

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Summary

The BC Medical Services Commission’s (MSC) Commencement of Enrolment (“wait period”) policy is established in Minute of the Commission (MOC) 15-074. It is not legislation and it is within the power of the MSC to amend or remove it. The Medicare Protection Act, Section 7.2(3)(b) and the Canada Health Act, Section 11(1)(a) both *allow* for a three month wait period for people arriving from outside of Canada, but do not *mandate* it. The wait period could therefore be amended or removed, without a change in legislation, to better align with the spirit of the Canada Health Act.

Precedents have already been set across Canada and BC. There is no evidence that the policy meets its intended purpose. In fact, the evidence points to the opposite: it is

more costly to deny people timely access to care, than it is to provide MSP upon arrival. The policy contravenes the CHA and multiple international human rights conventions. As Wickremage et al. (2019) state, “better health for migrants isn’t simply a moral imperative. It is an evidence informed, economically wise choice that will improve health for all. It is a choice that must be made in defiance of populism, prejudice, and political expediency” (p. 1).

In the absence of evidence supporting the current policy and with consideration for the wide-ranging potential benefits of reducing barriers to healthcare access, the three-month wait period policy should be amended to remove the wait period for new and returning residents coming from outside Canada.

Recommendation: Amend the MSC Commencement of Enrolment policy to remove the wait period for all new and returning BC residents coming from outside of Canada, and ensure access to care upon arrival.

Background

British Columbia (BC) boasts ethnic diversity and multiculturalism, with nearly 40,000 new immigrants coming each year to contribute to the social and economic fabric of the province (Government of BC [GOVBC], n.d.-c). At the same time, BC’s Commencement of Enrolment policy bars migrants from accessing public health care for the first three months after their arrival.

In the following paper this policy will be introduced, situated in the current context, and analyzed for its intended purpose and unintended consequences, including costs and impacts on specific vulnerable communities.

In order to achieve equitable access to primary care, honor federal, provincial and international commitments, and mitigate the economic impacts of delayed access to care, the Commencement of Enrolment policy described in the Minute of the Commission (MOC) 15-074 should be amended to remove the wait period for new and returning residents coming from outside Canada.

The “Wait Period” Policy

The Commencement of Enrolment policy, which will hereafter be referred to as the “wait period”, outlines a three-month wait period for healthcare coverage for new and returning residents to BC: “As a general rule, coverage under the Medical Services Plan [MSP] will be effective for those arriving: From Outside Canada: After a wait period consisting of the balance of the month in which residence was established plus two months (the “wait period”).”

The policy is executed through the BC Ministry of Health’s (MOH) Medical Services Commission (MSC), and is communicated to the public through the BC government’s website, under the topic “Coverage Wait Period” (GOVBC, n.d.-b). The policy is put into regulation and articulated internally in MOC 15-074. MOC 15-074 also describes a series of circumstances when the MSC may grant exemptions to the wait period in order to provide immediate coverage to an applicant through a process administered by the Coverage Wait Period Review Committee (CWPRC).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Background (cont'd)

Affected Population: New and Returning Migrants

New and returning migrants are the most impacted by the wait period policy. Due to the limited scope of this paper, the term migrants will refer to people who have administrative legal status in Canada, such as permanent residents, temporary foreign workers (with some exceptions), citizens, and those with work and study permits. Conventional refugees access care through the Interim Federal Health Program. Undocumented communities and most people with precarious immigration status are entirely excluded from the BC MSP (GOVBC, n.d.-a). Many of the arguments in this analysis also apply to these populations, however they require specific attention that is not directly addressed here. It is also necessary to acknowledge that Canada is a nation built on unceded Indigenous lands, and stories of migration are central to Canada and BC's history and identity.

Federal and Provincial Legislation Context

The MSC wait period is situated below BC's Medicare Protection Act (MPA) and the Canada Health Act (CHA). Healthcare administration and provision is under the authority of the province, however federal healthcare funding to each province is conditional on meeting five criteria: public administration, comprehensiveness, portability, universality and accessibility (Canada Health Act, RSC [CHA], 1985, c. C-6, s.7).

