



Preventing and treating infectious diseases
Prévenir et traiter les infections

Association of Medical Microbiology
and Infectious Disease Canada

Association pour la microbiologie
médicale et l'infectiologie Canada

192 rue Bank Street
Ottawa ON K2P 1W8

 (613) 260-3233

 (613) 260-3235

 info@ammi.ca

www.ammi.ca

Changes to the Interim Federal Health Program Association of Medical Microbiology and Infectious Disease (AMMI) Canada June 21, 2012

Citizenship and Immigration Canada funds the Interim Federal Health Program (IFHP). Refugee claimants, resettled refugees, persons detained under the *Immigration and Refugee Protection Act*, victims of trafficking in persons, and the in-Canada dependants of these groups are eligible for benefits under the IFHP until they become eligible for provincial/territorial or private health plan coverage. The current IFHP provides basic health-care coverage, similar to what is provided through a provincial or territorial health insurance plan, as well as coverage for supplemental health-care services, including pharmaceutical care, dentistry, vision care and mobility assistive devices. Resettled refugees with provincial/territorial health coverage are provided with supplemental coverage for one year from the date of entry to Canada. Supplemental coverage includes health-care benefits similar to those provided by provincial social assistance plans to social service recipients, such as drugs, dental and vision care. This coverage can be extended up to 24 months for recipients identified with special needs.

<http://www.cic.gc.ca/english/refugees/outside/resettle-assist.asp>),

As of June 30, 2012, the products and services covered through the IFHP will change, with the nature of the change depending on the refugee category. For most IFHP beneficiaries, the biggest change will be the end of most pharmacy benefits, and all vision, dental and other supplemental benefits. The following services will be covered *if they are of an urgent or essential nature*: hospital services, similar to what is currently provided in most cases; services of a doctor or registered nurse, similar to what is currently provided in most cases; laboratory, diagnostic and ambulance services, similar to what is currently provided in most cases; and medications and vaccines, but only when needed to prevent or treat a disease posing a risk to public health or a condition of public safety concern. Rejected refugee claimants and refugee claimants from designated countries of origin (DCOs) will be eligible only for products and services provided to prevent or treat a disease posing a risk to public health or a condition of public safety concern.

<http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare.asp>)

Three reasons were given for this change by Citizenship, Immigration and Multiculturalism Minister Jason Kenney

<http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>):

- After the changes are implemented, cost savings are projected to be about \$100 million over the next five years.
- “With this reform, we are also taking away an incentive from people who may be considering filing an unfounded refugee claim in Canada....”



Preventing and treating infectious diseases
Prévenir et traiter les infections

Association of Medical Microbiology
and Infectious Disease Canada

Association pour la microbiologie
médicale et l'infectiologie Canada

192 rue Bank Street
Ottawa ON K2P 1W8
☎ (613) 260-3233

www.ammi.ca

- “.....we do not want to ask Canadians to pay for benefits for protected persons and refugee claimants that are more generous than what they are entitled to themselves.”

As an organization, we are concerned about this change to the IFHP. First of all, it is not cost saving to restrict care to only that which is urgent or essential in nature, as preventative health measures are by far the most cost effective method of population care. More importantly, this has a real potential to jeopardize public health. Patients cannot tell what is urgent or essential and may avoid early care, which they cannot afford. Delayed diagnosis and treatment of a number of medical conditions suffered by refugees will only cost more in the long run. Some of these conditions are HIV infection, tuberculosis, parasitic infections, and chronic viral hepatitis. All tend to be clinically silent in early stages, are rarely urgent, and can be transmitted from person to person.

Second, most refugees have been forced to leave their homes due to threats posed by war, starvation, and torture. The argument that they are seeing health care as an incentive is both unlikely and unsubstantiated. Our member physicians are expert in infectious and tropical disease and have not perceived any such abuses of health care.

Finally, the solution to Canadians not having the benefits afforded to refugees should be to ensure that all Canadians have access to medications, dental care, and vision care and not to refuse them to the neediest among us. The benefits provided, on the same level as social assistance benefits have been a symbol of the humanity and support that Canadians have been proud to show to those who have been forced out of their home countries by inequity and strife.

AMMI Canada has joined others in voicing its opposition to this change to the IFHP by writing to Minister Kenney. We encourage you to lend your voice to this issue by contacting him.

The Honourable Jason Kenney, P.C., M.P.
Citizenship and Immigration Canada
Ottawa, Ontario
K1A 1L1