

BRIEFING NOTE: Access to Care Upon Arrival

Agenda item	Amendment to the Commencement of Enrolment Policy to provide access to the Medical Services Plan (MSP) upon arrival for new & returning BC residents coming from outside of Canada.
Prepared for	The BC Ministry of Health, Medical Services Commission
Prepared by	The Sanctuary Health Collective
Date	March 1, 2020

Issue

Under the Commencement of Enrolment Policy (“the policy”) all new and returning BC residents coming from outside of Canada are denied provincially insured health care for the balance of the month in which residence was established plus two months (“the wait period”), resulting in greater long-term healthcare costs and poor health outcomes for migrants, specifically children, babies, pregnant women and temporary foreign workers (TFWs).

Recommendation

That the Medical Services Commission (MSC) amend the MSC Commencement of Enrolment policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

As noted in MOC 15-074, “the Medicare Protection Act (Act) provides administrative discretion to the MSC to assign an effective date of coverage subsequent to the date of residency but no later than three months after the receipt of the application for coverage.”

Rationale

“Three months might not seem like a long time, but imagine I told you that for the next three months you and your children are not covered – and imagine your child getting a fracture, appendicitis or pneumonia. Illnesses and accidents can occur at any time.”

(Dr Caulford quoted in: Morris, 2017, para. 7)

Universal health care and multiculturalism are central to BC and Canada’s identities, and yet BC is one of only three provinces that have a wait period for residents coming from outside of Canada. Not only does the policy deny access to timely healthcare, contravening the Canada Health Act (“CHA”) and multiple international human rights conventions, it also increases health care spending in the long-term. (cont’d on page 2)

Key Considerations

- The policy is not legislation, and can be amended by the BC Ministry of Health (BCMOH) Medical Services Commission (MSC). The Medicare Protection Act, Section 7.2(3)(b) and the CHA, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it.
- The long-term system costs are much greater when timely access to care is denied. There are devastating health consequences for people during the wait period, particularly pregnant women, children and TFWs. In addition, the policy contravenes the CHA and multiple international human rights conventions.
- Precedents for the removal of the wait period have already been set in Canada and BC:
 - a) BC, Quebec and Ontario are the only Canadian provinces with this wait period.
 - b) BC removed the wait period for military families in 2007;
 - c) Quebec removed the wait period for vulnerable women;
 - d) Ontario removed the wait period for newborn babies;
 - e) New Brunswick entirely removed their wait period policy because it is “the right thing to do” (CBC News, 2010).
- As of January 2020, monthly BC MSP premiums have been eliminated for most people. Therefore, during the wait period, new and returning BC residents are being denied access to the universal health care that their sales and income tax dollars contribute to fund.
- Despite the policy having far reaching health and economic impacts, implementation of changes to the wait period policy is largely administrative.

Rationale (cont'd)

Accessing timely primary and preventative care is necessary to reduce the progression of disease and subsequent acute care costs, as evidenced by multiple Canadian and European studies. Providing timely access to care for pregnant women and infants is particularly important in order to avoid devastating outcomes and costs associated with infant morbidity and mortality. Despite being Canadian citizens, many BC babies have been denied timely access to care during the wait period resulting in costly and lengthy neonatal intensive care hospitalizations.

The BCMOH contradicts the CHA's (1985) principle that care be based on need and not the ability to pay, by directing people to buy private health insurance during the wait period (even pregnant women, who the BCMOH acknowledge are not eligible for private insurance). The cost of private insurance is prohibitive to such a degree that most people will either incur debt by paying out of pocket, or more commonly will delay accessing care. In

Ontario, physician billings spike in the fourth month of an immigrants stay, demonstrating that delaying care leads to the same or greater system-wide costs (Goel, Bloch, & Caulford, 2013). Those with pre-existing conditions and pregnancy are neither eligible for private insurance nor a waiver to the wait period, and yet they are the patients who are most likely to need timely access to care in order to prevent more costly interventions in the future.

The policy's stated purpose is to protect against colloquial *health tourism* and safeguard healthcare dollars. However, there is no evidence substantiating the need for this protection or evidence that the policy meets its intended purpose. In the absence of evidence supporting the policy and with consideration of the wide-ranging benefits of reducing barriers to healthcare access, the policy should be amended to align with BC's provincial commitments to the CHA and to mitigate long-term health care costs, risks and complications.

Risks of Maintaining the Current Policy

- Increased long-term health costs due to delaying timely access to health care.
- Poor health outcomes, including death and severe illness, due to delayed access to care.
- Contravention of the CHA and multiple international human rights conventions.

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Appendix A: Policy Study of the "Three Month Wait" in BC, Sanctuary Health, 2019

Appendix B: Minute of the Commission 15-074, Medical Services Commission, 2015

Appendix C: Letters of Support: Midwives Association of BC, Hospital Employees' Union, Health Sciences Association, West Coast LEAF (2020 & 2015), BC Health Coalition, Umbrella Multicultural Health Cooperative, REACH Community Health Centre, Strathcona Midwifery Collective, RISE Community Health Centre, BC Government and Service Employees' Union, First Call: BC Child and Youth Advocacy Coalition, Migrant Workers Centre, Vancouver Committee for Domestic and Caregivers Rights, SWAN Vancouver, Vancouver & District Labour Council, BC Civil Liberties Association, Pivot Legal Society, BC Poverty Reduction Coalition, Canadian Centre for Policy Alternatives – BC Office, Living in Community, Community Action Initiative, SEIU Local 2, DIVERSEcity Community Resource Society, Society for Children and Youth of BC, Watari Counselling and Support Services Melissa Glen, PNC(c), MN, NP(f) Family Nurse Practitioner

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Summary

The BC Medical Services Commission’s (MSC) Commencement of Enrolment (“wait period”) policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3)(b) and the Canada Health Act, Section 11(1)(a) both *allow* for a three month wait period for people arriving from outside of Canada, but do not *mandate* it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

Precedents have already been set across Canada and BC. There is no evidence that the policy meets its intended purpose. In fact, the evidence points to the opposite: it is

more costly to deny people timely access to care, than it is to provide MSP upon arrival. The policy contravenes the CHA and multiple international human rights conventions. As Wickremage et al. (2019) state, “better health for migrants isn’t simply a moral imperative. It is an evidence informed, economically wise choice that will improve health for all. It is a choice that must be made in defiance of populism, prejudice, and political expediency” (p. 1).

In the absence of evidence supporting the current policy and with consideration for the wide-ranging potential benefits of reducing barriers to healthcare access, the three-month wait period policy should be amended to remove the wait period for new and returning residents coming from outside Canada.

Recommendation: Amend the MSC Commencement of Enrolment policy to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

Background

British Columbia (BC) boasts ethnic diversity and multiculturalism, with nearly 40,000 new immigrants coming each year to contribute to the social and economic fabric of the province (Government of BC [GOVBC], n.d.-c). At the same time, BC’s Commencement of Enrolment policy bars migrants from accessing public health care for the first three months after their arrival.

In the following paper this policy will be introduced, situated in the current context, and analyzed for its intended purpose and unintended consequences, including costs and impacts on specific vulnerable communities.

In order to achieve equitable access to primary care, honor federal, provincial and international commitments, and mitigate the economic impacts of delayed access to care, the Commencement of Enrolment policy described in the Minute of the Commission (MOC) 15-074 should be amended to remove the wait period for new and returning residents coming from outside Canada.

The “Wait Period” Policy

The Commencement of Enrolment policy, which will hereafter be referred to as the “wait period”, outlines a three-month wait period for healthcare coverage for new and returning residents to BC: “As a general rule, coverage under the Medical Services Plan [MSP] will be effective for those arriving: From Outside Canada: After a wait period consisting of the balance of the month in which residence was established plus two months (the “wait period”).”

The policy is executed through the BC Ministry of Health’s (MOH) Medical Services Commission (MSC), and is communicated to the public through the BC government’s website, under the topic “Coverage Wait Period” (GOVBC, n.d.-b). The policy is put into regulation and articulated internally in MOC 15-074. MOC 15-074 also describes a series of circumstances when the MSC may grant exemptions to the wait period in order to provide immediate coverage to an applicant through a process administered by the Coverage Wait Period Review Committee (CWPRC).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Background (cont'd)

Affected Population: New and Returning Migrants

New and returning migrants are the most impacted by the wait period policy. Due to the limited scope of this paper, the term migrants will refer to people who have administrative legal status in Canada, such as permanent residents, temporary foreign workers (with some exceptions), citizens, and those with work and study permits. Conventional refugees access care through the Interim Federal Health Program. Undocumented communities and most people with precarious immigration status are entirely excluded from the BC MSP (GOVBC, n.d.-a). Many of the arguments in this analysis also apply to these populations, however they require specific attention that is not directly addressed here. It is also necessary to acknowledge that Canada is a nation built on unceded Indigenous lands, and stories of migration are central to Canada and BC's history and identity.

Federal and Provincial Legislation Context

The MSC wait period is situated below BC's Medicare Protection Act (MPA) and the Canada Health Act (CHA). Healthcare administration and provision is under the authority of the province, however federal healthcare funding to each province is conditional on meeting five criteria: public administration, comprehensiveness, portability, universality and accessibility (Canada Health Act, RSC [CHA], 1985, c. C-6, s.7).

The MSC is responsible for facilitating access to health care in BC, and is directed to have “...regard to the principles of the [CHA]... Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on the individual's ability to pay” (MSC, 2018, p. 2).

There is a three-month wait period for people moving between provinces, during which time the person will be covered by their previous provincial plan (CHA, 1985, c. C-6, s. 11[1][b]). BC, Ontario, and Quebec are the only provinces that require a wait period for people arriving from *outside* of Canada.

In the CHA (1985) under Section 11(1)(a) it states that the provinces must not impose a health coverage wait period

“greater” than three months. BC legislation under the MPA states in Section 7.2 (3)(b) that the enrolment date must be “not more than 3 months after receipt of the application” (Medicare Protection Act, RSBC, 1996). Clearly, while Section 7.2(3) *allows* for a three month wait period for people arriving from outside of Canada, it does not *mandate* it. As MOC 15-074 notes, “The *Medicare Protection Act* (Act) provides administrative discretion to the MSC to assign an effective date of coverage subsequent to the date of residency but no later than three months after the receipt of the application for coverage.” The MSC has the authority to amend MOC 15-074 to remove the wait period for new and returning residents coming from outside Canada as it is not meeting its intended purpose.

Stated Purpose of the Policy

Within the above legal parameters the MSC has chosen to create a policy in which the full and maximum three-month wait period for coverage is instituted. The stated purpose is to protect against colloquial “health tourism”, and safeguard healthcare dollars: “The wait period protects the province's health care plans by reducing the likelihood of individuals coming to [BC] for the purpose of receiving health care services at public expense” (GOVBC, n.d.-b, para. 8).

Evidence for the Policy

Despite the efforts to find research and literature showing the social or economic impact of health tourism, as well as requesting statistics and data regarding this issue directly from the MOH, no evidence was found to substantiate the stated purpose of the policy. Without this evidence the stated purpose of the policy appears to be grounded in a potentiality and not in evidence.

Clinicians advocating to end the wait period in Ontario aptly point out that the immigration process, which takes several years, and significant financial costs, renders immigration “an unlikely avenue for medical tourism” (Goel & Beder, 2012, para. 7). Despite the unlikelihood of people doing so, if someone were to go through the rigorous immigration process solely for access to medical care, it is even more unlikely that these people would be deterred by a three-month wait period (Milne, 2015). “Concerns about medical tourism are not only unfounded, but they are also detrimental to the overwhelming majority of new residents

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Background (cont'd)

who come to [BC] with no intention of taking advantage of the system” (Milne, 2015, p. 2).

Precedents for Removal of the Wait Period

Precedents for the removal of the wait period have been set across Canada and within BC. There are only three provinces that continue to have the wait period, including BC. Quebec has exceptions to their wait period for pregnant

women, birth care, and abortion (Regie de l'assurance maladie Quebec, n.d.), Ontario has exemptions to their wait period for newborns (Health Insurance Act, RRO, 1990), and New Brunswick (NB) eliminated their wait period in 2010. The NB health minister stated, “[r]emoving the three-month waiting period is the right thing to do” (CBC News, 2010). BC removed the wait period for military families in 2007, citing the impact of adjusting back to Canada and out of respect and value for these families (BC Ministry of Health, 2007).

Equity and Access

Health and Migration Policy Incongruences and Possibilities

The wait period policy operates at the intersection of BC health care and migration, and exemplifies some of the key concerns raised in migrant health policy literature: a lack of consideration for how health policy implementation impacts migrants and a lack of understanding for the long term economic costs of excluding these populations from health care systems.

There are significant concerns regarding the interaction between immigration and health policy. Both the overlap and chasm between these areas of policy has impacts on primary care practice and access. Leido-Quigley et al. (2019) note that often policies related to migrant healthcare are fractured, resulting in “policy incoherence” (p. 2). Commonly, immigration policy is divorced from public health, medical ethics, and on-the-ground realities for migrant communities’ accessing care and services (Zimmerman, Kiss, & Hossain, 2011). Leido-Quigley et al. (2019) orient migrant health policy on the following principles:

The first is the right to health, enshrined in various national and international laws and conventions...A health system that excludes groups such as migrants cannot be described as universal. The second is economic. The evidence that migrants make a net contribution to economic growth is compelling. So too is the evidence that providing timely care for migrants saves money in the long term. (p. 3)

The incongruence between health and immigration policy has serious impacts and consequences that are often downloaded onto vulnerable migrant communities. Robust and well-informed migrant health policy requires collaboration from multiple stakeholders and a rights-based approach to health care (Wickramage, Simpson, & Abassi, 2019).