The MSC is responsible for facilitating access to health care in BC, and is directed to have “...regard to the principles of the [CHA]... Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on the individual's ability to pay” (MSC, 2018, p. 2).

There is a three-month wait period for people moving between provinces, during which time the person will be covered by their previous provincial plan (CHA, 1985, c. C-6, s. 11[1][b]). BC, Ontario, and Quebec are the only provinces that require a wait period for people arriving from *outside* of Canada.

In the CHA (1985) under Section 11(1)(a) it states that the provinces must not impose a health coverage wait period

“greater” than three months. BC legislation under the MPA states in Section 7.2 (3)(b) that the enrolment date must be “not more than 3 months after receipt of the application” (Medicare Protection Act, RSBC, 1996). Clearly, while Section 7.2(3) *allows* for a three month wait period for people arriving from outside of Canada, it does not *mandate* it. As MOC 15-074 notes, “The *Medicare Protection Act* (Act) provides administrative discretion to the MSC to assign an effective date of coverage subsequent to the date of residency but no later than three months after the receipt of the application for coverage.” The MSC has the authority to amend MOC 15-074 to remove the wait period for new and returning residents coming from outside Canada as it is not meeting its intended purpose.

Stated Purpose of the Policy

Within the above legal parameters the MSC has chosen to create a policy in which the full and maximum three-month wait period for coverage is instituted. The stated purpose is to protect against colloquial “health tourism”, and safeguard healthcare dollars: “The wait period protects the province's health care plans by reducing the likelihood of individuals coming to [BC] for the purpose of receiving health care services at public expense” (GOVBC, n.d.-b, para. 8).

Evidence for the Policy

Despite the efforts to find research and literature showing the social or economic impact of health tourism, as well as requesting statistics and data regarding this issue directly from the MOH, no evidence was found to substantiate the stated purpose of the policy. Without this evidence the stated purpose of the policy appears to be grounded in a potentiality and not in evidence.

Clinicians advocating to end the wait period in Ontario aptly point out that the immigration process, which takes several years, and significant financial costs, renders immigration “an unlikely avenue for medical tourism” (Goel & Beder, 2012, para. 7). Despite the unlikelihood of people doing so, if someone were to go through the rigorous immigration process solely for access to medical care, it is even more unlikely that these people would be deterred by a three-month wait period (Milne, 2015). “Concerns about medical tourism are not only unfounded, but they are also detrimental to the overwhelming majority of new residents

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Background (cont'd)

who come to [BC] with no intention of taking advantage of the system” (Milne, 2015, p. 2).

Precedents for Removal of the Wait Period

Precedents for the removal of the wait period have been set across Canada and within BC. There are only three provinces that continue to have the wait period, including BC. Quebec has exceptions to their wait period for pregnant

women, birth care, and abortion (Regie de l'assurance maladie Quebec, n.d.), Ontario has exemptions to their wait period for newborns (Health Insurance Act, RRO, 1990), and New Brunswick (NB) eliminated their wait period in 2010. The NB health minister stated, “[r]emoving the three-month waiting period is the right thing to do” (CBC News, 2010). BC removed the wait period for military families in 2007, citing the impact of adjusting back to Canada and out of respect and value for these families (BC Ministry of Health, 2007).

Equity and Access

Health and Migration Policy Incongruences and Possibilities

The wait period policy operates at the intersection of BC health care and migration, and exemplifies some of the key concerns raised in migrant health policy literature: a lack of consideration for how health policy implementation impacts migrants and a lack of understanding for the long term economic costs of excluding these populations from health care systems.

