

Changes to the IFH and what they mean for refugees and service providers

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What is the Interim Federal Health Plan (IFH)?:

- Federal Health Insurance for refugee claimants (including those in the process of appeal), convention refugees and protected persons (if in province for less than 3 months), privately sponsored refugees, government assisted refugees, victims of trafficking.
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- Before June 29, 2012 used to cover:
 - Services of doctors and nurses, hospital services, and laboratory, diagnostic and ambulance services
 - Supplemental health-care benefits, including:
 - prescribed medications and other pharmacy products;
 - limited dental and vision care;
 - prosthetics and devices to assist mobility;
 - home care and long-term care;
 - psychological counselling provided by a registered clinical psychologist;
 - post-arrival health assessments.

What is different about the new IFH?

- ▶ Protected persons, convention refugees and refugee claimants (including those in the process of JR) from non-designated countries no longer have access to supplemental health-care benefits, including:
 - prescribed medications and other pharmacy products;
 - dental and vision care;
 - prosthetics and devices to assist mobility;
 - home care and long-term care;
 - psychological counselling provided by a registered clinical psychologist;
 - post-arrival health assessments.

They continue to be entitled to Services of doctors and nurses, hospital services, and laboratory, diagnostic and ambulance services.

Medications and vaccines are provided only if needed to prevent or treat a disease that is a risk to public health or safety.

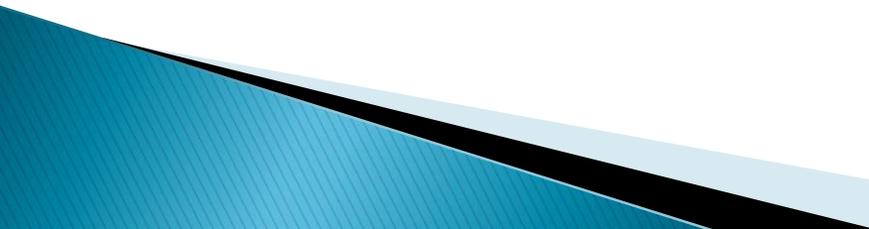
Some individuals in this group will also continue to be eligible for limited coverage for pharmaceuticals through Social Assistance.



- ▶ Refugee claimants from designated “safe” countries and rejected refugee claimants who have exhausted their right of appeal or who are not appealing have access to medical care only if care is needed to prevent or treat a disease posing a risk to public health or safety.
 - ▶ Refugee claimants who have withdrawn or abandoned their claim and applicants for a Pre-Removal Risk Assessment (PRRA) who have not previously made a refugee claim have no access to medical care.
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- ▶ Coverage for Victims of Trafficking, Government Assisted Refugees and Privately Sponsored Refugees who receive income support through the Resettlement Assistance Program (RAP) has not changed. They continue to have access to:
 - Services of doctors and nurses, hospital services, and laboratory, diagnostic and ambulance services
 - Supplemental health-care benefits, including: prescribed medications and other pharmacy products; limited dental and vision care; prosthetics and devices to assist mobility; and home care and long-term care; psychological counselling provided by a registered clinical psychologist; post-arrival health assessments.

Implications for Mental Health

- ▶ Counseling services are no longer covered except for GARs, victims of trafficking and Privately Sponsored Refugees who receive income support.
 - ▶ Psychiatric services should still be covered for refugee claimants from non-designated countries.
 - ▶ Claimants from designated countries as well as all failed refugee claimants not in the process of appeal are eligible for psychiatric services if providing such services is in the interest of public health and safety.
 - ▶ Claimants who withdrew or abandoned their claim have no coverage at all.
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Some current challenges:

- ▶ Increased numbers of uninsured leading to increased pressure on hospitals, community health clinics, etc.
 - ▶ Eligible claimants turned away by service providers who don't understand eligibility criteria/ are worried about client becoming uninsured further down the road.
 - ▶ Eligible claimants not showing up in the IFH system.
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What can we do as settlement workers?

- ▶ Advocate for eligible clients with health care service providers (refer to Blue Cross website for detailed info).
 - https://www.medavie.bluecross.ca/cs/ContentServer?c=ContentPage_P&pagename=IFHP_CIC_Public%2FContentPage_P%2FIFHP_CICOneColumnFull&cid=1181930640540

Help build the list of services for uninsured clients at:

https://docs.google.com/document/d/1SaKsC-q_VhxiEmeGffw9NtkfgEVLsSt4WswQENRz-lo/edit

- ▶ Refer uninsured clients to services that will not turn them away:
 - Hospitals
 - Walk-in clinic for uninsured
 - Drop-ins, homeless shelters
 - Midwives
 - Specialty services that may have connections with volunteer doctors, etc (CCVT, Barbra Schlifer)

- ▶ In exceptional cases, it may be possible to advocate for clients by petitioning CIC for a special exemption.
 - For more information on this, contact Canadian Doctors for Refugee Care or the Health for All campaign.
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