving permanent residents.

[9] This remains true following the introduction of additional coverage on November 5, 2014. See http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare/individuals/apply-who.asp

[10] The categories of Privately Sponsored Refugees eligible for Type 1 coverage are listed at http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp

## C. Detainees

- IFH coverage is cancelled on leaving detention. People receive a notice on leaving detention saying they must apply for IFH. Receiving the new IFH coverage can take weeks, leaving them without IFH coverage even though they are eligible. Sometimes the cancellation of the IFH does not take effect immediately and it seems that people only find out that they must now reapply for IFH when they go for their medical exam and are told that they have no valid IFH coverage.

- IFH medical exams must be completed within 30 days. If the person is in detention for more than 30 days, they are no longer eligible for the exam. Delay in doing the medical immigration exam means a delay in access to a work permit.

# 4. SITUATION BY PROVINCE

## ONTARIO

### What services are offered by the province?

### Ontario Temporary Health Program

The Ontario Temporary Health Program was launched in January 2014.[11]

*Summary from the website:*

- On January 1, 2014, the Ontario Ministry of Health and Long-Term Care will launch the Ontario Temporary Health Program (OTHP) for refugee claimants.
- The Ontario Temporary Health Program has been created to address gaps in health care coverage for refugee claimants and rejected refugee claimants created by the downscaling of the Interim Federal Health Program (IFHP).
- This consent-based program will provide eligible claimants short-term essential and urgent health care coverage for most services received in a hospital, primary and specialist care, laboratory and diagnostic services provided in Ontario, as well as some medications equivalent to the Ontario Drug Benefit (ODB) formulary.
- OTHP is an independent program administered by a third party provider, Medavie Blue Cross, and coverage will be available to eligible refugee claimants for many services no longer covered through the Interim Federal Health Program or other Ontario programs.

### Who is eligible for OTHP?

- Refugee claimants who are not from a country identified on the federal Designated Country of Origin list, whose claims are still pending and who are living in Ontario.
- Refugee claimants who are from a Designated Country of Origin, whose claims are still pending (including any appeals or reviews), and who are living in Ontario.
- Rejected refugee claimants living in Ontario, only until their deportation date.
- Privately-sponsored refugees, who are currently covered by OHIP, have access to medication coverage consistent with the Ontario Drug Benefit formulary.

[11] http://www.health.gov.on.ca/en/pro/programs/othp/

*Waiting Period:*

Coverage is subject to a 3-month wait period, starting the day the refugee claimant's application is accepted by Citizenship and Immigration Canada, and as indicated by the date the federal identification card is issued.

The 3-month wait period does not apply to certain categories who receive immediate coverage:

- children under the age of 18
- pregnant women for pre/post natal care and delivery
- individuals who have an urgent or essential medical condition requiring immediate medical attention, in the opinion of a physician practicing medicine in Ontario.

**How does OTHP work?**

- Claimants must show ORIGINAL valid IFH. If expired, claimants must present expired original and renewal paper issued by Citizenship and Immigration Canada
- Refugee claimants are asked to sign the OTHP Consent Form. Each visit requires a verification if patient is eligible for OTHP with Medavie Blue Cross.
- Claims must be submitted first for processing to Medavie Blue Cross. Once the claim is rejected under IFH, it can be sent to the OTHP for consideration of payment.

**Issues**

- **Complex billing process**
    - The complicated multi-step billing process discourages many health service providers from offering OTHP services (notably walk-in clinics). They ask for payment directly, or they charge them for the tests.

- **Gaps**
    - There is a huge gap during the three month waiting period if a person does not meet one of the few exceptions.
    - There is a huge gap for failed refugee claimants that have the exhausted appeal process but are still here in Canada due to medical conditions and pending humanitarian and compassionate (H&C) applications.

- **Information issues**
    - There is confusion over coverage for privately sponsored refugees (PSRs) under the Ontario Temporary Health Program. The Ontario government's December 2013

announcement of the program states that PSRs are eligible for medication coverage.[12] However, there is no information about access for PSRs on the website of the Ontario Ministry of Health and Long-Term Care, where the program is identified as the Ontario Temporary Health Program for Refugee Claimants[13], and the Service Ontario hotline has informed callers that PSRs are not covered by OTHP. (Despite the confusion, privately sponsored refugees are eligible for Drug Product coverage through the OTHP provided that they are not eligible for Ontario Social Assistance and do not have private insurance or any other coverage).[14]

- Some Service Ontario Centres are wrongly saying that PSRs must wait for 3 months for access to OHIP. There is a break-down in communication at the Ministry of Health: some of their frontline staff do not understand that a PSR is a Protected Person and therefore exempt from the 3 month waiting period. This is an issue at privatized non-full-service Service Ontario stations (it is not a problem across the board). For example, a diabetic refugee arrived needing immediate amputation, which was delayed.