Policy actions and changes to the wait period policy can be framed within the social determinants of health and inequality framework, whereby factors that promote disease, vulnerability and risk exposure are addressed and rectified (National Collaborating Centre for Healthy Public Policy [NCCHPP], 2016; Victoria Health Promotion Foundation [VHPF], 2015). On its own, access to timely health care is a strong determinant of health (Starfield, Shi, & Macinko, 2005), which necessitates policy action to improve equitable and timely access to healthcare.

When looking at the health continuum, policy actions should be implemented at the time of greatest exposure in order to alter the trajectory of risk (NCCHPP, 2016; VHPF, 2015). Migrants are at a time of heightened vulnerability when they first arrive to BC; social isolation, income insecurity, language and cultural barriers, all of which are social determinants of health (SDOH), stratify many migrants below the average population (Hennebry, McLaughlin, & Preibisch, 2015; World Health Organization, 2010). The wait period policy specifically impacts pregnant women, newborns and TFWs at a time of exposure to increased risk and poor health outcomes, which has ramifications across their life-span (Caxaj & Cohen, 2019;

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Equity and Access (cont’d)

Hennebry et al., 2015; Kalich, Heineman & Gahari, 2015). Approaching the policy from this angle, it is clear that amending the policy will have positive down-stream effects on health spending and health outcomes.

Spirit of the Canadian Health Act and Canada’s Human Rights Commitments

The CHA (1985) has a primary objective to “...protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers” (c. C-6, s. 3). The wait period policy contravenes the spirit of the CHA.

The Government of BC website and the MSC wait period policy suggest people purchase private insurance during the wait period (GOVBC, n.d.-b; MSC, 2015). Private insurance is not a viable option for most people, let alone migrants who are first arriving to Canada and likely do not have an income source. The cost of private insurance is on average \$500-920 CAD, and up to \$1,835 CAD for 90 days (Destination Canada, n.d.; Royal Sun Alliance, 2019), and is prohibitive to such a degree that most migrants will either incur debt by paying out of pocket, or more commonly will delay accessing care (Asanin & Wilson, 2008; Goel & Beder 2012; Goel, Bloch, & Caulford, 2013). The expectation that new immigrants and residents purchase private insurance contradicts the CHA’s direction to provide care based on need and not the ability to pay (CHA, 1985).

Canada’s commitment to the CHA principles and The United Nations (UN) International Covenant on Economic, Social and Cultural Rights (United Nations [UN], 1966) are debased when migrants are excluded from care (Chen, 2017, 2015; Leido-Quigley, 2019; Milne, 2015). Chen (2015) argues that “...exclusion from public health care programs potentially raises questions about its legality. This legal concern is accentuated by the reality that, among international migrants who are labeled by governments as temporary entrants ...many are in fact well-established members of Canadian society” (para. 10). The United Nations Human Rights Committee (UNHRC) recently issued a landmark decision condemning Canada for denying access to essential health care on the basis of immigration status based on the case of Nell Toussaint (UNHRC, 2018).

The Coverage Wait Period Review

MOC 15-074 currently describes a series of circumstances when the MSC may grant exemptions to the wait period in order to provide immediate coverage to an applicant through a process administered by the CWPRC. The MOH website states that waivers are only approved in the “most extenuating circumstances” (GOVBC, n.d.-b) and the CWPRC’s annual report for the 2017/2018 year states that 108 of 117 waiver applications were rejected (MSC, 2018).

MOC 15-074 states that the following criteria were used in developing appropriate circumstances for a waiver:

- protects the integrity of the publicly funded health care system;
- mitigates the impact of the applicant of physician and hospital costs incurred during the wait period which could constitute financial hardship
- addresses the impact of administrative error by MSP or its agents; and
- facilitates the application of the *Medicare Protection Act* and its Regulations. (p. 4)

Through its byzantine process and its insistence on approving only the most extenuating circumstances, the CWPRC’s process undermines this criteria, specifically the goal of mitigating costs on the healthcare system, as it in fact creates additional administrative and tertiary health care costs. Primary and preventative health care saves costs in the long-term. It is counterproductive to require, as the process currently does, a diagnosed condition needing *immediate treatment*, as nearly all untreated health conditions will ultimately deteriorate requiring a higher and more costly level of care.

Those with pre-existing conditions and pregnancy are neither eligible for private insurance nor a waiver to the wait period, and yet they are the patients who are most likely to need timely access to care in order to prevent more costly intervention in the future. The high costs of billing on residents within the three month wait is certainly causing financial hardship, considering the high costs billed to non-insured patients; however, the CWPRC requires applicants to incur the financial hardship *before* they can apply for a waiver, creating additional stress as people do

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Equity and Access (cont’d)

not know if their application will be accepted. By requiring applicants to provide individualized evidence, the CWPRC forces applicants into compromising and costly medical and financial situations before they can be determined as eligible for a waiver.

It stands to reason that most people do in fact meet the criteria that is meant to be used in developing appropriate circumstances for a waiver. Therefore, it should not be used to make exceptions but rather be the rule: this is most easily executed by removing the wait period for new and returning residents to BC coming from outside Canada.

Unintended Consequences: Costs and Vulnerable Populations

Financial Costs

The wait period policy increases health care spending in the long-term. Goel, Bloch, & Caulford (2013) share that “there is evidence to suggest that care is often delayed for the duration of the 3 months, resulting in the same financial cost to the public system, only 3 months later, as evidenced by an increase in physician billings when immigrants are in their fourth month of stay” (e271).

Accessing timely primary and preventative care is necessary to reduce the progression of disease and acute care costs (Bobadilla, Orchard, Magalhaes, & Fitzsimmons, 2017). It is generally accepted that for all populations, delaying diagnosis and treatment of chronic conditions results in worse outcomes, and unnecessary tertiary care. There is mounting evidence specific to migrant communities showing that providing care for migrants saves money in the long-term (Leido-Quigley et al., 2019). A study looking at four European countries in 2014-2015 found that providing timely access to primary care saved between 49%-100% of direct and indirect health care costs. The study recommends providing timely primary care to all people, regardless of immigration status (Trummer, Novak-Zezula, Renner, & Wilczewska, 2016). Similarly, between 1994-2013 changes in a German policy demonstrated that restricting access to health care for migrants and refugees was more costly over time (Leido-Quigley et al., 2019).

The Wellesley Institute did a two-part literature synthesis looking at the impact of the three-month wait period on new permanent residents (PR) in Ontario. In the study, the authors cite the wait period as a SDOH, because it prevents access to care, contributing to longer-term health disparities,

poor health outcomes and the decline of health status for immigrants. They also state that the policy “doesn’t make financial sense” (Sanchez, Cheff, Hassen, & Katakia, 2016, p. 7).

Migrant communities are already at higher risk for health concerns as they are less likely to have secure housing, income, and social support, and face the stress of navigating a new country and possibly a new language (Hennebry, McLaughlin, & Preibisch, 2015; Kalich, Heineman & Gahari, 2015). Creating barriers to accessing health care compounds migrants’ health risks, ultimately leading to greater personal and system-wide costs (Goel & Beder, 2012; Kalich et al., 2015; Sanchez et al., 2017).

The MSC does not have any published data on the amount it would cost to provide coverage for migrants on arrival compared to waiting three months. The Wellesley Institute has estimated that removing the three-month wait period in Ontario, which has a population almost three times larger than BC (Statistics Canada, 2016), would cost \$60 million (Sanchez et al., 2016). Based on Canadian and international research, providing timely access to primary care is more cost effective; therefore, delaying access to care will cost the system more in the long-term.

Pregnant Women

The wait period has varying degrees of impacts on new migrants and residents, who already face significant barriers to accessing care (Kalich et al., 2015). Pregnant women are among those most negatively impacted by coverage wait periods (Bobadilla et al., 2017). Delaying prenatal, labor, delivery, and postpartum care leads to poorer maternal and infant outcomes in all populations (Heaman et al., 2019).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Unintended Consequences (cont’d)

Specifically, migrant women are at higher risk for birth complications, including infant morbidity and mortality (Bobadilla et al., 2017; Zimmerman et al., 2011). Delaying prenatal and obstetrical care is also shown to increase lengths of stay at neo-natal intensive care units, which is very costly (Heaman et al., 2019; Milne, 2015). A small study was conducted in Ontario that reflected some of the consequences pregnant women face during the wait period, including being denied private insurance (as pregnancy is a pre-existing condition), incurring debt, and being put in risky health situations (Goel et al., 2013).

The CWPRC’s annual report for the 2017/2018 year states that pregnant parents’ applications for a waiver were rejected because they were expected to have private insurance (MSC, 2018). Of note, the waiver application form specifically notes that “costs for routine, scheduled prenatal/ delivery services are NOT eligible for a waiver request” (BC Ministry of Health [MOH], 2019, p. 1), and yet the BC government website also acknowledges that most private insurers will not cover those with pre-existing conditions, including pregnancy (GOVBC, n.d.-b). Failure to provide coverage or waive the wait period for pregnant women and those with pre-existing conditions leaves no viable options for pregnant women and those who have acute or chronic health care needs to access necessary services (Milne, 2015).

Quebec has made some gendered exceptions to their wait period, including for pregnant women, birth care, and abortion (Regie de l’assurance maladie Quebec, n.d.). The evidence supports providing immediate and comprehensive health coverage, whereas forcing pregnant and post-partum women to wait for health care has serious risks, consequences and associated costs.

Infants and Children

Children and infants are also disproportionately impacted by the wait period policy. Even newborn babies born to non-resident parents are required to wait three months for health care coverage, despite being Canadian citizens and despite the first months of life being the most vulnerable. Canada signed onto the UN Convention on the Rights of the Child (CRC) in 1990. The document states that no child should be discriminated against for any reason or based on any status of their parents (UN, 1989). The UN CRC addresses

children’s fundamental right to health care: “[T]he right of the child to the enjoyment of the highest attainable standard of health... States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services” (UN, 1989, p. 11).

In Ontario there is an exception to the wait period for newborns (Health Insurance Act, RRO, 1990). BC is denying these children and infants’ care during the wait period, which is not only costly but has enormous impacts on health outcomes and contravenes the UN CRC.

Migrant Workers

As more temporary foreign workers (TFWs) are being recruited to Canada (Caxaj, Cohen, 2019; GOVBC, n.d.-c), policies such as the wait period are creating the conditions for them to be exploited and denied their basic rights to health care, as outlined by the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990). 75% of Canada’s agriculture jobs are filled by migrant workers and in 2018 BC approved 16,890 migrant agriculture positions (Caxaj & Cohen, 2019).

TFW permits are tied to an employer, which sets up conditions for exploitation. Employers are meant to provide private insurance during the three-month wait period, however many do not meet this or other responsibilities to arrange transport or time off work for health appointments (Caxaj & Cohen, 2019; Hennebry et al., 2015). For many temporary foreign farmworkers who meet the eligibility requirements for MSP, the wait period makes coverage illusory, as most are only here for six months at a time. By the time they receive their Personal Health Number and BC Services Card, they are returned home.

Zimmerman et al. (2011) state “poor policy coordination and contradictory policy goals, such as increasing foreign labor requirements while maintaining restrictive rights for migrants, can exacerbate risk conditions related to migration and pose health challenges” (p. 5). In research for WorkSafe BC, Otero and Preibisch (2010) recommended health coverage upon arrival for migrant workers a decade ago. Health risks and outcomes for TFWs are very poor and denying access to care allows for health issues to fester and deteriorate (Caxaj & Cohen, 2019).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

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APPENDIX A: Policy Study of the “Three Month Wait” in BC

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MEDICAL SERVICES COMMISSION

MINUTE OF THE COMMISSION

Page 1 of 2

Commencement of Enrolment

15-074

This Minute of the Commission (MOC) replaces MOC 15-013 and 13-118.

In order to ensure equitable access to insured services, and to provide guidance to and consistent in the administration of the Medical Services Plan, the Medical Services Commission (MSC) hereby affirms the following policy with respect to the commencement of eligibility for benefits.

New and returning residents to British Columbia must apply for coverage and meet the definition of resident in the *Medicare Protection Act*. As a general rule, coverage under the Medical Services Plan will be effective for those arriving:

- From outside of Canada:

After a wait period consisting of the balance of the month in which residence was established, plus two months (the "wait period"). If the applicant is absent from Canada for more than 30 days during the wait period and does not make his or her home in British Columbia during that absence, coverage will not be available until the applicant returns to the province, becomes resident and completes a new wait period.

