

Received by email on June 21, 2012

Jeff Morrison
Director of Government Relations and Public Affairs
Canadian Pharmacists Association

Dear Mr. Morrison et al:

I am replying to your letter of May 18, 2012, addressed to the Honourable Jason Kenney, Minister of Citizenship, Immigration and Multiculturalism, concerning the reform of the Interim Federal Health Program (IFHP). I apologize for the delay in responding.

I have noted your concerns on the IFHP reforms which will come into force on June 30, 2012. They have been introduced to ensure fairness for Canadian taxpayers while emphasizing the need to protect the health and safety of Canadians.

As you know, the primary purpose of this program is to provide health care coverage, public health or public safety health care coverage, or coverage of the immigration medical examination, on a temporary basis, to persons including refugee claimants, protected persons, certain persons detained under the *Immigration and Refugee Protection Act* (IRPA), and rejected refugee claimants.

All IFHP beneficiaries will be covered for the hospital, medical, diagnostic, laboratory services and medication for any disease posing a risk to public health as per the definition in the Order in Council (OIC), respecting the Interim Federal Health Program (2012) changes published on April 25, 2012. For instance, treatment of HIV/AIDS, including hospital care, physician and nursing services, laboratory and other diagnostic services, as well as antiretroviral medications will all continue to be covered under the new IFHP.

In addition, the IFHP will continue to provide coverage for medication and immunization but will be limited to medications required to prevent or treat conditions of public safety concern or diseases posing a risk to public health. Antidepressants will be covered if for treating a condition of public safety concern as diagnosed by a physician. As of June 30, 2012, coverage for the psychotherapy program by psychologists will cease. However, psychotherapy provided by a physician or a registered nurse will continue to be covered.

In the near future, Medavie Blue Cross will be sending a notice to all health care providers whose services will not be covered any more after the implementation of the reformed IFHP. Services rendered until June 29, 2012, will be covered.

Under the category immunization and medication to prevent or treat a disease posing a risk to public health or public safety, departmental officials are in the process of developing the detailed drug list. Until it is finalized, let me assure you that the IFHP will cover medication for some conditions that you may be concerned about, such as tuberculosis and the HIV.

To this end, Citizenship and Immigration Canada officials are now informing current beneficiaries by mail and providing briefings to stakeholders. This includes private sponsors, health care providers, and provinces and territories. Officials have already held meetings with these groups and will continue to communicate with them.

By understanding the reformed IFHP, all parties will be in a better position to consider what they may be able to do to support current and future beneficiaries who may not be able to afford certain benefits.

Simply put, the reform of the IFHP is needed to ensure fairness for Canadians, the majority of whom do not have government-funded coverage of the full cost of medications, assistive devices and the like. The program is re-focused on its core mandate of providing temporary, limited coverage of health care benefits, while protecting public health and safety.

Information on the News Release of April 25, 2012, is available on our Web site at: <http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>.

The Information Bulletin on the IFHP transition is also available on our Web site at: <http://www.cic.gc.ca/english/pdf/pub/ifhp-bulletin.pdf>.

Thank you for writing and expressing your concerns. I trust that this information is of assistance.

S. Charbonneau
Ministerial Enquiries Division