- **Issues when overlap between IFH and provincial programs**
  - There are reports of Ontario denying access to provincial coverage on the basis that the person has IFH coverage, even though that coverage is not effective.
  - Children aged 17 and under are denied access to provincially funded dental programs for low-income families (Healthy Smiles)[15] simply because they have IFH (even though they meet all other eligibility criteria). The provincial programs are known to provide comprehensive coverage, whereas IFH does not.

[12] http://news.ontario.ca/mohltc/en/2013/12/ontario-temporary-health-program.html
[13] http://www.health.gov.on.ca/en/pro/programs/othp/
[14] Unless they meet one of the exceptions, privately sponsored refugees are subject to the three-month waiting period for OTHP.
[15] http://www.health.gov.on.ca/en/public/programs/dental/

## QUÉBEC

**What services are offered by the province?**

Quebec provides basic health care for refugee claimants on presentation of the IFH certificate, to cover the gap created by the June 2012 cuts. Quebec was the first provincial government to put in place exceptional, temporary measures to maintain access to medications and health care services for affected persons, as early as June 2012.

All refugee claimants are entitled to the same medical, diagnostic and hospital services as people with a RAMQ card (except for fertility treatments). For medications, refugee claimants have the same access as other Quebec residents: either through social assistance or through the Quebec Public Prescription Drug Insurance.

To access services, the person must present a valid (non-expired) IFH eligibility document.

Doctors have been explicitly told not to bill refugee claimants with a valid IFH certificate.[16]

The detailed procedures are outlined in three "infolettres" (numbers 87, 111 and 005).[17]

In addition, administrative expenses are taken from the institutional budgets if not covered by IFHP.

*Processing claims:*

For persons with regular IFH health care coverage, the claim must be submitted to Medavie Blue Cross, and if claim refused, submitted to the RAMQ.

For persons with IFH Public Health/Public Safety coverage, the claim is submitted directly to the RAMQ (except if the service would be reimbursed by Medavie Blue Cross).[18]

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[16] http://media.ofsys.com/T/OFSYS/H/698094/acndbF/Lettre-Directives-MSSS-Nov2013.pdf

[17] "Nouvelle clientèle couverte en assurance médicaments - Mesures transitoires", Infolettre no. 87, à l'attention des pharmaciens propriétaires, 29 June 2012,
http://www.ramq.gouv.qc.ca/sitecollectiondocuments/professionnels/infolettres/2012/info087-2.pdf
"Nouvelle clientèle couverte en assurance maladie - Mesures transitoires", Infolettre no 111, à l'attention des médecins omnipraticiens et des médecins spécialistes, 10 August 2012,
http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2012/info111-2.pdf
"Services médicaux rendus aux demandeurs d'asile admissibles au PFSI et résidant au Québec - Nouvel outil pour vérifier l'admissibilité du demandeur au PFSI et son type de couverture", Infolettre no 005, à l'attention des médecins omnipraticiens et des médecins spécialistes, 9 April 2013,
http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2013/info005-3.pdf.

[18] http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2013/info005-3.pdf

In addition, all resettled refugees are given a health assessment on arrival.

**Issues**

- The additional coverage provided by Quebec does not apply to people without any IFH coverage.
- There is a lot of ignorance about the coverage, especially among health care providers who do not specialize in refugees. PRAIDA, a parapublic agency responsible for refugee claimants, intervenes when refugee claimants are refused treatment (one person full-time). Claimants with a valid IFH certificate go to a clinic or hospital and may be refused medical services, because they contact only Medavie. The patient is asked to pay upfront or is billed. The health service provider does not take the next step of contacting the Régie de l'assurance maladie du Québec (RAMQ). For example, a patient was referred for an X-ray. The clinic only became aware of Quebec coverage when PRAIDA intervened and sent them the RAMQ infoletter. The clinic approved the service with RAMQ.
- There are some gaps in access to special needs such as prostheses, which claimants are told are not covered by IFH, RAMQ, or welfare.
- Refugee claimants have no coverage for dental or eye care (even if on social assistance).
- While it is good that resettled refugees get a preventive health assessment within the first days or weeks of arrival, there are issues with follow-up if problems are found.
- Resettled refugees who arrive through Pearson sometimes don't get their IFH certificate at the airport.

## BRITISH COLUMBIA

**What services are offered by the province?**

There are no province-wide services available to bridge the gap created by the IFH cuts.

