

## March 2026

Honourable Lena Metlege Diab  
Minister of Immigration, Refugees and Citizenship House of Commons  
Ottawa, Ontario K1A 0A6

### CAEP Statement on Reducing Health Care Coverage for Refugees and Asylum Claimants

The Canadian Association of Emergency Physicians (CAEP) is deeply concerned about planned reductions in health care coverage under the Interim Federal Health Program (IFHP). IFHP provides temporary health coverage to refugees and refugee claimants.

Reductions of IFHP coverage are scheduled to be implemented on May 1, 2026. **These cuts should be reversed to prevent harm to patients and the health care system.** Under the existing IFHP, there are already structural barriers to accessing care, and the program is far from comprehensive. The planned changes will introduce significant financial barriers. Refugees and claimants will be required to pay a \$4.00 co-payment for every prescription medication and 30% of the cost of reimbursed supplemental health services and products, including wheelchairs, vision care, and psychotherapy. All people have a right to health, and those arriving here as refugees have often experienced armed conflict, torture, persecution, sexual violence, physical and psychological trauma, malnutrition, or forced displacement from their homes and the deterioration of health conditions. **Refugees arrive in financial precarity and these co-payments will act as an insurmountable barrier to essential care and to health.**

During their first year in Canada, resettled refugees face substantial barriers to obtaining health insurance: they are often ineligible for provincial or territorial drug plans and face barriers to securing employment with health care benefits. IFHP provides an essential and temporary bridge during a particularly vulnerable time.

The current coverage under IFHP is similar to benefits provided to Canadians receiving social assistance; however, spending per beneficiary is less than one-third of the average public health care expenditure for Canadians (\$1645 for refugee claimants, \$5868 for Canadians). Migrants are not the financial tipping point they are often portrayed to be. We believe that the cuts will result in unfilled prescriptions, and lack of access to essential allied health services.

As emergency physicians, we see the outcomes of barriers to care every day. Conditions that could be easily managed end up in hospitals when health conditions deteriorate without comprehensive community-based care. The outcome of these IFHP cuts is predictable, and will likely result in increased emergency department visits for avoidable conditions. There is ample evidence showing that co-payments and cost-sharing, particularly for marginalized patients, results in **worse health outcomes and higher levels of emergency department and hospital utilization**. If patients cannot get the care they need in a timely manner due to costs, this can have multiple detrimental effects:

- Individuals and families will suffer health setbacks and further financial hardships when poor health impacts their ability to earn an income, care for others, or carry out daily activities.
- Stable health conditions will deteriorate, requiring higher acuity and intensity of care.
- Avoidable ED visits create an increased burden on health systems, affecting staff and resources, and

degrading the quality of emergency care for all.

- These cuts risk higher downstream costs. The average cost of a hospital stay in Canada is approximately \$7,800. Since the IFHP reimburses for emergency visits and hospitalizations for claimants, any savings from patient charges could be offset by shifting services from the community to more costly acute care.

Introducing cost-sharing and co-payments to IFHP will add administrative burden, shift care to more costly emergency and hospital services, and harm individuals and families that have sought refuge in Canada after suffering immense trauma. **We strongly urge the federal government to maintain full IFHP coverage for refugees and refugee claimants without patient charges.**

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