

October 24, 2023

The Honourable Adrian Dix
Minister of Health and Minister responsible for Francophone Affairs
PO BOX 9050, Stn Prov Govt
Victoria, BC V8W 9E2

By email: Hlth.Minister@gov.bc.ca

Re: Medical Services Plan Wait Period

Dear Minister Dix,

I am writing to express my concerns about the Medical Services Plan (MSP) coverage wait period. Your government's policy requires most new and returning residents to wait out the balance of the month in which residence in B.C. is established or re-established, plus an additional two months, before health coverage begins. In my view, this wait period raises human rights issues.

A number of advocates, including [Sanctuary Health](#) and the [Centre for Gender and Sexual Health Equity](#) have raised compelling concerns with the policy. **I echo their calls for reform and urge you to direct the Chair of the Medical Services Commission to end the wait period and provide MSP coverage upon arrival for all new and returning residents arriving to B.C. from outside of Canada.**

I understand that the Medical Services Commission reviewed the policy in 2020. However, according to the Decision Briefing Note shared with my Office, the review did not consider the provincial government's obligations under B.C.'s *Human Rights Code* and under international human rights law.

The policy contravenes human rights protections for equality and health

The policy has a disproportionate impact on immigrant women, infants, and children. [Research](#) suggests that the policy prevents immigrant women from accessing sexual and reproductive health care such as contraception, STI testing, prenatal care, labour and delivery care, care for newborns, preventive check-ups, and treatment for ongoing and emergency conditions. In another [study](#), newcomers reported making the difficult decision to delay accessing care and opting to treat children's illnesses at homes.

While private health insurance may be an option for some, it is [not an option](#) for those with pre-existing conditions and those who are pregnant, leaving some those who need care most with the potentially impossible choice of either paying [high out of pocket costs](#) or not receiving the crucial care they need.

For those who are eligible for private insurance, the cost of premiums is often yet another financial barrier.

Given this disproportionate impact, I am concerned that this policy may violate s.8(1) of the *Human Rights Code* by denying a service customarily available to the public on the basis of that person's place of origin, causing potentially devastating detrimental impacts to newcomers.

The policy also fails to meet your obligations under international human rights law. As a signatory to the Universal Declaration of Human Rights, all sub-national governments in Canada are required to guarantee accessible health care for all residents. The UN Office of the High Commissioner for Human Rights [emphasizes](#) that States have an obligation to guarantee the right to health to everyone without discrimination, including on grounds of nationality and migration status. A scarcity of resources is not a sufficient basis for treating migrants' healthcare needs differently.

The wait period also directly contravenes the International Covenant on Economic, Social and Cultural Rights, signed by Canada in 1976 with the support of British Columbia. Under [Article 12](#), States are compelled to create "conditions which would assure to all medical service and medical attention in the event of sickness."

The policy is not evidence based

The federal immigration process and the eligibility requirements for MSP contain more than enough safeguards to mitigate the risk of misuse. Concerns of "medical tourism" are not only unjustified, they also carry xenophobic undertones that are at odds with the values your government expresses.

There is no clear evidence that the policy is having its intended effect of discouraging non-residents from seeking medical treatment in B.C. Your ministry has [publicly cited](#) metrics such as the high number of residency investigations and subsequent cancellations to justify the effectiveness of the policy. These metrics are not evidence of the need for a wait period. In fact, the high number of cancellations might suggest that the policy is failing to achieve its desired outcome and is therefore ineffective.

Furthermore, there is no evidence to suggest that the policy results in cost savings for the health care system. On the contrary, [research conducted here in B.C.](#) suggests that wait periods only delay health care costs. Another [study conducted in Ontario](#) found a sharp increase in the number of times newcomers visited physicians in the fourth month after their arrival. Delaying care can result in greater costs to the health care system in cases where an individual's health worsens during the wait period.

Many other Canadian jurisdictions provide first day coverage, including [Alberta](#), [Ontario](#), and [Manitoba](#), demonstrating that it is possible to provide to provide coverage upon arrival without compromising the integrity of the health care system. Your government has successfully waived the wait period in the past (at the beginning of the pandemic) and can do it again.

Exemptions and waivers are not the solution

Individual waivers may provide relief for a few; however, since they are only approved in the most extenuating circumstances, they are not a viable option for most applicants.

I understand that some groups are exempt from the wait period, including individuals who have arrived through the Canada-Ukraine authorization for emergency travel. Staff from your ministry have indicated that the wait period was also waived for immigrants from Afghanistan, Syria, and Turkey; however, information about those exemptions does not appear to be publicly available.

While I recognize the importance of meeting the needs of those fleeing crisis, exemptions based on place of origin are not equitable. The criteria used to determine when to grant exemptions is unclear, leaving room for arbitrary and biased decision making. For example, immigrants from Sudan do not appear to have received an exemption, despite the [federal government's](#) recognition of the severity of the recent conflict. With that said, simply expanding the list of countries that receive exemptions is not the solution. Limiting timely access to care to a select few signals that some residents are more deserving of care than others. I want to be clear that in pointing out this disparity, I am not suggesting that the exemption be eliminated, which would fall into the trap of "equality with a vengeance"; rather, everyone who is eligible for MSP should be granted coverage care upon arrival regardless of the circumstances of their arrival, and in this way, the exemption should become the norm.

This is an opportunity for B.C. to uphold its human rights obligations and catch up with the rest of country. **I urge you to end the wait period for all new and returning residents who arrive to B.C. from outside Canada.** I look forward to the opportunity to discuss this issue further.

To support my commitment to public accountability and responsibility to serve the people of British Columbia, this letter, or portions of it, may be made public.

Sincerely,



Kasari Govender
Human Rights Commissioner

cc: Robert Halpenny, Chair, Medical Services Commission: robert.halpenny@gov.bc.ca
Kate Puckett, Director: kate.puckett@gov.bc.ca
Stephanie Power, Executive Director: stephanie.power@gov.bc.ca