Refugee claimants who have a work permit are eligible for the Medical Services Plan (MSP) and potentially for Pharmacare.[19]

The only places in Vancouver that take patients with no IFHP or Medical Services Plan (MSP) coverage for non-emergency care are the **Bridge Clinic** (serves refugee claimants and GARs) and the **BC Women's Hospital newcomer clinic for immigrant, refugee and non-status women** (they do not ask for status and serve all newcomers that are in Canada for 5 years or less).

The women's clinic provides pre-natal care, deliveries, lab costs, specialists in the hospital.

Bridge Clinic has limitations as they do not have funding for lab tests or medication. If they get samples for medication they give them away but mostly patients have to pay for their own medication. Before the IFH cuts those services were provided.

**Global Family Clinic** (Burnaby) is identified by the BC government as serving refugee claimants without coverage (and anyone else who is no longer covered by IFHP) but as opposed to the Bridge Clinic it does not operate a drop-in centre: instead the service is appointment based. The capacity of the clinic is limited and it is operated by one nurse practitioner with support staff. Interpretation is offered through Provincial Language Services. In most cases, Bridge Clinic in Vancouver will support refugee claimants as a first point of contact and then refer them to the Global Family Clinic once they are more settled if they live in Burnaby.

*Vancouver Island*: there is no specific service for newcomers or refugee claimants. Clients are sent to a local community health clinic that serves the low income population and that does not ask for any insurance information. However, that clinic does not have the language capacity or cultural awareness to serve this specific population and settlement workers usually accompany their clients. This highlights a general issue faced by small and remote BC communities.

[19] http://www.refugeehealth.ca/coverage/pharmacare

**Who is eligible for these services?**

- Bridge Clinic: Refugee claimants, GARs and PSRs, independent of IFH status. The clinic will also see failed refugee claimants for as long as they are in Canada.
- BC Women's Hospital Newcomer Clinic: sees all newcomers but only women.
- Global Family Clinic: Sees all newcomers (up to 3 years) independent of status.

**How is the delivery of these services managed?**

Bridge Clinic is housed in a community health centre and funded by Vancouver Coastal Health; referrals come from community organizations. Global Family Clinic is funded through Fraser Health.

**Issues**

- There are challenges with access to language and culturally appropriate health services, especially in remote and smaller centres.
- There is no access to medication and lab tests anymore. Unless the refugee claimant pays for it themselves the test will not be ordered.
- Access to specialists is not available at all to those who are only eligible for basic care.
- Pre-natal care and delivery for those without coverage is only possible in Vancouver where the BC Women's Hospital fills that gap.
- The lack of mental health services is another significant gap. There are no funded services available that are culturally sensitive and offer language capacity. Settlement workers feel stressed by not knowing how to support clients who experience high level of stress due to their claim process and possible trauma.
- In order to access the BC medical plan MSP refugee claimants need to have a work permit.[20] This extends the time before they can apply for MSP as they first need to undergo the immigration medical exam (and wait approximately 4 weeks for results), then apply for a work permit (and wait maybe 3 months for it to arrive) and only then can they apply for MSP (which also takes 2-3 months).
- In cases where the refugee claimant does not work, the welfare office can issue them a Care Card right away and skip the application process to MSP and the 3 month wait time.
- Although BC (like all other provinces) waives the waiting period for access to MSP for privately sponsored refugees, the province declines to publish this information. This leads sometimes to refugees not being aware that they do not need to wait. Sponsors who are aware of the process mail in a provincial healthcare coverage application with 'resettled refugee' clearly written on the envelope and the corner of application. The waiting period is then waived.

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[20] http://www.health.gov.bc.ca/msp/infoben/eligible.html#who

## ALBERTA

### What services are offered by the province?

The government has not implemented any formal program to fill the gap left by IFH cuts, but notes that Alberta Health Services has publicly stated that it will not turn away people seeking emergency medical treatment.

Some immigrant settlement agencies in Edmonton and Calgary provide primary health care services through contracted physicians, but they tend to focus on Government-Assisted Refugees and the government is aware of reports that demand already outweighs the availability of services.

Refugees may be eligible for the Alberta Adult Health Benefit and the Alberta Child Health Benefit programs.[21] Benefits covered include select prescription and non-prescription drugs, nutritional items, dental and optical care, ambulance services and diabetic supplies.

In September 2014, the Alberta government stated that it was exploring options to address the health care service gaps created by changes to the IFHP.[22] Since the federal government's expansion of IFHP coverage in November 2014, the Government of Alberta has not indicated its position on this issue.