There are significant concerns regarding the interaction between immigration and health policy. Both the overlap and chasm between these areas of policy has impacts on primary care practice and access. Leido-Quigley et al. (2019) note that often policies related to migrant healthcare are fractured, resulting in “policy incoherence” (p. 2). Commonly, immigration policy is divorced from public health, medical ethics, and on-the-ground realities for migrant communities’ accessing care and services (Zimmerman, Kiss, & Hossain, 2011). Leido-Quigley et al. (2019) orient migrant health policy on the following principles:

The first is the right to health, enshrined in various national and international laws and conventions...A health system that excludes groups such as migrants cannot be described as universal. The second is economic. The evidence that migrants make a net contribution to economic growth is compelling. So too is the evidence that providing timely care for migrants saves money in the long term. (p. 3)

The incongruence between health and immigration policy has serious impacts and consequences that are often downloaded onto vulnerable migrant communities. Robust and well-informed migrant health policy requires collaboration from multiple stakeholders and a rights-based approach to health care (Wickramage, Simpson, & Abassi, 2019).

Policy actions and changes to the wait period policy can be framed within the social determinants of health and inequality framework, whereby factors that promote disease, vulnerability and risk exposure are addressed and rectified (National Collaborating Centre for Healthy Public Policy [NCCHPP], 2016; Victoria Health Promotion Foundation [VHPF], 2015). On its own, access to timely health care is a strong determinant of health (Starfield, Shi, & Macinko, 2005), which necessitates policy action to improve equitable and timely access to healthcare.

When looking at the health continuum, policy actions should be implemented at the time of greatest exposure in order to alter the trajectory of risk (NCCHPP, 2016; VHPF, 2015). Migrants are at a time of heightened vulnerability when they first arrive to BC; social isolation, income insecurity, language and cultural barriers, all of which are social determinants of health (SDOH), stratify many migrants below the average population (Hennebry, Mclaughlin, & Preibisch, 2015; World Health Organization, 2010). The wait period policy specifically impacts pregnant women, newborns and TFWs at a time of exposure to increased risk and poor health outcomes, which has ramifications across their life-span (Caxaj & Cohen, 2019;

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Equity and Access (cont’d)

Hennebry et al., 2015; Kalich, Heineman & Gahari, 2015). Approaching the policy from this angle, it is clear that amending the policy will have positive down-stream effects on health spending and health outcomes.

Spirit of the Canadian Health Act and Canada’s Human Rights Commitments

The CHA (1985) has a primary objective to “...protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers” (c. C-6, s. 3). The wait period policy contravenes the spirit of the CHA.

The Government of BC website and the MSC wait period policy suggest people purchase private insurance during the wait period (GOVBC, n.d.-b; MSC, 2015). Private insurance is not a viable option for most people, let alone migrants who are first arriving to Canada and likely do not have an income source. The cost of private insurance is on average \$500-920 CAD, and up to \$1,835 CAD for 90 days (Destination Canada, n.d.; Royal Sun Alliance, 2019), and is prohibitive to such a degree that most migrants will either incur debt by paying out of pocket, or more commonly will delay accessing care (Asanin & Wilson, 2008; Goel & Beder 2012; Goel, Bloch, & Caulford, 2013). The expectation that new immigrants and residents purchase private insurance contradicts the CHA’s direction to provide care based on need and not the ability to pay (CHA, 1985).

Canada’s commitment to the CHA principles and The United Nations (UN) International Covenant on Economic, Social and Cultural Rights (United Nations [UN], 1966) are debased when migrants are excluded from care (Chen, 2017, 2015; Leido-Quigley, 2019; Milne, 2015). Chen (2015) argues that “...exclusion from public health care programs potentially raises questions about its legality. This legal concern is accentuated by the reality that, among international migrants who are labeled by governments as temporary entrants ...many are in fact well-established members of Canadian society” (para. 10). The United Nations Human Rights Committee (UNHRC) recently issued a landmark decision condemning Canada for denying access to essential health care on the basis of immigration status based on the case of Nell Toussaint (UNHRC, 2018).

The Coverage Wait Period Review

MOC 15-074 currently describes a series of circumstances when the MSC may grant exemptions to the wait period in order to provide immediate coverage to an applicant through a process administered by the CWPRC. The MOH website states that waivers are only approved in the “most extenuating circumstances” (GOVBC, n.d.-b) and the CWPRC’s annual report for the 2017/2018 year states that 108 of 117 waiver applications were rejected (MSC, 2018).

