Interim Federal Health Program  
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Executive Summary

The Interim Federal Health Program (IFHP) seeks to provide health care coverage for refugee groups while they are not eligible for provincial health insurance. Since cuts in 2012, the program has been fairly limited in the services offered. Recent changes to the IFHP made by the Ministry of Immigration, Refugees, and Citizenship Canada (IRCC) however, have moved to increase access and promote the health of refugees resettling in Canada. The reversals also seek to ease the burden on the health care sector, shifting costs away from health institutions toward the federal government. By providing these new accesses to services, service provider organizations can be relieved of the pressure to provided health care, and focus on other important aspects of settlement, like language training or permanent accommodations. This brief will look into the new changes made to the IFHP, as well as their impacts on Alberta’s settlement and integration sector.

Overview

To help facilitate the successful integration of refugees into Canadian society, the federal government offers basic and supplementary health services through the IFHP. Since 1957, the IFHP has acted to provide coverage to vulnerable individuals who are not covered under provincial health care plans. The program works to protect individuals by,

...[providing] limited, temporary coverage of health-care costs for specific groups of people, such as protected persons (including resettled refugees), refugee claimants, rejected refugee claimants and certain persons detained under the Immigration and Refugee Protection Act during their period of ineligibility for provincial or territorial health insurance.¹

Basic health care coverage provided to these groups is similar in scope to coverage that is present within provincial healthcare plans, covering expenses like examinations and laboratory work. Supplemental coverage represents programs provided under many social programs, and includes services associated with vision and dental care. Individuals will remain under the IFHP until they become eligible for provincial or territorial health insurance, leave Canada, or (if detained under the Immigration and Refugee Protection Act) is released and becomes ineligible for coverage as a part of another group.² Individuals who withdraw a refugee claim, have their refugee claim determined to be abandoned by the Immigration and Refugee Board of Canada, or determined ineligible and unable to apply for a Pre-Removal Risk Assessment will also see their coverage under the IFHP end.³
Limiting Access

Under the previous federal government, cost-cutting measures were implemented, and created a multi-tiered healthcare system. Three levels of health coverage were created within the IFHP as a result of the Protecting Canada’s Immigration System Act, along with a new classification category. Coverage under the IFHP was divided into multiple groupings that worked to exclude services to certain refugees coming from Designated Countries of Origin (DCO). Refugees coming from countries deemed safe and non-refugee producing were given this designation, and placed into a level of coverage that would only provide aid in the case of a public health concern.¹

Along with the addition of the DCO designation, three new levels of health care coverage were introduced as a part of the changes. These included the “Expanded Health Care Coverage,” “Health Care Coverage,” and the “Public Health and Public Safety Coverage.”² Members of the DCO grouping were placed into the Public Health and Public Safety Coverage. Out of the three levels, the “Expanded Health Care Coverage” level was the only tier to offer supplemental health services such as prescriptions and pre-natal care.³ The lack of prescription coverage presented issues for individuals who suffer from chronic diseases, like hyper tension or diabetes, which require medication to treat their illnesses.

This new system enacted in July 2012 not only created difficulty in accessing these needed services, but also shifted payment of services from the federal government’s hands to their provincial counterparts.⁴ The Toronto Sick Kids Hospital, for example, saw an increase in unpaid ER bills up to 93%, many of them being uncovered by the Medavie Blue Cross, but by the hospital itself.⁵ Programs at hospitals like the Toronto Sick Kids have programs in place to cover families’ expenses in such cases, which in turn places the costs on that individual institution.⁶ In Alberta, Alberta Health Services publicly said that it would not turn away emergency services, even though programming and funding may not exist.⁷

Reversals

As of April 1⁸, 2016, the aforementioned changes to the IFHP have been removed and additional coverage will be implemented in the upcoming year.⁹ The new changes, announced by the Honorable John McCallum, Minister of Immigration, Refugees and Citizenship, will first re-introduce the universal access to basic and supplemental health programs, then move to include pre-arrival services for refugees trying to enter the country. By eliminating the barriers to service, the new changes work to provide fair and equal access for all types of categories of refugees.