### Who is eligible for these services?

The Alberta Child Health Benefit Program is available to clients with children under the age of 18, or up to 20 if they are still enrolled in high school. Parents need to meet the requirements to be ‘low income’ as designated by the program. Children born in Canada are eligible whatever the immigration status of the parent(s). Dependent children of refugees who are not receiving health benefits from any other program are also eligible for this program.

### Issues

- Clients with IFH struggle to find service as many doctors, dentists and pharmacies are unfamiliar with IFH claims processes. Clients are often turned away even when they do have coverage.

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[21] http://humanservices.alberta.ca/financial-support/2073.html

[22] See also Calgary Herald, “Alberta considers picking up health care tab for refugee claimants”, Jamie Komarnicki, 16 June 2014, http://www.calgaryherald.com/health/Alberta+considers+picking+health+care+refugee+claimants/9941641/story.html

- As Alberta has not implemented a formal program, refugee claimants who move to Alberta from provinces with formal programs may lose this additional coverage. Newcomers, including refugee claimants, frequently move to Alberta to find work.
- Refugee claimants are left without access to health care even for life threatening illnesses. A man in Red Deer who was diagnosed with cancer was forced to rely on private donations for care, even though he was working and paying taxes.[23]

## MANITOBA

**What services are offered by the province?**

The Manitoba government announced in September 2012 that it was going to step in and fill the gap left by the IFH cuts. [24] Manitoba has provided access for privately sponsored refugees to supplementary health benefits through Employment and Income Assistance. These include prescription drugs, emergency dental and optical needs as well as medical equipment. In March 2014, the province produced a document providing a summary of services and benefits available, and how privately sponsored refugees can access them.[25]

Refugee claimants are served by BridgeCare Primary Care Clinic and the Klinic Community Health Centre.

**Issues**

Service providers end up working case by case, advocating for clients, using connections that have been built up. Generally it is possible to recover costs, but the mechanism for recovery is not user-friendly from the perspective of those needing the services, or those assisting them.

[23] http://www.cbc.ca/news/canada/calgary/failed-refugee-claimant-with-cancer-denied-health-care-1.1200682
[24] CBC, "Manitoba makes 'gutsy move' on refugee health payments", 13 September 2012, http://www.cbc.ca/news/canada/manitoba/manitoba-makes-gutsy-move-on-refugee-health-payments-1.1277189
[25] An Overview of Manitoba Provincial Health Coverage for Privately Sponsored Refugees, 27 March 2014, developed by Manitoba Labour and Immigration in collaboration with Employment and Income Assistance and Manitoba Health.

## SASKATCHEWAN

Saskatchewan has not created a specific program to fill the gap left by changes in the IFHP.

At the time of the federal changes, the Ministry of Health contacted regional health authorities (RHAs) asking that they notify the Ministry of Health if they were dealing with refugees no longer able to receive services from the IFHP. The Ministry of Health also consulted with other provincial government ministries about the potential impact to individuals and their families from these changes. All RHAs were also told that any individuals who arrived at a Saskatchewan hospital with an urgent/emergency medical need should receive health care whether or not they have a provincial health card.

The Premier and the Minister of Health both publicly indicated that they were troubled by the federal decision and its potential impact on patient care. In early 2013 the Saskatchewan Minister of Health wrote to the federal Minister of Citizenship and Immigration regarding the policy changes to the IFHP, noting the province's strong desire to see these changes reversed.[26]

With regard to Privately Sponsored Refugees, they are covered by Saskatchewan Health from the minute they set foot in Saskatchewan. Some private sponsors report that the ministry has been very helpful in terms of expediting registration when there are urgent considerations. There are some delays in the coverage of prescription medications because an application must be made for coverage. However, a procedure is in place for this so very quickly privately sponsored refugees can get their prescriptions at a reduced amount.

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## NOVA SCOTIA

**What services are offered by the province?**

There are no provincially funded services that are filling the gap.

Health care providers and a couple of community clinics are providing pro-bono primary care services to refugee claimants.

[26] Communication from Saskatchewan Ministry of Health to the Canadian Council for Refugees, 3 December 2014.

Four doctors are currently providing primary care services to GARs, refugee claimants and uninsured at a temporary refugee health clinic. They have established a fund to cover some uninsured health services.

Babies born to GARs during their first year in Canada are not eligible for IFH. Their parents must apply for a family pharmacare allowance, which only covers prescriptions. The application process takes up to a month. Babies being born with special needs would not have access to any special aids through any plan.