MOC 15-074 states that the following criteria were used in developing appropriate circumstances for a waiver:

- protects the integrity of the publicly funded health care system;
- mitigates the impact of the applicant of physician and hospital costs incurred during the wait period which could constitute financial hardship
- addresses the impact of administrative error by MSP or its agents; and
- facilitates the application of the *Medicare Protection Act* and its Regulations. (p. 4)

Through its byzantine process and its insistence on approving only the most extenuating circumstances, the CWPRC’s process undermines this criteria, specifically the goal of mitigating costs on the healthcare system, as it in fact creates additional administrative and tertiary health care costs. Primary and preventative health care saves costs in the long-term. It is counterproductive to require, as the process currently does, a diagnosed condition needing *immediate treatment*, as nearly all untreated health conditions will ultimately deteriorate requiring a higher and more costly level of care.

Those with pre-existing conditions and pregnancy are neither eligible for private insurance nor a waiver to the wait period, and yet they are the patients who are most likely to need timely access to care in order to prevent more costly intervention in the future. The high costs of billing on residents within the three month wait is certainly causing financial hardship, considering the high costs billed to non-insured patients; however, the CWPRC requires applicants to incur the financial hardship *before* they can apply for a waiver, creating additional stress as people do

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Equity and Access (cont’d)

not know if their application will be accepted. By requiring applicants to provide individualized evidence, the CWPRC forces applicants into compromising and costly medical and financial situations before they can be determined as eligible for a waiver.

It stands to reason that most people do in fact meet the criteria that is meant to be used in developing appropriate circumstances for a waiver. Therefore, it should not be used to make exceptions but rather be the rule: this is most easily executed by removing the wait period for new and returning residents to BC coming from outside Canada.

Unintended Consequences: Costs and Vulnerable Populations

Financial Costs

The wait period policy increases health care spending in the long-term. Goel, Bloch, & Caulford (2013) share that “there is evidence to suggest that care is often delayed for the duration of the 3 months, resulting in the same financial cost to the public system, only 3 months later, as evidenced by an increase in physician billings when immigrants are in their fourth month of stay” (e271).

Accessing timely primary and preventative care is necessary to reduce the progression of disease and acute care costs (Bobadilla, Orchard, Magalhaes, & Fitzsimmons, 2017). It is generally accepted that for all populations, delaying diagnosis and treatment of chronic conditions results in worse outcomes, and unnecessary tertiary care. There is mounting evidence specific to migrant communities showing that providing care for migrants saves money in the long-term (Leido-Quigley et al., 2019). A study looking at four European countries in 2014-2015 found that providing timely access to primary care saved between 49%-100% of direct and indirect health care costs. The study recommends providing timely primary care to all people, regardless of immigration status (Trummer, Novak-Zezula, Renner, & Wilczewska, 2016). Similarly, between 1994-2013 changes in a German policy demonstrated that restricting access to health care for migrants and refugees was more costly over time (Leido-Quigley et al., 2019).

The Wellesley Institute did a two-part literature synthesis looking at the impact of the three-month wait period on new permanent residents (PR) in Ontario. In the study, the authors cite the wait period as a SDOH, because it prevents access to care, contributing to longer-term health disparities,

poor health outcomes and the decline of health status for immigrants. They also state that the policy “doesn’t make financial sense” (Sanchez, Cheff, Hassen, & Katakia, 2016, p. 7).

Migrant communities are already at higher risk for health concerns as they are less likely to have secure housing, income, and social support, and face the stress of navigating a new country and possibly a new language (Hennebry, McLaughlin, & Preibisch, 2015; Kalich, Heineman & Gahari, 2015). Creating barriers to accessing health care compounds migrants’ health risks, ultimately leading to greater personal and system-wide costs (Goel & Beder, 2012; Kalich et al., 2015; Sanchez et al., 2017).

The MSC does not have any published data on the amount it would cost to provide coverage for migrants on arrival compared to waiting three months. The Wellesley Institute has estimated that removing the three-month wait period in Ontario, which has a population almost three times larger than BC (Statistics Canada, 2016), would cost \$60 million (Sanchez et al., 2016). Based on Canadian and international research, providing timely access to primary care is more cost effective; therefore, delaying access to care will cost the system more in the long-term.