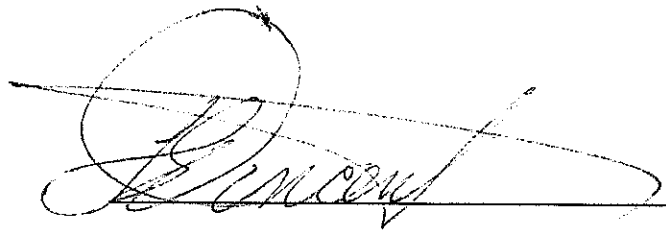
- From elsewhere in Canada:

In accordance with the portability provisions of the Agreement on Eligibility and Portability (normally, the balance of the month in which residence was established, plus two months).

MINUTE OF THE COMMISSION

Page 2 of 2

The most recent Coverage Wait Period Review Committee Terms of Reference is attached.

A handwritten signature in cursive script, appearing to read "Tom Vincent", written over a horizontal line.

Tom Vincent
Chair
Medical Services Commission

Dated this

21st

day of

August

AD 20

15

Coverage Wait Period Review Committee

Terms of Reference

Approved by:

Stephanie Power
Executive Director
Medical Beneficiary Branch

Date: Amended: June 2015

Table of Contents

1. Introduction	3
2. Purpose.....	3
3. Mandate.....	3
4. Adjudication Guidelines	4
5. Membership	5
6. Meetings	6
7. Reporting	6
8. Roles and Responsibilities	7

1. Introduction

The *Medicare Protection Act* (Act) provides administrative discretion to the Medical Services Commission (MSC) to assign an effective date of coverage subsequent to the date of residency but no later than three months after the receipt of the application for coverage. This allows the MSC to consider individual circumstances in the assignment of the effective date. Since December 2004 there has been a formal process for doing so.

This document provides guidelines and a formal administrative process for reviewing individual requests for a waiver of the "wait period" assigned by Medical Services Plan (MSP). The process is administered by the Coverage Wait Period Review Committee.

2. Purpose

The purpose of the Coverage Wait Period Review Committee is:

- To evaluate requests and render decisions to waive the wait period for individuals, who have met the eligibility requirements (under Section 7(2) of the *Medicare Protection Act*) for enrolment as a beneficiary.

3. Mandate

The Commission Minute on Commencement of Enrollment (originally #98-070) states the Commission may, subject to submission of an application for enrollment, grant exemptions to the wait period policy. The Minute also establishes a wait period for both new and returning residents as the balance of the month in which residence was established, plus two months. During this period the MSP will not pay for insured medical services; the applicant is responsible for these costs. The Minute also sets out some circumstances in which the Commission may grant exemptions to the wait period.

Through an amendment to Minute #98-070 on January 28, 2005, notation of this formalized administrative process for reviewing individual requests for a waiver of the wait period was documented. The Chair of the Coverage Wait Period Review Committee is accountable to the Medical Services Commission.

Note: Minute 98-070 was amended and replaced with Minute 05-002 on January 28, 2005, Minute 05-064 on December 7, 2005, and Minute 07-111 on December 17, 2007. Minute #07-111 has been replaced with Minute 08-025. Minute #08-025 was replaced with Minute #13-118. Minute #13-118 has been replaced by Minute 15-013 on February 13, 2015.

Any amendments to the Terms of Reference require the prior review and approval of the Chair, Medical Services Commission.

4. Adjudication Guidelines

The Minute on Commencement of Enrollment sets out the circumstances when the Commission may grant exemptions to the wait period in order to provide immediate coverage to an applicant. It should be noted that residency of the individual requesting a review of the wait period must be established through an application for enrollment.

The circumstances for exemption established by Minute #08-025 include:

1. a new-born child, of whom either parent is a resident on the date of birth;
2. a child adopted, or in the process of adoption, by resident, on the later of the date of adoption or the date of arrival in Canada;
3. a member of the Canadian Forces who is discharged in BC or arriving in BC for discharge, on the date of discharge;
4. the spouse or child of a Canadian Forces member if the family has been stationed outside BC, on the date of arrival;
5. an inmate released or paroled in BC from a penitentiary or prison, on the date of release or parole; and
6. a Convention refugee holding a Permanent Resident Card/Confirmation of Permanent Residence (previously a Record of Landing) or Temporary Resident Permit (previously a Minister's Permit) who moves to BC from outside of Canada, on the date of arrival; and
7. in such other circumstances as the Commission may determine to be appropriate.

To ensure the policy is administered in a fair and consistent manner, the latter circumstance (#7 - "other") has been further defined. The following criteria were used in developing the "other" circumstances:

- protects the integrity of the publicly funded health care system;
- mitigates the impact on the applicant of physician and hospital costs incurred during the wait period which could constitute financial hardship;
- addresses the impact of administrative error by MSP or its agents; and
- facilitates the application of the *Medicare Protection Act* and its Regulations.

Examples of "Other" Circumstances

- 7a. Applicants who:
- I. have had the effective date of coverage changed as a result of verifiable administrative errors or misinformation by MSP that results in physician treatment/hospital services being provided during an uninsured period.
- 7b. Applicants who during the wait period:
- I. are diagnosed with a condition, illness or injury that requires immediate treatment or the applicant's condition would deteriorate to the point where it ultimately costs MSP more to treat the applicant's condition (i.e. it would be less expensive in the long run to waive the wait period); and
 - II. do not have or are unable to obtain private insurance; and
 - III. would endure financial hardship as a result of the financial burden of paying the medical costs.

- 7c. Applicants, spouse and child(ren), who during the wait period:
- I. are diagnosed with a life, limb or major-organ threatening illness; or
 - II. are diagnosed with a terminal illness; and
 - III. are unable to obtain private insurance; and
 - IV. would endure financial hardship as a result of the financial burden of paying the medical costs;
- 7d. Applicants who, during the wait period:
- I. are beneficiaries; and
 - II. are applying for benefits for their spouse, who is or becomes pregnant and where the spouse and/or child may be at risk if they do not receive medical care; and
 - III. are unable to obtain private insurance; and
 - IV. would endure financial hardship as a result of the financial burden of paying the medical costs.
- 7f. Applicants who, during the wait period:
- a. Are involuntarily committed to hospital under the *Mental Health Act* or the *Health Act Communicable Disease Regulation*.

In most situations, if an applicant (and spouse, if applicable) is currently sponsored for status in Canada, a Financial Statement from the sponsor (and spouse, if applicable) must also be provided.

Verification of all reported monthly income/expenses; including verification of reported bank balances (inside and outside Canada) via bank statements, paystubs, government cheque stubs, must be attached to the completed financial statement in order to determine financial hardship.

The *Hospital Insurance Act* states that "resident" means a resident as defined in the *Medicare Protection Act*. The policy is intended to entitle bona fide residents of British Columbia to medical coverage at the same time as eligibility commences for hospital benefits.

Under the authority of the Commission, the Coverage Wait Period Review Committee was struck to provide a formal administrative process for reviewing individual requests for a waiver of the wait period. Terms of Reference for the Coverage Wait Period Review Committee are attached.

5. Membership

The Coverage Wait Period Review Committee will consist of a minimum of three members including the Chair. All members will be from the Medical Beneficiary and Pharmaceutical Services Division.

Members will be appointed by the Medical Services Commission to serve on the Committee for two years. Terms may be renewed.

Advisors from other program areas, as well as, medical consultation, may be added to the committee on a case-by-case basis to provide expert advice as determined by the Chair.

Secretarial support will be provided by the Medical Beneficiary and Pharmaceutical Services Division.

6. Meetings

Meetings will be at the call of the Chair or the Chair's alternate.

All members (or alternates) must be present at all meetings.

Decisions of the Committee are rendered on behalf of the Medical Services Commission.

7. Reporting

The Chair will produce an annual report to be submitted to the Chair of the Commission.

All requests for a waiver will be tracked on an ongoing basis noting at least the following information:

- Name
- PHN
- Date Received
- Meeting Date
- Date of Reply
- Reason for Request
- Reason for Decision

8. Roles and Responsibilities

Position	Responsibility
Chair, Coverage Wait Period Review Committee or Alternate	Chair review committee Call meetings Render decisions on wait period Communicate decisions as required Sign decision letters Produce annual report
Members, Coverage Wait Period Review Committee	Participate in review and decision making processes Draft decision letters for Chair Record decisions of the committee Track reviews

Appendix C

Letters of Support

Midwives Association of BC	Page C-1
Hospital Employees' Union	Page C-3
Health Sciences Association	Page C-5
West Coast LEAF, 2020	Page C-8
West Coast LEAF, 2015	Page C-13
BC Health Coalition	Page C-18
Umbrella Multicultural Health Cooperative	Page C-21
REACH Community Health Centre	Page C-23
Strathcona Midwifery Collective	Page C-24
RISE Community Health Centre	Page C-25
BC Government and Service Employees' Union	Page C-26
First Call: BC Child and Youth Advocacy Coalition	Page C-27
Migrant Workers Centre	Page C-29
Vancouver Committee for Domestic and Caregivers Rights	Page C-31
SWAN Vancouver	Page C-32
Vancouver & District Labour Council	Page C-33
BC Civil Liberties Association	Page C-35
Pivot Legal Society	Page C-37
BC Poverty Reduction Coalition	Page C-39
Canadian Centre for Policy Alternatives – BC Office	Page C-41
Living in Community	Page C-43
Community Action Initiative	Page C-44
SEIU Local 2	Page C-46
DIVERSEcity Community Resource Centre	Page C-48
Society for Children and Youth of BC	Page C-49
Watari Counselling and Support Services	Page C-50
Melissa Glen, PNC(c), MN, NP(f) Family Nurse Practitioner	Page C-52



**MIDWIVES ASSOCIATION
of BRITISH COLUMBIA**

Attn: BC Ministry of Health, Medical Services Commission

Re: MSC Commencement of Enrolment policy (MOC 15-074)

January 15, 2020

To Whom It May Concern,

The Midwives Association of BC is the professional association for midwives in BC and is registered under the Societies Act. The MABC's mission is to expand access to midwifery services in BC, promote the development and sustainability of midwifery services in BC, increase the professional and political profile of midwives within the BC health care system, and advocate for excellence in reproductive, newborn and infant health care. This includes advocating for greater access to midwifery services and birth closer to home.

I am writing to pledge our support to the Sanctuary Health Collective's proposal to amend the MSC Commencement of Enrolment policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival. This policy change would support access to prenatal, labour and postpartum care generally, and midwifery care specifically, for all new and returning British Columbians.

BC is one of only three provinces that have wait periods for residents coming from outside of Canada to access public health care. This policy denies access to timely healthcare, contravening the Canada Health Act and multiple human rights conventions; it also increases health care spending in the long-term. Quebec has made some gendered exceptions to their wait period, including for pregnant women, birth care and abortion (Regie de l'assurance maladie Quebec, n.d.). Ontario midwives are funded to provide care to all residents of their catchment area, regardless of whether or not they have OHIP. These provisions help promote access for birthers and fair compensation for the midwives who care for them.

Recent media coverage may depict uninsured individual as obstetrical tourists. Those who are not residents, who have no intention of staying in Canada and only come to have their children and return home. They generally have means to travel to Canada from their home country and are commonly from relatively affluent backgrounds. There have been cases of obstetrical tourism in BC. However, there are also Canadians relocating to BC, uninsured/undocumented people, landed immigrant/permanent residents or failed refugees claimants. It is unclear what proportion of uninsured birthers in BC fall into this latter category.

Currently, uninsured birthers may pay for care with BC midwives using private insurance or at the midwives posted rates, however, for those who can not afford or do not qualify for insurance and can't afford even MSP rates for care, many midwives are offering payment plans, reduced rates or volunteering their time for those in need. Uninsured clients may also choose to birth at home, not because it is their preferred location for delivery, but because it is the least expensive location. This may result in compromised safety if clients are choosing to birth at home for financial reasons, including planning home births despite the fact that they may not meet criteria and delaying or declining to transfer to the hospital and specialist consultations due to financial barriers.

Pregnant people are among those most negatively impacted by coverage wait periods (Bobadilla et al, 2017). Delaying prenatal, labour, delivery and postpartum care leads to poorer maternal and infant outcomes in all populations (Heaman et al, 2019). Migrant are already at higher risk for birth complications, inflicting infant mortality and morbidity (Bobadilla et al, 2018; Zimmerman et al, 2011). Delaying access to prenatal and labour care is shown to increase lengths of stay at neo-natal intensive care units, which is very costly (Heaman et al, 2019; Milne, 2015).

Ontario research demonstrates consequences pregnant people face during the wait period include being denied private insurance (as pregnancy is a pre-existing condition), incurring debt and being put into risky health situations (Goel et al, 2013). Those without access to MSP may delay access, miss appointments or not access prenatal care at all. Uninsured individuals may not access care due to financial constraints. They may also avoid accessing care due to fear that their health care provider will share information with immigration officials which may result in deportation.

