Canadian Nurses Association / Association des infirmières et infirmiers du Canada

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The Honourable Lena Metlege Diab, Minister of Immigration, Refugees and Citizenship
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The Honourable Marjorie Michel, Minister of Health
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Re: Urgent concerns regarding the introduction of copayments under the Interim Federal Health Program (IFHP)

Dear Ministers Diab and Michel,

I am writing to urge Immigration, Refugees and Citizenship Canada, in collaboration with Health Canada, to reconsider introducing copayments for medications and supplemental health services under the Interim Federal Health Program (IFHP). While framed as a modest cost-containment measure, this policy change will have serious and foreseeable consequences for refugee health, public health, and health system sustainability, ultimately increasing, not reducing, public expenditures.

The IFHP exists precisely because refugees and refugee claimants are not eligible for provincial health insurance during critical periods of settlement in Canada. Refugee claimants rely on IFHP as their sole source of health coverage while their claims are under review, a process that can take months or years, while resettled refugees often face waiting periods before provincial eligibility begins. During this time, individuals have no alternative access to public drug plans or supplemental benefits, and many lack the financial means to pay out-of-pocket for care.

Most newly arrived refugees and refugee claimants arrive in Canada with little or no income, limited social supports, and significant health needs, including chronic illness, untreated conditions, and trauma-related mental health concerns. As documented by organizations working directly with uninsured populations, the health system is already complex and difficult to navigate, even before financial barriers are introduced. In this context, even minimal copayments function as a denial of care rather than a cost-sharing measure.

Introducing copayments under the IFHP is economically counterproductive and risks increasing total public expenditure rather than reducing it. Evidence consistently shows that cost-sharing for low-income and medically vulnerable populations shifts costs onto more expensive parts of the health system.

Research synthesized by the Canadian Refugee Health Network (CRHN) demonstrates that even small copayments reduce access to preventive, maintenance, and early treatment services, leading to avoidable emergency department visits, hospitalizations, and longer hospital stays (CRHN, 2026). Hospital-based care is substantially more expensive than outpatient or preventive care. According to the Canadian Institute for Health Information (CIHI), the average cost of a standard hospital stay in Canada is approximately $7,800 (CIHI, 2025).

Fiscal analysis cited by CRHN and the Office of the Parliamentary Budget Officer indicates that per-person IFHP expenditures are significantly lower than average per capita public health spending for Canadians, and that rising IFHP costs are driven primarily by delays in refugee claim processing, not by overuse of services (Parliamentary Budget Officer, 2026).

From a labour market perspective, barriers to health care during the first years after arrival also carry long-term economic consequences. CPS and CRHN both note that untreated illness and lack of access to essential therapies can delay workforce entry, increase long-term disability, and reduce economic participation, generating downstream fiscal costs that exceed the short-term savings associated with copayments (Canadian Paediatric Society, 2026; CRHN, 2026). Canada has learned these lessons before. The 2012 cuts to refugee health care resulted in preventable harm, increased strain on provincial systems, and were ultimately found by the Federal Court to constitute cruel and unusual treatment. Reintroducing barriers to care risks repeating this costly and damaging mistake.

Maintaining full IFHP coverage without copayments is not only consistent with Canadian values but also sound public policy. Early access to preventive, primary, and rehabilitative care reduces emergency care use, protects children's health, supports integration, and lowers total system costs over time.

I respectfully urge Immigration, Refugees and Citizenship Canada, in collaboration with Health Canada, to reconsider introducing IFHP copayments and to pursue evidence-based alternatives that protect refugee health while ensuring fiscal responsibility.

Sincerely,

K LeBlanc

Kimberly LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN, FNSWOC, FAAN
President, Canadian Nurses Association

Sources:

- Canadian Paediatric Society. *Changes to the Interim Federal Health Program*. February 2026.
- Health Network for Uninsured Clients (HNUC). *The System*, 2026.
- Canadian Refugee Health Network. *Why Refugee Health Co-Payments Will Cost Canada More, Not Less*, February 2026.
- Canadian Institute for Health Information (CIHI). *Cost of a Standard Hospital Stay in Canada*, 2025.
- Office of the Parliamentary Budget Officer. *Projecting the Cost of the Interim Federal Health Program*, February 2026.