Pregnant Women

The wait period has varying degrees of impacts on new migrants and residents, who already face significant barriers to accessing care (Kalich et al., 2015). Pregnant women are among those most negatively impacted by coverage wait periods (Bobadilla et al., 2017). Delaying prenatal, labor, delivery, and postpartum care leads to poorer maternal and infant outcomes in all populations (Heaman et al., 2019).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

Unintended Consequences (cont’d)

Specifically, migrant women are at higher risk for birth complications, including infant morbidity and mortality (Bobadilla et al., 2017; Zimmerman et al., 2011). Delaying prenatal and obstetrical care is also shown to increase lengths of stay at neo-natal intensive care units, which is very costly (Heaman et al., 2019; Milne, 2015). A small study was conducted in Ontario that reflected some of the consequences pregnant women face during the wait period, including being denied private insurance (as pregnancy is a pre-existing condition), incurring debt, and being put in risky health situations (Goel et al., 2013).

The CWPRC’s annual report for the 2017/2018 year states that pregnant parents’ applications for a waiver were rejected because they were expected to have private insurance (MSC, 2018). Of note, the waiver application form specifically notes that “costs for routine, scheduled prenatal/ delivery services are NOT eligible for a waiver request” (BC Ministry of Health [MOH], 2019, p. 1), and yet the BC government website also acknowledges that most private insurers will not cover those with pre-existing conditions, including pregnancy (GOVBC, n.d.-b). Failure to provide coverage or waive the wait period for pregnant women and those with pre-existing conditions leaves no viable options for pregnant women and those who have acute or chronic health care needs to access necessary services (Milne, 2015).

Quebec has made some gendered exceptions to their wait period, including for pregnant women, birth care, and abortion (Regie de l’assurance maladie Quebec, n.d.). The evidence supports providing immediate and comprehensive health coverage, whereas forcing pregnant and post-partum women to wait for health care has serious risks, consequences and associated costs.

Infants and Children

Children and infants are also disproportionately impacted by the wait period policy. Even newborn babies born to non-resident parents are required to wait three months for health care coverage, despite being Canadian citizens and despite the first months of life being the most vulnerable. Canada signed onto the UN Convention on the Rights of the Child (CRC) in 1990. The document states that no child should be discriminated against for any reason or based on any status of their parents (UN, 1989). The UN CRC addresses

children’s fundamental right to health care: “...[T]he right of the child to the enjoyment of the highest attainable standard of health... States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services” (UN, 1989, p. 11).

In Ontario there is an exception to the wait period for newborns (Health Insurance Act, RRO, 1990). BC is denying these children and infants’ care during the wait period, which is not only costly but has enormous impacts on health outcomes and contravenes the UN CRC.

Migrant Workers

As more temporary foreign workers (TFWs) are being recruited to Canada (Caxaj, Cohen, 2019; GOVBC, n.d.-c), policies such as the wait period are creating the conditions for them to be exploited and denied their basic rights to health care, as outlined by the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990). 75% of Canada’s agriculture jobs are filled by migrant workers and in 2018 BC approved 16,890 migrant agriculture positions (Caxaj & Cohen, 2019).

TFW permits are tied to an employer, which sets up conditions for exploitation. Employers are meant to provide private insurance during the three-month wait period, however many do not meet this or other responsibilities to arrange transport or time off work for health appointments (Caxaj & Cohen, 2019; Hennebry et al., 2015). For many temporary foreign farmworkers who meet the eligibility requirements for MSP, the wait period makes coverage illusory, as most are only here for six months at a time. By the time they receive their Personal Health Number and BC Services Card, they are returned home.

Zimmerman et al. (2011) state “poor policy coordination and contradictory policy goals, such as increasing foreign labor requirements while maintaining restrictive rights for migrants, can exacerbate risk conditions related to migration and pose health challenges” (p. 5). In research for WorkSafe BC, Otero and Preibisch (2010) recommended health coverage upon arrival for migrant workers a decade ago. Health risks and outcomes for TFWs are very poor and denying access to care allows for health issues to fester and deteriorate (Caxaj & Cohen, 2019).