Once again, the MABC supports the Sanctuary Health Collective's proposal to amend the MSC Commencement of Enrolment policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

Sincerely,



Alix Bacon, RM

President

Midwives Association of BC

References:

Bobadilla, A., Orchard, T., Magalhaes, L., & Fitzsimmons, D. (2017). Ontario healthcare coverage eligibility among new permanent residents: A scoping review. *Journal of Immigrant & Refugee Studies*, 15(4), 384-405. doi:10.1080/15562948.2016.1214993

Goel, R., Bloch, G., & Caulford, P. (2013). Waiting for care: Effects of Ontario's 3-month waiting period for OHIP landed immigrants. *Canadian Family Physician*, 59(6), 269-275. Retrieved from <https://www.cfp.ca/content/59/6/e269.full>

Heaman, M., Martens, P., Brownell, M. D., Chartier, M., Derksen, S., & Helewa, M. (2019). The association of inadequate and intensive prenatal care with maternal, fetal, and infant outcomes: A population-based study in Manitoba, Canada. *Journal of Obstetrics and Gynaecology*, 41(7), 947-959. doi: 10.1016/j.jogc.2018.09.006





PROVINCIAL OFFICE:

5000 North Fraser Way, Burnaby, BC V5J 5M3 • TEL: 604-438-5000 • FAX: 604-739-1510 • WEB: www.heu.org

March 2, 2020

Members of the Medical Services Commission
1515 Blanshard Street
PO BOX 9649 STN PROV GOVT
Victoria, BC V8W 9P4

Email: MSC@gov.bc.ca

Dear Medical Services Commission:

Re: MSC Commencement of Enrolment policy (MOC 15-074)

I am writing on behalf of the Hospital Employees' Union in support of the call by Sanctuary Health and the BC Health Coalition to remove the waiting period from the Commencement of Enrolment Policy for new and returning residents to B.C.

HEU is the oldest and largest health care union in British Columbia, representing more than 50,000 members working for public, non-profit and private employers. Since 1944, HEU has been a strong and vocal advocate for better working conditions for our members and improved caring conditions for British Columbians who access health care services.

We are encouraged about new elements of fairness in B.C.'s public health care system. The removal of the MSP premium is a positive step to provide barrier-free access to health care in the province, replacing a punitive and regressive tax on health care.

It is also critical to make small, but significant improvements in the delivery of health care in B.C. by removing the three-month waiting period.

There are important advantages to removing this waiting period:

1. It would mitigate health risks and costs that occur when people are unable to access timely medical care, thereby exacerbating their conditions.
2. People who experience marginalization on the basis of gender and are able to relocate to B.C. can suffer from this waiting period at a critical time when they may need serious levels of care. West Coast LEAF has produced important analyses on this dynamic.
3. B.C. should also align in health care delivery practice with the United Nations 1966 *International Covenant on Economic, Social and Cultural Rights*, by not impeding healthcare access for migrants.
4. We also need to do a better job of following the *Canada Health Act* requirement that care not be based on the ability to pay, as newcomers must buy private health insurance—if possible—to receive health care in the province.
5. Removing the waiting period would also avoid spikes in demand for care from people in their fourth month of residency.

Page 1/2

We have been encouraged by the breadth of support from other individuals and organizations who support Sanctuary Health and their goal to remove barriers to equitable health care delivery in BC.

We therefore call on the MSC to remove the three-month waiting period for newcomers to access health care in BC.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Whiteside', with a stylized flourish at the end.

Jennifer Whiteside
Secretary-Business Manager

c.c. Hon. Adrian Dix, Minister of Health

February 25, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

On behalf of the 20,000 members of the Health Sciences Association of BC, I am writing today to request an amendment to the Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada. This amendment would ensure access to care upon arrival.

As a member of the BC Health Coalition, we echo the concerns they have previously raised with the Commission, and add our voice to their call for action on this issue.

It is important to note that the three-month wait period is not the norm across the country. In fact, only three provinces currently have a three-month wait policy for residents coming from outside of Canada: British Columbia, Ontario, and Quebec. Further, BC is one of the few that applies this waiting period to BC-born babies – putting them and their families at great risk.

It also must be highlighted again that many temporary foreign workers meet the eligibility requirements for MSP, yet are still required to ensure the wait period. Given the nature of their work and the often deplorable working/living conditions they experience, access to basic health services from day one is a necessity for their overall safety.

The BC Health Coalition, in partnership with many community agencies, has clearly articulated other important consideration when advocating for the removal of the wait period:

There is clear evidence of the policy's negative health consequences

As the Ontario Medical Association stated "There are no medical reasons to support keeping this three-month wait and many medical reasons to support its removal." A comprehensive review of the three-month wait period in Ontario found that the policy negatively impacted individuals' issues of affordability, pre-existing conditions and quality of care, while at a systems level, the policy constrained various health-care settings, posed a risk to public health, and compounded health care system costs.

Goel, Bloch & Caulford demonstrate that there “is evidence to suggest that care is often delayed for the duration of the 3 months resulting in the same financial cost to the public system, only 3 months later, as evidenced by an increase in physician billings when immigrants are in their fourth month of stay.” Accessing timely primary and preventative care is necessary to reduce the progression of disease and acute care costs, and there is indisputable evidence that delayed diagnoses and treatment of chronic conditions results in worse outcomes, and unnecessary tertiary care.

West Coast LEAF notes that “trans, gender non-binary, and gender non-conforming people also face significant harm when they are unable to access the gender affirming care they need upon arrival to Canada. For those that have been unable to access gender affirming care in their previous place of residence, any further delay to accessing care is not only a violation of their fundamental human rights but can also perpetuate the trauma they may have experienced and can have serious consequences for their mental health.”

The Midwives Association of BC has shared how their members offer payment plans, reduced rates or volunteer for many birthers stuck in the three month wait. They write that “uninsured clients may also choose to birth at home, not because it is their preferred location for delivery, but because it is the least expensive location. This may result in compromised safety if clients are choosing to birth at home for financial reasons, including planning home births despite the fact that they may not meet criteria and delaying or declining to transfer to the hospital and specialist consultations due to financial barriers.”

The policy violates the spirit of the Canada Health Act

The Medical Services Commission is responsible for facilitating access to health care in BC, and is directed to have “...regard to the principles of the [CHA]... Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on the individual’s ability to pay.” The expectation that new immigrants and residents purchase private insurance contradicts this principle as does the Coverage Wait Period Review’s requirement that in order to receive a waiver to the wait period, patients must demonstrate financial hardship and cannot be pregnant or have pre-existing conditions.

The Canada Health Act conditions federal healthcare funding to each province on meeting five criteria: public administration, comprehensiveness, portability, universality and accessibility. Canadian residents in the wait period expect the fulfilment of these principles. It is therefore, unsurprising that the Fraser Health Authority’s Finance Department explains, “the largest portion of self pay receivables originate from uninsured BC residents who do not have MSP coverage due to the three month waiting period requirement. These are very difficult accounts to collect because the patients are frequently covered by MSP shortly after their hospital services and feel that their coverage should have been retroactive.” Canadian residents expect public, comprehensive, portable, universal and accessible health care, and the wait period is leaving Health Authorities with the bill. As Sanctuary Health notes, “Canada’s commitment to the CHA principles and the United Nations (UN) International Covenant on Economic, Social and Cultural Rights are debased when migrants are excluded from care.”

The wait period policy is not legislation and it is within the power of the MSC to amend or remove it. Such an amendment would increase access to our health care system for eligible residents, and relieve unnecessary stress and potential health impacts caused by the wait.

This is an issue of rights, fairness, and access. HSA strongly encourages the Commission to amend the Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada.

Sincerely,

A handwritten signature in black ink that reads "Val Avery". The signature is written in a cursive, flowing style.

Val Avery
President
HEALTH SCIENCES ASSOCIATION OF BC
VA:sc



January 23, 2020

BC Ministry of Health Medical Services Commission

RE: Letter in Support of Amending the Commencement of Enrolment Policy

Dear Medical Services Commission (MSC):

We are writing to show our support for the removal of the waiting period from the Commencement of Enrolment Policy for new and returning residents.

West Coast LEAF is a BC-based legal advocacy organization. Our mandate is to use the law to create an equal and just society for all women and people who experience gender-based discrimination. In collaboration with community, we use litigation, law reform, and public legal education to make change. In particular, we aim to transform society by achieving: access to healthcare; access to justice; economic security; freedom from gender-based violence; justice for those who are criminalized; and the right to parent.

In July 2015, we wrote a letter to the Honourable Minister Lake calling on the government to eliminate the waiting period of healthcare coverage in BC (hereinafter “the 2015 letter”).¹ We are once again highlighting the disproportionate harm the three month waiting period has on people who experience marginalization on the basis of gender and calling for the elimination of the waiting period for healthcare coverage in BC.

The waiting period is not supported by medical or policy rationale

In the 2015 letter, we shared our concern that there was no evidence indicating a reasonable connection between the purported intention of the policy – to prevent “medical tourism” – and the policy’s impact. Instead, the research indicates an inverse relationship between the policy and the costs to our healthcare system. The 2015 letter states:

Rather than producing outright savings, the current system incentivizes new residents to delay seeking healthcare because they cannot pay for it. As a result, the savings generated by the waiting period are likely more than negated by increased “downstream costs,” as delays in treatment can potentially lead to serious and costly medical complications and the progression of disease. Individuals lacking health insurance tend to go to hospital emergency departments for treatment; provision of hospital care rather than preventative care burdens the system with unnecessary costs, and burdens individuals who are forced to allow their health to deteriorate before accessing appropriate healthcare services.

¹ Milne, K. “Residency Requirements for Provincial Healthcare Coverage” (2015) West Coast LEAF.



The waiting period has a disproportionately negative impact on people who experience marginalization on the basis of gender

As set out in our 2015 letter, people that experience marginalization on the basis of gender are more vulnerable to the harmful effects of the MSP waiting period because of their specific health care needs. Many cis and trans women, trans men, gender non-binary, and gender non-conforming people who migrate to Canada have experienced trauma resulting from discrimination, persecution and victimization on the basis of their gender, gender identity, or gender expression.² Research has shown that there are strong links between discrimination, persecution and victimization, and the healthcare needs of newcomers.³ Delays in meeting these healthcare needs, which can include accessing treatment for post-traumatic stress disorder (PTSD), complex trauma, depression, and even suicidal ideations, can exacerbate these conditions at a time of significant turbulence in a person's life. In our 2015 letter we noted that Quebec's waiting period policy included exceptions for services required by victims of domestic violence or sexual assault. While the exceptions set out in Quebec's policy are insufficient to address the needs of newcomers they are undoubtedly indicative of a recognition of the gendered impact of health care waiting periods.⁴

Furthermore, the waiting period policy disproportionately impacts cis and trans women, trans men, gender non-binary, and gender non-conforming people because of their additional health care needs. In our 2015 letter we noted the impact that the waiting period has on newcomers who are pregnant. Our letter states:

Waiting to access care until late in a pregnancy may mean missing important screening tests that can help prevent complications for the [parent] or the baby, both during and after birth. Research has shown that a lack of adequate prenatal care results in a higher incidence of premature births, low birth weight, and longer stays in the neonatal intensive care unit, resulting in significantly higher costs and potentially creating future complications.

Trans, gender non-binary, and gender non-conforming people also face significant harm when they are unable to access the gender affirming care they need upon arrival to Canada. For those that have been

² Alessi, E. J., S. Kahn, and S. Chatterji. 2016. "The Darkest times of My Life: Recollections of Child Abuse among Forced Migrants Persecuted because of Their Sexual Orientation and Gender Identity." *Child Abuse & Neglect* 51 (3): 93–105; Kahn, S. 2015a. "Cast out: Gender Role Outlaws Seeking Asylum in the West and the Quest for Social Connections." *Journal of Immigrant & Refugee Studies* 13: 58–79; Shidlo, A., and J. Ahola. 2013. "Mental Health Challenges of LGBT Forced Migrants." *Forced Migration Review* 42: 9–11 <<http://www.fmreview.org/en/fmr42full.pdf>>.

³ Porter, M., and N. Haslam. 2005. "Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons: A Meta-Analysis." *Journal of the American Medical Association* 294 (5): 602–612; see also Sutter, M. and P. B. Perrin, *Discrimination, Mental Health, and Suicidal Ideation Among LGBTQ People of Color* 2016 Vol 63 No 1, 98-105 ("Lesbian, gay, bisexual, transgender, and queer identified (LGBTQ) individuals are approximately twice as likely to report suicidal ideation [...] and have higher rates of attempted suicide compared to their heterosexual and cisgender counterparts (5-32% vs. 2@ respectively...)")

⁴ 2015 Letter, *supra* note 1.



unable to access gender affirming care in their previous place of residence, any further delay to accessing care is not only a violation of their fundamental human rights but can also perpetuate the trauma they may have experienced and can have serious consequences for their mental health.⁵

Furthermore, research indicates that forced cessation of hormone therapy and other forms of gender affirming care can be highly traumatic. While Health Canada regulation allows those moving to Canada to bring with them a 90-day supply of hormones where there is proof of a doctor's prescription,⁶ because discrimination and persecution on the basis of gender identity or expression remains common in many places around the world, there are many newcomers who will not be able to bring with them a 90-day supply of hormones because they may have had to obtain their medication without a doctor's support. These newcomers will be left without a safe supply of hormones for the duration of the waiting period.