**Issues**

- There is a gap in access to IFH laboratory/diagnostic testing and essential perinatal care (this is identified as an issue by the Nova Scotia government).
- Refugee claimants on income assistance, who have IFH coverage, cannot get provincial pharmacare and other provincial health benefits. The reason stated has been "administration issues". Before they could access other benefits as it was considered "special needs". Now it is no longer considered "special needs".
- Refugee claimants in rural areas are not accessing services as service providers in these areas are unclear about the coverage and the program or are unwilling to deal with this plan.
- The IFH list of covered medications or services does not use the same codes as provincial programs. This causes billing problems for service providers. The list is also different from the provincial pharmacare which makes it confusing for service providers.

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## NEW BRUNSWICK

**What services are offered by the province?**

The government reports that it provides medicare benefits to refugee claimants until they are accepted or finally rejected, and urgent and critical medical interventions for refugees, refugee claimants and rejected claimants (but not if they have exhausted all levels of appeal).

In Fredericton, the Community Health Clinic is available to refugees and other vulnerable populations. As well as offering direct health care, the Clinic assists refugees in accessing other health care they may need.

**Issues**

- Refugees with IFH coverage cannot access services until they have been issued a New Brunswick medicare number, which can take up to 8 weeks. Following recent advocacy efforts, the wait time for Government Assisted Refugees was reduced to approximately

two weeks. Despite having IFH coverage, persons who do not yet have a Medicare number are either asked to pay up front before seeing a doctor or are billed afterwards. Settlement workers have sometimes had to pay on the clients' behalf at the hospital in order to ensure that they see a doctor, and then spend weeks on the phone to get the charges cancelled.

- Some community clinics will only accept clients once they have received the medicare card, rather than accepting the letter confirming that the client has been issued a Medicare number (report from Saint John).
- There is confusion in Horizon Health about GARs' eligibility for health care services. At some point in the past, there was a ruling that refugees were not eligible and many front-line practitioners still think they are not eligible.
- In Saint John there have been issues with post-arrival health assessments for GARs: how soon these are done depended until recently on the presence of communicable diseases. The Department of Public Health, which does not ask for a Medicare card or for payment, would administer immunization shots and flag the need to start appointments for communicable diseases at the hospital. For the past two months, a local nurse practitioner has taken it upon herself to accept GAR clients at her clinic and she does the health assessment soon after arrival. However, this is not being done through the IFHP.
- Also in Saint John, with regard to health care services not covered by Medicare, it has taken a long time to find practitioners who are willing to register with Medavie Blue Cross as service providers for the IFHP. Again, the main problem is that the cost covered by IFHP is less than these practitioners would typically charge. They will usually agree to serve GAR clients out of interest in refugee issues and a desire to serve newcomers. They frequently do pro bono work for GAR clients.

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## PRINCE EDWARD ISLAND

### What services are offered by the province?

No services are offered to fill the IFH cuts gap.

### Issues

- Gaps: no healthcare for any claimants or privately sponsored refugees.
- Children are being denied basic coverage for dental work.
- Medications are supposed to be covered according the provincial drug coverage plan (IFH is supposed to go by that), but clients are being denied so are paying out of pocket for these necessary medications.

## NEWFOUNDLAND AND LABRADOR

- The Medical Care Insurance Beneficiaries and Inquiries Regulations and the supporting policies of the Medical Care Plan (MCP) identify those residents who are eligible for coverage under the Medical Care Plan, the Dental Health Plan, and the Hospital Insurance Plan.
- Refugee claimants and their dependents are not eligible for coverage under the Plans, even if living in Newfoundland and Labrador.[27]

**What services are offered by the province?**

For Refugees and Permanent Residents (Note: these services have always been provided to refugees):

- Provincial Medical Care Plan (MCP)
- Department of Advanced Education and Skills (DAES) Financial and Health Supports
- Newfoundland and Labrador Prescription Drug Program (NLPDP)

For Refugee Claimants:

- Provincial Income Support Program and a Drug Card (through the Department of Advanced Education and Skills). Refugee Claimants do not qualify for MCP or the Newfoundland and Labrador Prescription Drug Program.

**How is the delivery of these services managed?**

Services are coordinated through the Department of Advanced Education and Skills. All new applicants must complete the application process and provide supporting documentation, as required, to confirm their immigration status. Reviews occur regularly in order to ensure that the immigration status and/or the financial situation of the applicant has not changed. The provincial response has assisted refugee claimants in accessing medication. In addition, the application process is said to be efficient.

**Issues**

- Refugee claimants have to incur the cost of appointments with family physicians;
- Refugee claimants are ineligible to apply for temporary MCP cards while awaiting status decision hearings.

Note: the government states that it works with the Association of New Canadians to ensure refugees have access.

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[27] http://www.health.gov.nl.ca/health/mcp/mcp_applications.html