

Legislative Building Regina, Canada S4S 0B3

November 20, 2017

Mr. Robert Oliphant
Chair of the Standing Committee on Citizenship and Immigration
131, rue Queen Street
Room / pièce 6-36
OTTAWA ON K1A 0A6

Dear Mr. Oliphant:

Thank you for your invitation for the Government of Saskatchewan to appear before the Standing Committee on Citizenship and Immigration. Please consider this letter as the Government of Saskatchewan's submission in lieu of attendance before the Standing Committee. The Government of Saskatchewan appreciates the opportunity to participate in this study of the Government of Canada's policies and guidelines regarding medical inadmissibility of immigrants, pursuant to the *Immigration and Refugee Protection Act* and *Regulations*.

The Government of Saskatchewan recommends that maintaining the current policy related to medical inadmissibility of immigrants is the best option for ensuring that Canadians continue to have timely and quality access to health, education and social services. The Government of Canada should review the effectiveness of the policy by working in partnership with provincial and territorial governments to explore specific areas for improvement.

Existing Policy on Excessive Demand

Under the federal Immigration and Refugee Protection Act (IRPA), a foreign national may be inadmissible to Canada if they pose a danger to public health, to public safety or if their health condition might reasonably be expected to cause excessive demand on public services. The excessive demand policy was designed to reduce the burden and impact of applicants with excessive demands on Canada's health and social services. IRCC's assessment of excessive demand is based on an established threshold; currently \$6,655 per year or \$33,275 over five years.

The excessive demand policy helps protect provincial services from above-average costs and reduces the burden on provincial health, education and social services systems. Although the number of excessive demand cases to date has been numerically small the existing policy has resulted in cost savings to services across Canada. It is also difficult to know the extent to which the current policy has acted as a deterrent for foreign nationals from applying to immigrate to Canada. If the policy is removed or altered significantly there is a risk that excessive demand cases could increase.

The Government of Saskatchewan believes that the policy related to excessive demand is an important tool to ensure the sustainability of Canada's health, education and social services for current and future generations of Canadians. This policy also plays an important role in shaping the public's support of Canada's immigration system.

New Zealand and Australia have policies similar to Canada's excessive demand policy with respect to structure and thresholds, and require applicants to undergo a medical examination prior to being admitted. The United States and United Kingdom do not have excessive demand policies per se; but they still make decisions about admissibility on a case-by-case basis and focus on an applicant's financial ability to cover any needed treatment.

Canadians should have access to quality and timely public services. To this end, the excessive demand policy strikes the right balance between support for the economic and social benefits of immigration and protecting public services.

Risks to Removal of the Policy

The Government of Canada has noted that achieving the goals of the excessive demand policy has been limited by the inability to enforce inadmissibility mitigation plans (from applicants on how they plan to self-fund anticipated social services); the exemption of certain applicants (such as refugees); and legal and operational challenges. However, removing all or part of the policy would not safeguard public services from excessive demand; rather, it would transfer a large and growing risk to provinces and territories and the services they deliver.

These challenges include, but are not limited to: increased health, education and social services costs borne by taxpayers; increased costs for employers (employee/family benefits); impacts on the level and quality of services, wait times, and health, economic and social outcomes for all people; and difficulty in meeting existing commitments, including for persons with disabilities and those with additional needs. As a result, provinces and territories may be unable to meet the current and future needs of its citizens and residents. Moreover, there is no clear path for funding those additional costs.

Finally, removing the excessive demand policy could lead to negative public opinion and media coverage concerning the real or perceived threat of increased wait times, costs to taxpayer-funded services, and medical tourism. Notwithstanding a number of high-profile media reports in parts of Canada for specific excessive demand cases in recent years, the Government of Saskatchewan believes the public understands the rationale and importance of the excessive demand policy in reducing the burden on provincial systems. There is a risk that without the excessive demand policy, the public would question the net benefits of Canada's immigration system. This risk to public support is no more evident than when the immigration policy is contrasted with the support available to Indigenous Canadians with disabilities. Indigenous Canadians face a higher incidence of disability than other Canadians, and health, economic and social outcomes are lagging. As it considers its policy for people who want to immigrate, the federal government may wish to consider its commitment to those who are already here.

Conclusion

The Government of Canada's requirement for a medical exam and assessment for admissibility regarding danger to public health, danger to public safety, and excessive demand on provincial and territorial health, education and social services is imperative.

The goals and objectives of the policy are relevant and important to Canadians. The Canadian public demands accountability from governments for wait times and expenditures for publicly funded services. The excessive demand policy safeguards the public services Canadians pay for and rely upon. At the same time, foreign nationals looking to immigrate to Canada are

treated with fairness and transparency. Finally, courts support the excessive demand policy as a reasonable method to prevent an undue burden on our systems. Court cases indicate the Government of Canada is not infringing on Charter rights or the Constitution by having the excessive demand policy in place.

Canada's system for determining medical inadmissibility is both clear and transparent. If and when excessive demand is found, applicants receive a procedural fairness letter and have the ability to challenge the medical opinion or excessive demand assessment. They are given an opportunity to respond with a declaration of ability and intent as well as supporting documentation to mitigate the excessive demand (i.e., mitigation plan). Going forward, there may be opportunities to make improvements to the policy that will improve its efficiency and effectiveness, particularly as the economic prospects for persons with disabilities improve.

The review of the excessive demand policy, and any changes being considered, should be based on shared leadership and partnership and reflect the input of provincial and territorial jurisdictions. Meaningful collaboration will ensure the excessive demand policy remains accountable to, and supported by, Canadians; fair and transparent to foreign nationals; and an efficient and effective use of resources.

Sincerely,

Steven Bønk

Minister of the Economy

Jim Reiter

Minister of Health