Though the current policy does provide discretion to MSC to review an individual's request for a waiver of the waiting period, it is simply unrealistic to expect that this process would be accessible for most newcomers let alone those that may be experiencing intersecting forms of marginalization, as is the case with cis and trans women, gender non-binary, and gender non-conforming people. For example, many trans, gender non-binary, and gender non-conforming people may face additional barriers to navigating the healthcare system because they may not be able to rely on their diaspora community for fear of discrimination.⁷

It is equally unrealistic to expect newcomers to Canada to access private insurance that will adequately meet their healthcare needs. We identified some of the challenges newcomers face in navigating the healthcare system and attempting to access private insurance in our 2015 letter. The letter states:

The stress of attempting to navigate the healthcare system while avoiding exorbitant hospital bills exacerbates the anxieties faced by all new families when they arrive in Canada. Recent immigrants may lack both the resources and [English language skills] to deal with these challenges adequately. They are often advised to seek out private insurance, which can be complex and difficult to arrange and will likely not meet [their healthcare needs]. In fact, the BC Ministry of Health has acknowledged that "private insurance companies have an almost universal policy of not covering pre-existing conditions, including pregnancy." Individuals determined to have pre-existing medical needs, including pregnant [people], are most likely to need public healthcare coverage and the most vulnerable without it.

⁵ Trans Case BC Provincial Health Service Authority "Puberty Blockers for Youth" (accessed on January 23, 2020) <<http://www.phsa.ca/transcarebc/child-youth/affirmation-transition/medical-affirmation-transition/puberty-blockers-for-youth>>.

⁶ Mosaic BC "Trans Newcomers Resource Hub: New to BC?" (accessed on January 23, 2020) <<https://www.mosaicbc.org/resources/trans/bc/>>.

⁷ Lee, E. O. J., and S. Brotman. 2011. "Identity, Refugeeess, Belonging: Experiences of Sexual Minority Refugees in Canada." *Canadian Review of Sociology* 48 (3): 241–274.



Furthermore, the experience of being denied services by a healthcare professional who may be a newcomer's first point of contact in Canada can perpetuate the feeling of rejection that many newcomers, and in particular trans, gender non-binary, and gender non-confirming newcomers, may have experienced in their previous place of residence.⁸ As we noted in our 2015 letter, rather than meet its policy objectives, the current waiting period has the unintended impact of furthering the marginalization of newcomers to Canada.

Domestic and International Human Rights Law Support Eliminating the Waiting Period

Given the disproportionately harmful impact the waiting period has on cis and trans women, trans men, gender non-binary, and gender non-confirming people, the current policy may be in violation of the equality protections set out in the *Canadian Charter of Rights and Freedoms*.⁹ The harm that can be caused by state-imposed delays in accessing healthcare treatment has also been found to amount to a violation of the constitutional right to security of the person.¹⁰ Furthermore, in our 2015 letter we noted that the Federal Court of Canada has found that “cuts to refugee healthcare constituted unconstitutionally cruel and unusual treatment, and amounted to the intentional targeting of a vulnerable group”.¹¹

Canada also has obligations under international law which require it to take all legislative, administrative and other measures to ensure that everyone is able to enjoy the highest standard of health without discrimination on the basis of gender¹² and gender identity¹³. This includes ensuring that everyone has access to treatment facilities¹⁴ and appropriate care including pre-natal and post-natal care¹⁵, and gender affirming care¹⁶. Canada's international obligations also require it to develop programs to address factors that undermine people's health because of their gender or gender identity.¹⁷ As set out above, the current MSP waiting period policy fails to address the factors that undermine the health of people experiencing marginalization on the basis of gender.

Conclusion

The current waiting period policy deprives newcomers and, in particular, cis and trans women, trans men, gender non-binary, and gender non-confirming people of their right to access the highest

⁸ Lahn et al Promoting the wellbeing of lesbian, gay bisexual and transgender forced migrants in Canada *Cult Health Sex*. 2017 Oct;19(10):1165-1179 <<https://www.ncbi.nlm.nih.gov/pubmed/28322629>> at p. 1170.

⁹ *Andrews v Law Society of British Columbia* [1989] 1SCR 143.

¹⁰ *Chaoulli v Quebec (Attorney General)*, 2005 SCC 35.

¹¹ *Canadian Doctors for Refugee Care v Canada (Attorney General)*, (2014) FCI 679, at para 1078.

¹² OHCHR, *Convention on the Elimination of All Forms of Discrimination Against Women*, GA res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, art. 12.

¹³ International Commission of Jurists. “Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity.” (2007): prin. 17 (a).

¹⁴ UNGA, *Convention on the Rights of the Child*, GA res. 44/25, 20 November 1989, art. 24.

¹⁵ *Ibid*.

¹⁶ Yogyakarta, *supra* note 13 at prin. 17(g).

¹⁷ *Ibid* at prin. 17(d).



West Coast Legal Education and Action Fund

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standard of health care as well as their constitutional rights to equality and security of the person. Accordingly, we call on the MSC to eliminate the waiting period for accessing healthcare in BC. Thank you for your attention to this matter. We would be pleased to meet with you to discuss this matter further.

Sincerely,

Elba Bendo
Director of Law Reform West Coast LEAF



Charitable Registration
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July 20, 2015

VIA EMAIL (hlth.minister@gov.bc.ca)

Honourable Dr. Terry Lake
Minister of Health
PO Box 9050 Stn Prov Gov
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Residency Requirements for Provincial Healthcare Coverage

We write regarding BC's imposition of a waiting period of two months, plus the balance of the month of arrival, before new and returning residents can qualify for provincial healthcare coverage.

West Coast LEAF is a non-profit organization that was formed in 1985, the year the equality guarantees of the *Canadian Charter of Rights and Freedoms* came into force. Our mission is to achieve equality by changing historic patterns of discrimination against women in BC through equality rights litigation, law reform and public legal education.

BC's healthcare waiting period is unjustifiable from both a medical and policy perspective, as well as under domestic and international law, particularly given its disproportionate and harmful impact on women with reproductive healthcare needs. We call on you to immediately eliminate the waiting period for healthcare coverage in BC.

The waiting period is not supported by medical or policy rationale

According to the BC Ministry of Health, the waiting period exists to prevent individuals coming to British Columbia exclusively so that they can receive health care services at public expense.¹ This justification is both short-sighted and inaccurate.

Rather than producing outright savings, the current system incentivizes new residents to delay seeking healthcare because they cannot pay for it. As a result, the savings generated by the waiting period are likely more than negated by increased "downstream costs," as delays in treatment can potentially lead to serious and costly medical complications and the progression of disease.² Individuals lacking health insurance tend to go to hospital emergency departments for treatment; provision of hospital care rather than preventative care burdens the system with unnecessary costs, and burdens individuals who are forced to allow their health to deteriorate before accessing appropriate healthcare services.

Medical experts have confirmed the harmful impacts of healthcare residency waiting periods. In Ontario, an identical waiting period has attracted public opposition from bodies such as the Ontario Medical Association, the Registered Nurses Association of Ontario, the Association of Ontario Midwives, and the Toronto and Ottawa Boards of Health. The OMA has stated that “There are no medical reasons to support keeping this three-month wait, and many medical reasons to support its removal.”³

The waiting period fails to be an equitable or effective way of addressing the purported problem of “medical tourism”. New immigrants to Canada must complete a rigorous process, including passing a medical exam, before being accepted into Canada; the immigration process can take several years.⁴ Pursuit of Canadian residency solely for the purpose of healthcare is unlikely and flies in the face of common sense. In addition, if it were true that individuals were willing to undergo this extended process for the sole purpose of receiving medical care, it is unlikely that an additional three month wait would deter them. Concerns about medical tourism are not only unsupported, but they are also detrimental to the overwhelming majority of new residents who come to British Columbia with no intention of taking advantage of the system because these concerns rely on harmful and discriminatory assumptions about newcomers to BC. Despite the fact that newcomers to Canada contribute a great deal to our communities and economy, we hamper their ability to make these contributions by refusing them timely health services if they are sick or injured.

The waiting period has a disproportionately negative impact on women

Not only is the waiting period poor policy, but it also creates disproportionate barriers for women, who are often in an initially vulnerable position upon immigrating to Canada. Women outnumber men in the “dependent” categories of immigration⁵ and foreign-born women tend to be disadvantaged in health compared to Canadian-born women.⁶ In particular, immigrant mothers tend to experience more postpartum health problems and worse mental health than their Canadian counterparts.⁷ This disparity renders women significantly more vulnerable to the detrimental effects of the waiting period.

These issues are particularly acute for pregnant women, who are often forced to choose between inadequate prenatal/obstetrical care and massive debt. Waiting to access care until late in a pregnancy may mean missing important screening tests that can help prevent complications for the mother or the baby, both during and after birth.⁸ Research has shown that a lack of adequate prenatal care results in a higher incidence of premature births, low birth weight, and longer stays in the neonatal intensive care unit, resulting in significantly higher costs and potentially creating future complications.⁹ Moreover, these expenses may cause women to default to home births for financial reasons, which may result in increased risk for both mother and child where such an option is not medically advisable.¹⁰ If women do opt to give birth in a hospital, a number of problematic situations can arise: healthcare providers have described discrimination amongst hospital staff over who deserves care, scenarios in which individuals are “held captive” in hospitals until they could demonstrate their ability to pay, and extremely high bills.¹¹

In Quebec, some services may be available free of charge during its healthcare waiting period. These include services required by victims of domestic violence or sexual

assault; services related to pregnancy, childbirth or termination of pregnancy; and services needed by people suffering from infectious diseases that have an impact on public health.¹² These exceptions to the Quebec waiting period reflect some recognition of the gendered impact of healthcare waiting periods. At the same time, they are far from adequate and address only the most serious gendered health threats caused by this policy. Both men and women remain vulnerable to injuries caused by accidents, acute medical events, or chronic illness. Pregnancy or victimhood should not be prerequisites to timely and accessible healthcare access.

The stress of attempting to navigate the healthcare system while avoiding exorbitant hospital bills exacerbates the anxieties faced by all new families when they arrive in Canada. Recent immigrants may lack both the resources and communication skills to deal with these challenges adequately. They are often advised to seek out private insurance, which can be complex and difficult to arrange and will likely not meet women's reproductive healthcare needs. In fact, the BC Ministry of Health has acknowledged that "private insurance companies have an almost universal policy of not covering pre-existing conditions, including pregnancy."¹³ Individuals determined to have pre-existing medical needs, including pregnant women, are most likely to need public healthcare coverage and the most vulnerable without it.

Domestic and International Human Rights Law Support Eliminating the Waiting Period

In order to receive federal funding for provincial medicare operations, provinces are required by the *Canada Health Act* to adhere to five criteria, one of which is universality. It is difficult to maintain that this requirement is meaningfully fulfilled while excluding new residents from public healthcare.¹⁴ The primary objective of the *Act* is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."¹⁵ While the *Act* may not prohibit BC's waiting period, BC's decision to impose it clearly runs contrary to this objective.

In addition, the three month waiting period imposes a substantial barrier to reasonable healthcare access and, given its disproportionately harmful impact on women and newcomers to Canada, may violate the *Canadian Charter of Rights and Freedoms*, which protects individuals from discrimination on the basis of gender and citizenship status.¹⁶ Further, the Supreme Court of Canada has acknowledged that state-imposed delays in healthcare treatment, precisely the consequence of the waiting period, can have adverse physical and psychological effects, and violate an individual's right to security of the person.¹⁷ Recognizing the importance of access to healthcare generally, the Federal Court of Canada held that cuts to refugee healthcare constituted unconstitutionally cruel and unusual treatment, and amounted to the intentional targeting of a vulnerable group.¹⁸ New residents of Canada, and particularly women in need of reproductive healthcare, should not be subjected to similar intentional targeting. This is especially true when the targeting has no basis in medicine or social policy.

Finally, the case to eliminate the waiting period and provide immediate access to public healthcare to women coming into BC is further supported by Canada's obligations under international law. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women requires states to eliminate discrimination against women in the field of healthcare and to ensure equal access to healthcare services.¹⁹ The

Convention recognizes women's unique health-related needs and requires that signatory states recognize gender-based difference in health needs, including those of immigrant women,²⁰ and eliminate barriers that women face when accessing healthcare services.²¹ Canada has also signed and ratified the United Nations Convention on the Rights of the Child, which recognizes the right of children to enjoy the highest attainable standard of health and to have access to treatment facilities.²² The Convention calls on its signatories to ensure appropriate pre-natal and post-natal healthcare for mothers, recognizing the importance of such care for both mothers and children.²³ Depriving women of timely, accessible healthcare contradicts these international obligations.

Conclusion

Imposing a three month waiting period deprives women and vulnerable individuals of meaningful access to public healthcare, an incredibly vital public service. While the policy is detrimental to all new residents of Canada, it has a particularly severe impact on pregnant women and children, often with long-term effects that could easily be avoided through proactive access to healthcare services. The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on BC to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We would be pleased to meet with you at your convenience to discuss this matter further. We look forward to your response.

Yours truly,



Kendra Milne, Barrister & Solicitor
Director of Law Reform
West Coast LEAF

cc Judy Darcy, Official Opposition Spokesperson for Health via email

¹ British Columbia, "Coverage Wait Period," online:
<http://www2.gov.bc.ca/gov/topic.page?id=4126160594A249D29192B85FC20FDB32>.

² Ontario Medical Association, "Review of the OHIP Three-Month Wait: an unreasonable barrier to accessing health care" (April 2011) Ontario Medical Review at 16, online:
https://www.oma.org/Resources/Documents/Apr11_OHIP_feature_pp13-18.pdf.

