

Health care coverage – refugee claimants and refugees - Ontario

Immigration status	Stage of refugee claim process	Medical services	Medication	Dental, vision and other supplemental
Refugee claimants from a non-DCO country ¹ AND Claimants from a DCO country ¹ who made a refugee claim before June 30, 2012	Until eligibility to make a claim is recognized ²	None	None	None
	During the refugee claim process until either: acceptance of the refugee claim ³ OR final rejection of the refugee claim (after exhausting all legal procedures) ⁴	All medical services and diagnostic tests covered by OHIP are covered by the IFH except for tubal ligation, vasectomies, and rehabilitative and long term care. For hospital stays, the IFH reimburses a per diem rate (for in-hospital medications, see next column)	<i>Social assistance recipients:</i> Same coverage as other Ontarians on social assistance. Ontario Works covers any meds not covered by the IFH <i>Persons not on social assistance:</i> Medications are not covered, EXCEPT - Meds for the prevention or treatment of a condition posing a risk to public health or safety ⁵ AND - Meds provided in response to a medical emergency, i.e., an injury or illness that poses an immediate threat to life, limb or function The same limitations apply to in-hospital medications.	<i>Social assistance recipients:</i> Same as other Ontarians on social assistance. None
	From final rejection of the refugee claim until deportation ⁴	No coverage of medical, hospital or diagnostic services EXCEPT for conditions posing a risk to public health or safety ⁵	Medications are not covered, EXCEPT - Meds for the prevention or treatment of a condition posing a risk to public health or safety ⁵	None

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Refugee claimants from a DCO country ¹ who made a refugee claim after June 30, 2012	N/A	No coverage of medical, hospital or diagnostic services EXCEPT for conditions posing a risk to public health or safety ⁵	Medications are not covered, EXCEPT - Meds for the prevention or treatment of a condition posing a risk to public health or safety ⁵	None
Government assisted refugees (GARs)	N/A	GARs are covered by OHIP upon arrival in Canada. If there is any delay in access to OHIP, the IFH provides the same coverage during the interim.	Same medication coverage as under Ontario Works	Coverage of vision, audiology, emergency dental, home and long-term care; midwife services; occupational therapy; physiotherapy; psychotherapy by a registered psychologist; speech therapy
Trafficking victims with a temporary resident permit	N/A	The same medical, hospital and diagnostic services as OHIP beneficiaries	Same medication coverage as under Ontario Works	Coverage of vision, audiology, emergency dental, home and long-term care; midwife services; occupational therapy; physiotherapy; psychotherapy by a registered psychologist; speech therapy.

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Privately sponsored refugees ⁶	N/A	All medical services and diagnostic tests covered by OHIP are covered by the IFH except for tubal ligation, vasectomies, and rehabilitative and long term care. For hospital stays, the IFH reimburses a per diem rate (for in-hospital medications, see next column)	Medications are not covered, EXCEPT - Meds for the prevention or treatment of a condition posing a risk to public health or safety ⁵ AND - Meds provided in response to a medical emergency, i.e., an injury or illness that poses an immediate threat to life, limb or function The same limitations apply to in-hospital medications	None

1. DCO = Designated Country of Origin. The Minister of Immigration may at any time place a country on the DCO list. As of August 2012, no countries have been placed on this list.
2. Eligibility to make a refugee claim may be assessed immediately when the refugee claim is made, especially for claims made upon arrival at the airport or border. However, especially for claims made by individuals who are already living in Canada, waiting times for a first interview to assess eligibility may be much longer (up to 6 weeks). About 98% of persons submitting claims are found to be eligible, and can go ahead with the refugee claims process.
3. OHIP coverage should start immediately upon acceptance of the refugee claim, but if there is any delay IFH coverage continues until OHIP kicks in.
4. Rejection of a refugee claim is considered final after:
 - Rejection of judicial review procedures by the Federal Court
 - Rejection of appeal procedures by the Refugee Appeal Division of the Immigration and Refugee Board (the RAD does not yet exist), or
 - Expiry of the delay to submit either judicial review (15 days) or appeal procedures (15 working days) against the IRB decision rejecting the person's refugee claim

At this point, a date is set by the Canadian Border Services Agency to deport ('remove') the refused claimant, usually about a month later but sometimes longer.

If the refused claimant remains in Canada beyond the date set for removal, they no longer have any health care coverage.

If the refused claimant comes from a "moratorium" country to which removals have been suspended (currently: Afghanistan, Democratic Republic of Congo, Haiti, Iraq, Zimbabwe), they can remain in Canada indefinitely but will only have access to Public Health/Public Safety coverage.

5. A "disease posing a risk to public health" is defined as a communicable disease that is on the Public Health Agency of Canada's list of notifiable diseases
<http://www.phac-aspc.gc.ca/aids-sida/about/dis-eng.php>

A "condition posing a risk to public safety" includes psychotic conditions in which the person is diagnosed as posing a potential danger to others.

6. Privately Sponsored Refugees are not eligible for social assistance. A minority of Privately Sponsored Refugees – those who receive Resettlement Assistance Program (RAP) income support – are entitled to the same coverage as Government-Assisted Refugees, i.e., full coverage of medications and a number of other supplemental benefits.

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Disclaimer: This table has been developed by Canadian Clinicians for Refugee Care, a coalition of clinicians, researchers and community health workers, for the information of health care providers. The table applies specifically to Ontario, as there are certain differences between provinces. Although all information has been carefully checked by experts in refugee law and health policy, we cannot guarantee accuracy or completeness.

Sources:

<http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp>

<http://www.cic.gc.ca/english/refugees/outside/ifhp-info-sheet.asp>

<https://provider.medavie.bluecross.ca/>