

Alberta Doctors' Digest

The uninsured minority

The notion of a physician “opting out” of the health care system has become more and more prevalent in Alberta, as private surgical facilities and other privately owned clinics are beginning to thrive. Patients attending upon an opted-out physician are barred from pursuing reimbursement from the Ministry of Health for medical expenses charged by the physician. The extent of such expenses is not subject to the same regulatory scheme as the Alberta Health Care Insurance Plan.

All of this presumes that the patient is aware of the doctor’s status and is willing and able to pay the cost of care personally. However, there is another large body of patients in Canada who are paying personally for medical care for reasons often beyond their control.

According to a 2016 report by the Wellesley Institute, a non-profit health care researcher in Ontario, there are 200,000 to 500,000 people without health insurance living in Canada, each potentially facing enormous costs if faced with a health crisis. Dr. Paul Caulford of the Canadian Centre for Refugee and Immigrant Healthcare estimates the number of those uninsured is far greater. What becomes scarier for these residents is that, according to the Toronto Board of Health in 2013, many of these uninsured residents are faced with inconsistent billing, and they typically do not know what the charges will be before treatment.

As readers will know, Canadian health care is publicly funded and guided through the provisions of the *Canada Health Act, RSC 1985 c C-6*, but ultimately administered and overseen by each province. In Alberta, benefits for basic health services are guaranteed pursuant to the *Alberta Health Care Insurance Act, RSA 2000 c A-20*, which provides powers to the Minister of Health to administer and operate a non-profit plan to provide benefits for basic health services to all residents of Alberta. A “resident” is defined under section 1(x) of the *Act* as “... a person lawfully entitled to be or to remain in Canada, who makes the person’s home and is ordinarily present in Alberta and any other person deemed by the regulations to be a resident but does not include a tourist, transient or visitor to Alberta.” Those who are under work assignments, in full-time attendance as students in accredited institutions, and individuals registered as dependents under the *Health Insurance Premiums Act* are also deemed residents for the purpose of health care coverage. The services covered by the *Act* include all services that are provided by physicians that are medically necessary, including some dental services, which are specified in the regulations.

The issue of interim health care funding for non-residents has become even more relevant to Canada as the Russian-Ukrainian conflict rages on. As an unlimited number of Ukrainian refugees are welcomed into Canada under the Canada-Ukraine Authorization for Emergency Travel measures (the *CUAET*), questions arise about whether these individuals will have access to proper health services.

Ukrainians who arrive through the *CUAET* are granted only temporary residency in Canada as they can only live and work here for up to three years. Based on this

requirement to return home, Ukrainians are not classified as refugees and are therefore ineligible for the Interim Federal Health program.

Based on this definition, many Ukrainians do not have access to the same services offered to other refugees or soon-to-be permanent residents. Sean Fraser, Minister of Immigration, Refugees and Citizenship, recently mentioned that the government was working to develop support for Ukrainians in Canada, but the details of such a plan remain to be seen. Even so, in many parts of Canada, refugees are still required to wait three to four months before being eligible for provincial and territorial health care coverage. Because many of these people fleeing the war are entering a foreign country with no family, assets or employment, the situation could turn drastic – or even deadly for some – if something is not done.

To complicate matters further, many of the Ukrainians arriving are women and children whose husbands are required to stay back and fight. As the conflict has continued with no end in sight, a question remains how long those women and children will have to live here before being provided access to proper health services.

Naturally, these questions remain difficult to answer and even more difficult to execute practically. The distribution of health care remains a philosophically and politically dividing issue that forces individuals to balance social values with resources. While free access to health care stands as a Canadian principle and value, the questions of how far that coverage extends to temporary residents and refugees and what services it should cover for these temporary residents remains to be answered.

Editor's note:

The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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