³ *Ibid* at 17.

⁴ See Andrea Bobadilla, "Oh, so we're not insured?": Exploring the impact of Ontario's Health Insurance Plan on new permanent residents and healthcare providers" (2013). University of Western Ontario – Electronic Thesis and Dissertation Repository Paper 1646 at 19.

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- ⁵ Jacqueline Oxman-Martinez et al. "Intersection of Canadian Policy Parameters Affecting Women with Precarious Immigration Status: A Baseline for Understanding Barriers to Health" (2005) 7 *Journal of Immigrant Health* 247 at 247.
- ⁶ Karen M Kobayashi and Steven G Prus, "Examining the gender, ethnicity, and age dimensions of the *healthy immigrant* effect: Factors in the development of equitable health policy" (2012) 11:8 *International Journal for Equity in Health* 1 at 4, online: <http://www.biomedcentral.com/content/pdf/1475-9276-11-8.pdf>.
- ⁷ Zoua Vang et al., "The Healthy Immigrant Effect in Canada: Systematic Review" (2015) 3:1 *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series* (article 4) at 1, online: <http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1012&context=plc>.
- ⁸ C Gray et al., "Qualitative research project on health-care access for the uninsured" (2010) *Women's College Hospital Network on Uninsured Clients* (Toronto) at 14.
- ⁹ Lu et al., "Elimination of public funding of prenatal care for undocumented immigrants in California: A cost/benefit analysis" (2000) 182 *Am J Obstet Gynecol* 233.
- ¹⁰ *Supra* note 8 at 8.
- ¹¹ C Gray et al., "Qualitative research project on health-care access for the uninsured" (2010) *Women's College Hospital Network on Uninsured Clients* (Toronto) at 14.
- ¹² Régie de l'assurance maladie Québec, "Immigrants and foreign workers or students," online: <http://www.ramq.gouv.qc.ca/en/immigrants-foreign-workers-students/health-insurance/Pages/healthcare-covered.aspx>.
- ¹³ *Supra* note 1.
- ¹⁴ Y.Y. Brandon Chen, "Extending Health Care Entitlement to Lawful Non-Transient International Migrants: Untapped Potential of the Universality Principle in the Canada Health Act," (2015) 48 *UBC L Rev* 79 at para 5.
- ¹⁵ RSC 1985, c C-6, s 3.
- ¹⁶ *Andrews v Law Society of British Columbia*, [1989] 1 SCR 143.
- ¹⁷ *Chaoulli v Quebec (Attorney General)*, 2005 SCC 35.
- ¹⁸ *Canadian Doctors for Refugee Care v Canada (Attorney General)*, (2014) FCJ 679, at para 1078.
- ¹⁹ OHCHR, *Convention on the Elimination of All Forms of Discrimination Against Women*, GA res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, art. 12.
- ²⁰ General Recommendation No. 24: Article 12 of the Convention (women and health), HRI/GEN/1/Rev.9 (Vol. II) at 359.
- ²¹ *Ibid.* at 362.
- ²² UNGA, *Convention on the Rights of the Child*, GA res. 44/25, 20 November 1989, art. 24.
- ²³ *Ibid.*



Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

The BC Health Coalition first raised this issue alongside Sanctuary Health in a letter to Minister Adrian Dix in March of 2018. In this letter, we shared three major concerns with the wait period:

1. Only three provinces currently have a three month wait policy for BC residents coming from outside of Canada: British Columbia, Ontario, and Quebec.
2. Unlike Ontario, which has an exemption to the wait period for newborn babies born in Ontario, the wait period in BC is being applied to BC-born babies.
3. Many temporary foreign farmworkers who meet the eligibility requirements for MSP, the wait period acts as a significant barrier to health care. Given their, often deplorable, working conditions access to basic health services is a necessity for their overall safety. As most of these farmworkers are only here for six months at a time, by the time they receive their PHN and BC Services Card, they are returned home.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. As an organization that advocates for evidence-based improvements to our public health care system, stimulates public education on health care issues, and drives positive change to our health care system, the BC Health Coalition would like to share two additional concerns about the wait period policy.

1. There is clear evidence of the policy's negative health consequences

As the Ontario Medical Association stated "There are no medical reasons to support keeping this three-month wait and many medical reasons to support its removal."¹ A comprehensive review of the three-month wait period in Ontario found that the policy negatively impacted individuals' issues of

¹ Ontario Medical Association (April 2011), "Review of the OHIP Three-Month Wait: an unreasonable barrier to accessing health care" Ontario Medical Review at 16, online: <http://omr.dgtlpub.com/2011/2011-04-30/home.php>.

affordability, pre-existing conditions and quality of care, while at a systems level, the policy constrained various health-care settings, posed a risk to public health, and compounded health care system costs.² Goel, Bloch & Caulford³ demonstrate that there “is evidence to suggest that care is often delayed for the duration of the 3 months resulting in the same financial cost to the public system, only 3 months later, as evidenced by an increase in physician billings when immigrants are in their fourth month of stay.” Accessing timely primary and preventative care is necessary to reduce the progression of disease and acute care costs, and there is indisputable evidence that delayed diagnoses and treatment of chronic conditions results in worse outcomes, and unnecessary tertiary care.⁴

West Coast LEAF⁵ notes that “trans, gender non-binary, and gender non-conforming people also face significant harm when they are unable to access the gender affirming care they need upon arrival to Canada. For those that have been unable to access gender affirming care in their previous place of residence, any further delay to accessing care is not only a violation of their fundamental human rights but can also perpetuate the trauma they may have experienced and can have serious consequences for their mental health.”

The Midwives Association of BC⁶ has shared how their members offer payment plans, reduced rates or volunteer for many birthers stuck in the three month wait. They write that “uninsured clients may also choose to birth at home, not because it is their preferred location for delivery, but because it is the least expensive location. This may result in compromised safety if clients are choosing to birth at home for financial reasons, including planning home births despite the fact that they may not meet criteria and delaying or declining to transfer to the hospital and specialist consultations due to financial barriers.”

2. The policy violates the spirit of the Canada Health Act

The Medical Services Commission is responsible for facilitating access to health care in BC, and is directed to have “...regard to the principles of the [CHA]... Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on the individual’s ability to pay.”⁷ The expectation that new immigrants and residents purchase private

² Bobadilla, A., Orchard, T., Magalhaes, L., & Fitzsimmons, D. (2017). Ontario healthcare coverage eligibility among new permanent residents: A scoping review. *Journal of Immigrant & Refugee Studies*, 15(4), 384-405. doi:10.1080/15562948.2016.1214993

³ Goel, R., Bloch, G., & Caulford, P. (2013). Waiting for care: Effects of Ontario’s 3-month waiting period for OHIP landed immigrants. *Canadian Family Physician*, 59(6), 269-275. Retrieved from <https://www.cfp.ca/content/59/6/e269.full>

⁴ Bobadilla, A., Orchard, T., Magalhaes, L., & Fitzsimmons, D. (2017). op.cit.

⁵ West Coast LEAF (2020) Letter to the BC Medical Services Commission RE: Letter in Support of Amending the Commencement of Enrolment Policy

⁶ Midwives Association of BC (2020) Letter to the BC Medical Services Commission RE: MSC Commencement of Enrolment policy (MOC 15-074)

⁷ Medical Services Commission. (2018). *Medical services commission 2017/2018 annual report*. pp.1-23. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msc-annual-report-2017-2018.pdf>

insurance contradicts this principle as does the Coverage Wait Period Review's requirement that in order to receive a waiver to the wait period, patients must demonstrate financial hardship and cannot be pregnant or have pre-existing conditions.

The Canada Health Act conditions federal healthcare funding to each province on meeting five criteria: public administration, comprehensiveness, portability, universality and accessibility. Canadian residents in the wait period expect the fulfilment of these principles. It is therefore, unsurprising that the Fraser Health Authority's Finance Department⁸ explains, "the largest portion of self pay receivables originate from uninsured BC residents who do not have MSP coverage due to the three month waiting period requirement. These are very difficult accounts to collect because the patients are frequently covered by MSP shortly after their hospital services and feel that their coverage should have been retroactive." Canadian residents expect public, comprehensive, portable, universal and accessible health care, and the wait period is leaving Health Authorities with the bill. As Sanctuary Health notes, "Canada's commitment to the CHA principles and the United Nations (UN) International Covenant on Economic, Social and Cultural Rights are debased when migrants are excluded from care."

With all these considerations in mind, the BC Health Coalition urges you to make the right decision and remove the wait period for all new and returning BC residents coming from outside of Canada.

Sincerely,



Ayendri Riddell
Organizer
BC Health Coalition

⁸ Fraser Health Authority (May 27 2015). Finance and Audit Committee Briefing Note: Year End Report on Bad Debt Write-Offs.



Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

February 27, 2020

Re: Residency Requirements for Provincial Healthcare Coverage

Dear Medical Services Commission,

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada and ensure access to care upon arrival.

Umbrella Multicultural Health Cooperative is a community health centre providing culturally appropriate and holistic health services to newcomers, im/migrants and refugees. We consistently encounter patients who need medical attention during the wait period but are not eligible for private insurance or cannot afford to pay out-of-pocket. In these situations, our clinic is forced into either unsustainable or unethical practice: to provide care without billing for services or deny necessary health care to someone in need. As illustrated in the appended patient story, the wait period often has deleterious health and economic consequences for individuals and families already in vulnerable situations.

Through our mobile clinic program that serves temporary foreign farmworkers (TFW), we see how the wait period creates gaps in health coverage for workers in one of the most physically taxing and dangerous employment sectors. Despite having work permits, many TFWs come to us without any insurance in the first three months. By the time TFWs receive their Personal Health Number and BC Services Card, they have often spent months excluded from the health system, despite contributing in taxes since their first Canadian paycheque.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

It is our strong recommendation that the Medical Services Commission eliminate the MSP wait period immediately.

Sincerely,

Zarghoona Wakil

Chair of the Board of Directors
Umbrella Multicultural Health Cooperative



Patient Story – MSP Three Month Wait Period in BC

A newcomer, who is a permanent resident, and was sponsored to Canada by her spouse (Canadian citizen) was seeking medical attention during her first month in BC. She was experiencing severe abdominal pain. When she went to the emergency room, she was informed that she was a few weeks pregnant and was told to see a family doctor to do the first trimester check-ups. Not knowing the Canadian health care system, she went to a walk-in clinic and did all the tests. Shortly after, she was shocked when she received a bill of \$4000.

When she came to Umbrella Co-op, a cross cultural health broker was able to explain the reason for the bill and then advocated with the Medical Services Plan to waive the bill. The only option that was offered was to set up a financial plan so that she can pay small amounts monthly.

In addition to the stresses associated with immigration and language barriers, this newcomer must now deal with a tremendous financial hardship as well as postpone vital medical attention during the first few months of pregnancy.

Physician Quote – MSP Three Month Wait Period in BC

“As a physician working with immigrants and refugees, I frequently encounter patients who are living, working, and contributing to the tax base in Canada, yet who are forced by the wait period to forego needed care or pay for that care at a higher rate than what MSP remunerates and which they cannot afford. I have seen families reduce their food intake in order to pay for a large medical bill, which is undeniably harmful for their health. It is especially concerning to see the impact this has on newborn infants and their families, at an intensely vulnerable time. I have witnessed firsthand the harm to people’s health caused by the three-month wait period, and as a health care provider I urge the commission to reconsider this policy.”

- Family Physician, Umbrella Co-op.

January 2, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

REACH Community Health Centre has been providing community-based health care for fifty years. Our interdisciplinary team offers a variety of health and social services under one roof: Primary Health Care, Dental care, Pharmacy services, counselling and social work services. We also have a Multicultural Family to ensure all cultures and languages have access to health care in a timely manner.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,



Nicole LeMire
Executive Director

Strathcona Midwifery Collective
439 Dunlevy Avenue
Vancouver, B.C.
V6A 3Y4

December 17, 2019

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are a group of Registered Midwives who work as a collective in Vancouver, British Columbia. We are writing to ask you to amend the Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

As Midwives we provide prenatal, intrapartum and post partum care for birthing people and families. Many of our clients have been new immigrants to Canada. We have been witness to the devastating health and social impacts of the 3 month wait period for families who are affected at one of the most vulnerable times of their lives.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies.

Beyond health consequences, there are countless administration costs to the health care system where health care workers spend health care hours negotiating MSP bureaucracy to try to provide care to clients. This time is unaccounted for in studies but is real, and takes away from bedside care and effective service delivery.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Sincerely,

Strathcona Midwifery Collective Members:
Sarah Reaburn, Registered Midwife, Registered Nurse
Cora Beitel, Registered Midwife
Stephanie Dow, Registered Midwife

Tia Felix, Registered Midwife
Carolyn Saunders, Registered Midwife
Gillian Prouse, Registered Midwife



Feb. 20, 2020.

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

RISE Community Health Centre provides primary care and health promotion to residents of Renfrew-Collingwood (East Vancouver) who struggle with social determinants of health. Our neighbourhood has a high percentage of Newcomers, who are often experience a gap in service when they first arrive to Canada.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives. The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, c. 6, s. 11a both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Bodenhamer".