Changes to come—Increase in scope of coverage

The recent reversals to the IFHP not only move to restore the program to its old status, but to also increase its scope of coverage. Starting April 1st, 2017, the IFHP will increase its scope to provide coverage for refugees resettling in Canada by covering pre-departure medical services.¹⁰ Pre-departure services will include:

...immigration medical examinations and follow-up treatment of health conditions that would make an individual inadmissible to Canada under paragraph 38(1)(a) of the Immigration and Refugee Protection Act, communicable disease prevention and control (vaccinations), outbreak management and control, and medical support required during transit for safe travel...¹¹
Inclusion of such services helps establish a safe environment for vulnerable individuals and families resettling from another country. These pre-arrival services present an opportunity to establish a welcoming connection that can aid in providing initial resettlement services. Immediate health needs would be established, and aid in the initial needs assessment that takes place upon a refugee’s arrival. Providing care for health conditions that hinder a person’s admission into Canada will also strengthen the family reunification process, showing the federal government’s commitment on reuniting families with their immigration initiatives.

**Impact on Alberta’s Settlement and Integration Sector**

The changes brought by the IFHP have moved to provide increased aid to the settlement and integration sector, particularly to Sponsorship Agreement Holders (SAHs) and Resettlement Assistance Program (RAP) providers. Under the previous policy, private sponsor groups were made to pay for prescriptions, vision care, and other supplemental services not covered under the “Health Care Coverage” and “Public Health and Safety Coverage.” RAP providers in the Calgary and Edmonton area worked to provide services through contracted physicians, and were seeing high levels of demand that outweighed capacity. Removing the burdens associated with health care access can now help to allocate funds into other areas part of the settlement process, like housing or language training.

The health care industry also faced issues with providing services, as many noted that the levels of coverage were confusing to navigate, and led to the denial of service for many clients. The Canadian Council of Refugees found that many front-line health practitioners and clinics would refuse service under the IFHP, as it was too complex to figure out was covered and what was not. By allowing universal access for all participating groups, health care practitioners can begin to effectively serve patients while not having to worry about denying those services. Under the previous system, for example, a man (unidentified by the media) no longer qualified for prescription coverage; which provided him with medication to treat a severe heart condition and paralysis in his left leg.

**Conclusion**

Under the previous program, differentiated levels were created that worked to exclude certain groups from accessing health care services like prescription services and vision care. Reestablishing universal access allows for healthcare service providers to provide optimal services in the most efficient matter, eliminating the wasted resources on navigating the varying levels of healthcare offered by the previous system. The inclusion of pre-departure services will also help to increase the successful integration of refugees, as urgent health care needs can be dealt with prior to arrival. Dealing with these urgent health needs can help to deal with the stresses of resettling in a new area and improve the integration process. These improvements to the IFHP should benefit the sector, and aid in the settlement of future populations.

**Further Inquiry**

Many of the changes to the IFHP are simply reinstating previous coverage levels to their pre-2012 levels. Including pre-departure services is new however, and its effects on the settlement and integration sector should be watched in the upcoming year. Providing assistance before arrival could aid in the initial resettlement processes and increase the overall integration process, as refugees would be arriving with some of their urgent
health needs already met. Keeping a close watch on this service will be crucial as Alberta service providers work to resettle more refugees, including Syrians, in the coming months.

Bibliography


End Notes

3 “Interim Federal Health Program.”
4 “Interim Federal Health Program.”
7 Harris and Zuberi, “Harming Refugees,”1043
xiii “Interim Federal Health Program”
xiv “Interim Federal Health Program”
xvi “Refugee Health Survey by Province,” 3
xvii “Refugee Health Survey by Province,” 3