Sandra Bodenhamer, Director (acting)
RISE Community Health Centre
Collingwood Neighbourhood House



March 5, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission

Re Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

The BC Government and Service Employees' Union represents over 80,000 workers across BC in almost every sector of the economy including healthcare, community social services, social work, immigrant services, and women's services. Our members see the daily effects that inadequate access to care can have on families. We know that our communities and workplaces are better when everyone has access to timely, quality healthcare for themselves and their families.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.


Thank you for your immediate attention to this issue. We look forward to your response.


Sincerely

Stephanie Smith
President

SS/KM/slc/MoveUP

 4911 Canada Way,
Burnaby, B.C. V5G 3W3

 604-291-9611 (PHONE)
1-800-663-1674 (T-F)

 604-291-6030 (Fax)
1-800-946-0244 (T-F)

B.C.'S UNION SINCE 1919



BC GOVERNMENT AND SERVICE EMPLOYEES' UNION



The BC Ministry of Health
Medical Services Commission
PO Box 9050 Stn Prov Govt
Victoria, BC V8W 9E2

January 22, 2020

To Whom it May Concern,

Re: Wait Period for MSP Enrollment for Infants and Children

Once again First Call: BC Child and Youth Advocacy Coalition is raising concerns about the wait period for the enrollment of children in the Medical Services Plan of British Columbia (MSP) if their parents are new or returning BC residents coming from outside of Canada.

BC invites newcomers and nearly 40,000 new immigrants arrive each year to contribute to the cultural and economic fabric of this province. Simultaneously, BC's Commencement of Enrolment policy bars migrants from accessing public health care for the first three months after their arrival.

This policy leaves many people vulnerable and at risk for serious health issues, specifically infants, pregnant women and temporary foreign workers who are disproportionately impacted by this policy.

Canada has ratified the UN Convention on the Rights of the Child Canada and British Columbia committed to "recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services." (Article 24)

Given BC's commitments to children's right to health care, and the right of all residents to MSP coverage, we are concerned that the arbitrary waiting period for enrollment interferes with these rights.

We understand that the policy is not legislation and can be amended by the BC Ministry of Health, Medical Services Commission. The Medicare Protection Act, Section 7.2(3) (b) and the CHA, c. 6, s. 11a both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it.

We are also aware that public health agencies are currently preparing for a potential large-scale response to 2019-nCoV. It is foolhardy at the best of times to enforce policies that prevent some BC residents from accessing public health care but in the face of public health concerns, it is urgent that all residents – and in particular the most vulnerable – have access to medical treatment and preventative care.

putting children and youth first

#322 – 312 Main Street Vancouver BC V6A 2T2 | firstcallbc.org | info@firstcallbc.org | 604-709-6970

We support Sanctuary Health's ongoing advocacy and calls for amendments to the Commission's Commencement of Enrolment policy (MOC 15-074) to remove the wait period for new and returning residents coming from outside Canada. We are calling on the Medical Services Commission to ensure that all resident parents and their children have secure MSP coverage from the time of their arrival.

This is an urgent health priority. No parent should hesitate in seeking health care for their infant, child or youth.

We thank you for your attention and look forward to your response.

Sincerely,

A handwritten signature in black ink, reading "Adrienne Montani". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Adrienne Montani
Provincial Coordinator

Copy:

Honourable Adrian Dix, Minister of Health
BC Green Caucus
Norm Letnick, BC Liberal Health Critic
First Call coalition members



Suite 302-119 West Pender Street Vancouver, BC V6B 1S5
Telephone: 604.669.4482 Fax: 604.669.6456
Email: natalie@mwcbc.ca Website: www.mwcbc.ca

January 21, 2020

VIA E-MAIL

Medical Services Plan Commission
Ministry of Health

Dear Madam/Sir:

Re: Elimination of MSP Three-Month Waiting Period and Restoration of Coverage for Workers on Implied Status

I am writing to you on behalf of Migrant Workers Centre (MWC) to express our support for Sanctuary Health in calling for the elimination of the three-month waiting period for new and returning residents in British Columbia. MWC is a non-profit organization that provides free legal assistance to migrant workers in BC. MWC works to advance fair immigration policy and improved labour standards for migrant workers through public legal education, law and policy reform, and test case litigation.

MWC fully supports Sanctuary Health's position that the mandatory waiting period for new and returning residents should be eliminated. MWC further submits that MSP coverage should be reinstated for migrant workers with "implied status", meaning workers who have applied to extend their work permits and are waiting for a decision while maintaining their legal entitlement to live and work in Canada. These policies have a disproportionate negative impact on migrant workers, including pregnant women.

The three-month waiting period for health care coverage for new and returning residents has profound negative consequences for migrant workers who give birth while being ineligible for MSP coverage as their children are subject to the waiting period, unlike the children of parents who are enrolled in MSP. This can be particularly financially debilitating if newborns suffer from medical ailments. In 1990, Canada signed the UN Convention on the Rights of the Child, which states that no child should be discriminated against for any reason or based on the status of their parents. The three-month wait period for newborn babies of unenrolled parents directly contradicts this section of the Convention, as it unfairly restricts access to public healthcare for children whose parents have precarious immigration status and are therefore ineligible for MSP coverage.

Various other provinces have made changes to eliminate the unintended consequences of the three-month waiting period for health coverage for new and returning residents. For example, in New Brunswick, the waiting period was eliminated entirely in 2010. In Ontario, there is an exception to the waiting period for pregnant women, while in Quebec, there are exceptions to the waiting period for

pregnant women, birth care, and abortion. We call on BC to join the other provinces that have taken steps to ameliorate hardship for those affected by waiting period policies.

The lack of MSP coverage for workers on “implied status” also significantly negatively impacts workers. It means that pregnant mothers in need of medical care may be unable to access the medical care they need while pregnant, putting their health and the health of their unborn children at risk during what is already a vulnerable time for mother and child. For instance, MWC has assisted clients on implied status who have had to give birth without MSP coverage despite diligently applying for new work permits before the expiry of their previous work permits and being legally entitled to live and work in Canada. The Canadian-born children of our clients also did not have access to MSP benefits due to their mothers’ lack of MSP coverage in despite being Canadian citizens. In the interest of preventing similar situations in the future, we urge you to reinstate MSP coverage for workers on implied status to ensure that workers are not arbitrarily deprived of ongoing access to necessary health services while awaiting decisions on their applications.

Thank you for the opportunity to provide submissions on these issues. We would like to request a meeting with you to discuss our concerns in more detail. We look forward to hearing from you.

Sincerely,

MIGRANT WORKERS CENTRE

Per:

A handwritten signature in black ink, appearing to read 'N. Drolet', with a stylized flourish at the end.

Natalie Drolet

Executive Director – Staff Lawyer



Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR)

PO Box 37033 Vancouver, BC V5P 3X0 ♦ Fax/Tel. 604-874-0649

Attention: Medical Services Commission

We, from the Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR), pledge our public support to end the three-month wait period for new and returning residents before receiving their provincial health Insurance. The three-month wait period for BC Medical Services Plan (MSP) put temporary foreign workers in a more precarious situation, in addition to being temporary migrants.

The foreign care workers and other temporary foreign workers are disproportionately impacted by this policy. In our over 27 years of working with foreign care workers, we found workers without private health insurance coverage, working when they were sick and putting their health, job and immigration status at risk. They would rather send the hefty fee to their family back home in their first three months in Canada. Temporary foreign farm workers are in a worse situation as they have to purchase the private health insurance every time they return to BC, if they decide to be covered.

With the recent launch of the Home Child Care Provider Pilot and Home Support Worker Pilot for caregivers last [June 2019](#), migrant care workers can now bring their family to Canada at the same time. This means that aside from the care workers, their family – spouse and children will also need to wait for three months. They will need to rely on private insurance during this waiting period which will add to their cost to settle. Since these care workers are coming to Canada as temporary foreign workers, their family will not be entitled to most social and settlement services and therefore, their costs to settle in BC will be higher, like children's education, training, housing, etc.

We are asking that the BC Ministry of Health and the Medical Services Commission remove the 3-month wait period for new and returning residents coming from outside of Canada, and create access to care upon arrival, in order to mitigate health risks and costs and to align with the spirit of the Canada Health Act. The wait period is in contravention of the Canada Health Act and multiple United Nations human rights conventions. MSP premiums will be eliminated on January 1 2020, meaning new and returning residents will be denied access to the universal health care that their sales tax and income tax dollars contribute to the fund.

We cannot emphasize this enough - to build and maintain a healthy province and communities, we need universal, quality health care for everyone, everyday. We are looking forward to your prompt action regarding this matter.

In Solidarity,

Julie Diesta

Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR)



SWAN Vancouver

#101 – 1101 Seymour Street
Vancouver, BC V6B 0R1

EMAIL: info@swanvancouver.ca

PH: 604-719-6343 (English) / 778-865-6343 (Cantonese & Mandarin)

21 January 2019

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

RE: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

BC is one of only three provinces to enact this wait period, which denies access to timely care and results in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

Through front-line service and systemic advocacy, SWAN supports and promotes the rights, health and safety of im/migrant women engaged in indoor sex work. SWAN's work centers the voices, experiences and lived expertise of a widely misunderstood sex working community - im/migrant women who work indoors. As a result of policies informed by the convergence of criminal laws with immigration laws ("crimmigration"), this exceptionally marginalized community of women contends with extraordinary political, systemic and cultural barriers and challenges. Despite well-intentioned "Access Without Fear" policies, the im/migrant women with irregular or precarious status that SWAN serves continue to experience multiple and deeply-entrenched barriers to accessing basic health and medical care. The unnecessary imposition of an arbitrary wait period further exacerbates the negative harms of systems that are already failing them.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective; enacting it also violates the Canadian Charter and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,

Alison Clancey
Executive Director

Page C-32



VANCOUVER and DISTRICT LABOUR COUNCIL



February 11, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

RE: Residency Requirements for Provincial Health Care Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada and to ensure access to care upon arrival.

The Vancouver and District Labour Council is a regional labour central chartered by the Canadian Labour Congress. We represent approximately 60,000 unionized workers in the Vancouver area, from both public and private sector unions. We are proud of our history of fighting for public healthcare for all, including our current campaign for Pharmacare. We were alarmed to learn that a three-month waiting period applies, thereby temporarily denying access to health services to returning BC residents.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in the Minutes of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1) (a) both allow for a three month wait period for people arriving from outside of Canada, but the act does not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

Pg. 2/...

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,



Stephen von Sychowski
President, Vancouver and District Labour Council

CC: VDLC Executive Board

SVS/eb

moveup



January 20, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

The BC Civil Liberties Association is an autonomous, non-partisan charitable society. Our mandate is to preserve, defend, maintain and extend civil liberties and human rights in Canada. We have a longstanding history of advocating for the rights of marginalized and vulnerable communities including in the context of patient's rights and access to public services.

Concerns about medical tourism are often cited as a reason for the three month waiting period. These concerns are not only unfounded, but they are also detrimental to the majority of new residents who immigrate to BC with the intention of building a life for themselves and their families. While the evidence substantiating medical tourism is lacking, the consequences of delayed treatment are well-established.

British Columbia is one of only three provinces to have a three month wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Migrants—people who have administrative legal status in Canada—are among the most negatively impacted by this policy including pregnant women, temporary foreign workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the Medical Services Commission to remove it. The *Medicare Protection Act*, Section 7.2(3) (b) and the *Canada Health Act*, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. Therefore, the wait period could be removed, without a change in legislation, to better align with the spirit of the *Canada Health Act*.



The waiting period cannot be justified from a financial or a medical perspective. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,

A handwritten signature in blue ink, appearing to read "Latoya", is positioned above the typed name.

Latoya Farrell
Staff Counsel - Policy
BC Civil Liberties Association

January 31, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, in order to ensure access to care upon arrival.

Pivot Legal Society is a non-profit legal society which uses the law to address the root causes of poverty and social exclusion. Although our work primarily takes place at the intersections of sex work, homelessness, drug policy, and policing, we also seek to uphold the principles of Sanctuary Health, namely the following two principles:¹

- 1) access to basic and essential services will be determined by need and not migration status;
- 2) access without fear.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The *Medicare Protection Act*, Section 7.2(3)(b) and the *Canada Health Act*, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the *Canada Health Act*.

¹ Sanctuary Health, *Sanctuary City Principles*, (n.d.), online: Sanctuary Health <<http://www.sanctuarycityvan.com/sanctuary-city-principles/>>

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your attention to this issue. We look forward to your response.

Sincerely,



Lyndsay Watson
Legal Director
Pivot Legal Society

CC: Omar Chu, Sanctuary Health
Ayendri Riddell, BC Health Coalition

February 12, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

I'm writing on behalf of the BC Poverty Reduction Coalition, an alliance of organizations that have come together to advocate for upstream public policy solutions to end poverty in BC and improve the health and well-being of all British Columbians. The Coalition was launched in 2009 and has now gained the support of over 400 organizations throughout the province in the call for a poverty reduction strategy for BC with legislated targets and timelines to significantly reduce poverty, inequality, and homelessness in BC.

The BC Poverty Reduction Coalition joins our members in recommending an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

Members of our Coalition have been raising this issue since 2015. West Coast LEAF wrote to then-Minister of Health Terry Lake:

"BC's healthcare waiting period is unjustifiable from both a medical and policy perspective, as well as under domestic and international law, particularly given its disproportionate and harmful impact on women with reproductive healthcare needs."

In 2016, First Call: BC Child and Youth Advocacy Coalition reminded the Minister that:

"In ratifying the UN Convention on the Rights of the Child Canada and British Columbia committed to "recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services." (Article 24)

tel: **604.877.7505** / fax: **604.709.6909**

web: **www.bcpovertyreduction.ca** / email: **info@bcpovertyreduction.ca**

The BC Poverty Reduction Coalition advocates for universal basic services as a key component of successful public policy to reduce poverty and decrease economic inequality, focusing on who is excluded from accessing services. From this perspective, we value the Canada Health Act's direction to provide care based on need and not the ability to pay, and believe that all public services should have the same direction.¹ It is therefore, extremely disappointing to see the Government of BC website and the Medical Services Commission wait period policy hold up private insurance as the answer for people stuck in the wait period.² As Sanctuary Health notes, *"private insurance is not a viable option for most people, let alone migrants who are first arriving to Canada and likely do not have an income source."*

Furthermore, people who are pregnant or have pre-existing conditions are neither eligible for private insurance, nor the waiver to the wait period. The Midwives Association of BC states:

"Uninsured clients may also choose to birth at home, not because it is their preferred location for delivery, but because it is the least expensive location. This may result in compromised safety if clients are choosing to birth at home for financial reasons, including planning home births despite the fact that they may not meet criteria and delaying or declining to transfer to the hospital and specialist consultations due to financial barriers."

MOC 15-074 stated purpose is "to ensure equitable access to insured services." Ironically, it instead discriminates against those who can't afford to purchase private health insurance. We, therefore, urge you to meet your mandate and ensure that all new and returning BC residents coming from outside of Canada have access to care upon arrival.

Sincerely,



Viveca Ellis
Interim Community Organizer
BC Poverty Reduction Coalition

¹ Canada Health Act, RSC (1985, c. C-6). Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/c-6/>

² Government of BC. Coverage wait period. Retrieved from <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol/coverage-wait-period>



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

research • analysis • solutions

February 25, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Re: Residency Requirements for Provincial Healthcare Coverage

Dear Medical Services Commission (MSC),

I am writing on behalf of the Canadian Centre for Policy Alternatives—BC Office in support of Sanctuary Health Collective's proposal to remove the waiting period from the Commencement of Enrolment Policy (MOC 15-074) for all new and returning BC residents coming from outside of Canada. The removal of the three-month waiting period will ensure timely access to care for all BC residents upon arrival.

The CCPA-BC provides research that investigates the key challenges facing our province with the goal of supporting social, economic and environmental justice. Our work includes building movements for social change that bring together progressive organizations. We have a long track record of producing research that examines access to health care in our province for all residents.

The current wait period in BC denies access to timely care, resulting in long-term health consequences for residents and unnecessary increases in system costs. Research has shown that the current wait period incentivizes new residents to delay accessing health care when it is needed, often resulting in increased costs to the system as their medical needs become more complex. It is also important to note that the populations who are most negatively impacted by this policy are pregnant women, migrant workers, and children and infants, including newborn Canadian babies during the most vulnerable time in their lives.

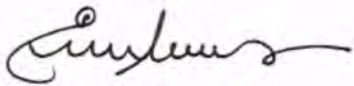
The wait period policy is not legislation and it is within the power of the MSC to amend or remove it. While the Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, Section 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, they do not mandate it. The wait period can be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act. There have been precedents for the removal of the wait period elsewhere in Canada—BC, Quebec and Ontario are the only provinces with the wait period—and in 2007 BC removed the wait period for military families. An amendment to ensure equal access for all new and returning BC residents should be made.

The removal of monthly MSP premiums by the BC government took effect in January of 2020 and is part of a shift toward a more progressive approach to taxation that our office has supported. However, with the removal of the MSP premiums, new and returning BC residents are being unfairly denied access to the universal health care that their sales and income tax dollars are contributing to funding.

The current waiting period cannot be justified for financial or medical reasons and we call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. I look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Emira Mears", is centered within a light pink rectangular box.

Emira Mears
Associate Director, CCPA BC Office



March 1, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074). We ask you to remove the wait period for all new and returning BC residents coming from outside of Canada and ensure access to care upon arrival.

Living in Community (LIC) is an innovative community initiative that brings together different groups who are impacted by or have an impact on sex work – current and former sex workers, support organizations, Indigenous groups, health organizations, police, business, government, and community organizations. The LIC model is an integrated way to improve the health, well-being and safety of all community members who are impacted by sex work, from sex workers themselves to businesses, support services, and residents.

As an initiative focused on ensuring services are accessible and barrier-free, particularly for those most vulnerable and stigmatized in our society, LIC is concerned about the health and human rights consequences of the three month wait period mandated in MOC 15-074. LIC is guided by a Steering Committee comprised of diverse stakeholder groups, several of whose clients and service users are impacted by this policy. BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are im/migrant sex workers and other migrant workers, pregnant women, and children and infants.

MOC 15-074 is not legislation and it is within the power of the Medical Services Commission to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act. The wait period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,

Halena Seiferling
Director of Community Engagement
Living in Community

c/o 5288 Joyce Street · Vancouver, BC · V5R 6C9
www.livingincommunity.ca

March 4, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada and ensure access to care upon arrival.

Established in 2010, the Community Action Initiative Society of BC provides funding and training opportunities for community-based organizations across the province to develop and implement innovative service projects that respond to the needs of individuals and families experiencing mental health and/or substance use challenges. The work of CAI is rooted in social justice strategies, and thus we use an equity-oriented, community-led approach, ensuring resources are targeted to historically marginalized and under-served groups.

Many newcomers to Canada show signs of suffering from trauma, depression, chronic stress, family separation, and stress-related physical illness.¹ Newcomers often lack social support beyond immediate family and while they may utilize personal coping skills upon arrival, several report unmet physical and mental health needs as well as barriers to help-seeking. For instance, immigrant youth are more likely to present with first mental health crisis to the emergency department than non-immigrants, which may be due to stigma and access barriers.² From a mental health promotion and prevention lens, CAI advocates for intervening early and for inclusion in all policies, as access to health is a fundamental human right which should be granted upon arrival in Canada.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

¹ Magalhaes, L., Carrasco, C., & Gastaldo, D. (2010). Undocumented migrants in Canada: a scope literature review on health, access to services, and working conditions. *Journal of immigrant and minority health*, 12(1), 132–151.

² Natasha Ruth Saunders, Peter J. Gill, Laura Holder, Simone Vigod, Paul Kurdyak, Sima Gandhi and Astrid Guttmann. Use of the emergency department as a first point of contact for mental health care by immigrant youth in Canada: a population-based study. *CMAJ* October 09, 2018 190 (40) E1183-E1191.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,



Melinda Markey
Provincial Director
Community Action Initiative Society of BC
www.caibc.ca



www.seiulocal2.ca · Representing Canadian workers since 1902

March 9, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

SEIU Local 2 represents over 17,000 members across Canada. SEIU's Justice for Janitors campaign is a movement of workers that seeks to empower janitors and raise working conditions in a precarious industry. Through our organizing efforts, we have seen firsthand how janitorial contractors are using the Temporary Foreign Worker Program as a means to cut costs and gain a competitive edge over their competition. This competitive bidding structure has placed workers in vulnerable positions, in particular women, newcomers to Canada, and migrant workers.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it.

The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,



Tom Galivan
Secretary-Treasurer
SEIU Local 2



Medical Services Plan Commission

March 9, 2020

Ministry of Health

RE: Letter of Support for Amending the Commencement of Enrolment Policy

Dear Medical Services Commission:

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15 - 074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

DIVERSEcity Community Resource Society, the oldest immigrant serving organisation in Surrey, has served ethno-cultural communities for over 40 years, through employment, counselling, family, language and general settlement services. DIVERSEcity serves a number of refugee claimants, temporary foreign workers, and expectant mothers - all of whom are directly impacted by the MSC Commencement of Enrolment Policy.

Immigrants new to Canada are in many cases a vulnerable group. Having no health care for a three month period can lead to increased risk as newcomers are forced to either delay seeking health services, exacerbating existing illnesses, or at times, seek medical attention from unregulated sources.

This delay in access to timely care results in health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2 (3)(b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

We support Sanctuary Health in their advocacy to amend MOC 15-074 to ensure equal access to health care for newcomers in a timely, humanitarian manner.

Laura Mannix


Director, Community Development, DIVERSEcity Community Resource Society
T: 604-954-4009 | C: 604-349-4054
lmannix@dcrs.ca | dcrs.ca

Page C-48

March 11th, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

RE: Residency Requirements for Provincial Healthcare Coverage

We are writing to support the removal of the 3-month waiting period from the Commencement of Enrolment Policy for new and returning residents of British Columbia.

The Society for Children and Youth of BC is a unique provincial organization dedicated to improving the well-being of children and youth in British Columbia. Using the United Nations Convention on the Rights of the Child, ratified by Canada in 1991, our mission is to improve the well-being of children and youth in BC through the advancement of their civic, political, economic, social, cultural and legal rights.

As it stands, the MSP waiting period violates children's rights under Article 24 of the Convention, which specifies that every child has a right to the "highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health," and specifically violates the rights of refugee children laid out in Article 22. Often cited as a rationale for this waiting period are concerns about so-called medical tourism. These concerns are widely unfounded, but especially so in relation to children. Canada has been publicly condemned by the United Nations for denying essential healthcare services on the basis of immigration status before, such as the recent comments by the UN Human Rights Committee regarding the case of Nell Toussaint.

While the Canada Health Act does allow for a wait period such as BC's, it does not mandate one and it is within the power of the Medical Services Commission to remove the period. **We call on the BC Medical Services Commission to remove the waiting period and bring practices in line with children's Convention rights.**

Sincerely,



Stephanie Howell
Executive Director



March 12, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Medical Services Commission,

Re: Residency Requirements for Provincial Healthcare Coverage

We are writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

Watari Counselling & Support Services, is a registered, charitable social-profit organization established in 1986 in response to a lack of services and programs for street involved youth, families and communities. We are also one of the first agencies in Vancouver to adopt "Access Without Fear" one of the main principles of Sanctuary City. With a people driven and social justice approach we work with individuals and service partners across programs such as community counselling, youth housing programs, Latin American outreach and counselling, adult mental health outreach and Aboriginal youth one to one work. Our goals are to work with people in an individualized approach based on participant's expectations of self and our commitment to the communities we support. We are committed to being innovative, to collaborate with anyone that is required to deliver the program/project effectively and liberate individuals/systems through knowledge and expanded experience of healthier choices.

As a person with lived experience I can tell you that when I first came to Canada as a refugee, I had experienced trauma, PTSD, depression and family separation. I did not have any the supports I needed, and would have struggled even more if I had no access to medical help. I now work with refugees, immigrants, temporary foreign workers and can attest as to how difficult it is for them to not have access to medical help in the first three months of their stay in Canada. In fact, we have had calls from temporary foreign workers because of their health issues upon arrival and the consequences of leaving their family and entire lives behind.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.

The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s.



Watari Counselling and Support Services

Substance Misuse Counselling
Community Outreach and Advocacy
Professional & Community Training
Community Research & Development
Community Education & Health Promotion

11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. We look forward to your response.

Sincerely,

Ingrid Mendez
Executive Director
Watari Counselling and Support Services
Cell # 6043288492
ingrid@watari.ca
www.watari.ca

January 18, 2020

Medical Services Commission
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Maternity Ambulatory Program

1T10 - 4500 Oak Street
Vancouver, BC, V6H 3N1
Ph: 604-875-2396
F: 604-875-2871
www.bcwomens.ca

Life. Our line of work.

Re: Residency Requirements for Provincial Healthcare Coverage

Dear Medical Services Commission,

I am writing to recommend an amendment to your Commencement of Enrolment Policy (MOC 15-074) to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

I am a Nurse Practitioner working in a variety of women's health clinics serving Vancouver's most vulnerable women. One of my mandates is to provide maternity care for women with multiple social and economic barriers. Sometimes this means they do not have provincial health coverage. Babies born to women without MSP coverage and access to fulsome antenatal care are at high risk of medical complications, morbidity and mortality. I cannot imagine any valid reason we should deny these brand new babies healthcare in a country and system that believes in equality and optimal healthcare for all.

BC is one of only three provinces to have this wait period, which denies access to timely care, resulting in long-term health consequences and increased system costs. Among the most negatively impacted by this policy are pregnant women, migrant workers and children and infants including newborn Canadian babies during the most vulnerable time in their lives.



The wait period policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3) (b) and the Canada Health Act, s. 11(1)(a) both allow for a three month wait period for people arriving from outside of Canada, but do not mandate it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

The waiting period cannot be justified from a financial or a medical perspective and it violates Canadian and international human rights obligations. We call on the Medical Services Commission to eliminate the waiting period immediately.

Thank you for your immediate attention to this issue. I look forward to your response.

Sincerely,

Melissa Glen, PNC(c), MN, NP(f),
Family Nurse Practitioner
BC Women's Hospital & Healthcare Center