APPENDIX A: Policy Study of the “Three Month Wait” in BC

References

- Asanin, J., & Wilson, K. (2008). “I spent nine years looking for a doctor”: Exploring access to health care among immigrants in Mississauga, Ontario. *Social Science & Medicine*, 66(6), 1271-1283. doi: 10.1016/j.socscimed.2007.11.043
- BC Ministry of Health. (2007). B.C waives MSP waiting period for military families. Retrieved from https://archive.news.gov.bc.ca/releases/news_releases_2005-2009/2007HEALTH0164-001648.htm
- BC Ministry of Health. (2019). Request to waive the MSP coverage wait period. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/forms/293fl.pdf>
- Bobadilla, A., Orchard, T., Magalhaes, L., & Fitzsimmons, D. (2017). Ontario healthcare coverage eligibility among new permanent residents: A scoping review. *Journal of Immigrant & Refugee Studies*, 15(4), 384-405. doi:10.1080/15562948.2016.1214993
- Canada Health Act, RSC (1985, c. C-6). Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/c-6/>
- Caxaj, S. C., & Cohen, A. (2019). “I will not leave my body here”: Migrant farmworkers’ health and safety amidst a climate of coercion. *International Journal of the Environmental Research and Public Health*, 16(15). doi:10.3390/ijerph16152643
- CBC News. (2010). N.B waives waiting period for health coverage. Retrieved from <https://www.cbc.ca/news/canada/new-brunswick/n-b-waives-waiting-period-for-health-coverage-1.908995>
- Chen, Y. Y. B. (2015). Extending health care entitlement to lawful non-transient international migrants: Untapped potential of the universality principle in the Canada Health Act. *University of British Columbia Law Review*, 48(1), 79+. Retrieved from <https://link.gale.com/apps/doc/A403916552/CPI?u=unorthbc&sid=CPI&xid=2b7d8ec2>
- Chen, Y. Y. B. (2017). The future of precarious status migrants’ right to health care in Canada. *Alberta Law Review*, 54(3), 649-663. doi:10.29173/alr778
- Destination Canada. (n.d.). Rate schedule. Retrieved from <https://www.sbis.ca/wp-content/uploads/2016/07/Destination-Visitors-Rates.pdf>
- Goel, R., Bloch, G., & Caulford, P. (2013). Waiting for care: Effects of Ontario’s 3-month waiting period for OHIP landed immigrants. *Canadian Family Physician*, 59(6), 269-275. Retrieved from <https://www.cfp.ca/content/59/6/e269.full>
- Goel, R., & Beder, M. (2012). Welcome to Canada... but don’t get sick. *CMAJ*, 184(1), E103. doi:10.1503/cmaj.111095
- Government of BC. (n.d.-a). Are you eligible. Retrieved from <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/are-you-eligible>
- Government of BC. (n.d.-b). Coverage wait period. Retrieved from <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol/coverage-wait-period>
- Government of BC. (n.d.-c). Multiculturalism. Retrieved from <https://www2.gov.bc.ca/gov/content/governments/multiculturalism-anti-racism/multiculturalism>
- Health Insurance Act, RRO (1990 c. H.6). Retrieved from <https://www.ontario.ca/laws/regulation/900552#BK5>
- Heaman, M., Martens, P., Brownell, M. D., Chartier, M., Derksen, S., & Helewa, M. (2019). The association of inadequate and intensive prenatal care with maternal, fetal, and infant outcomes: A population-based study in Manitoba, Canada. *Journal of Obstetrics and Gynaecology*, 41(7), 947-959. doi:10.1016/j.jogc.2018.09.006
- Hennebry, J., Mclaughlin, J., & Preibisch, K. (2015). Out of the loop: (In)access to health care for migrant workers in Canada. *Journal of International Migration and Integration*, 17(2), 521-538. doi:10.1007/s12134-015-0417-1
- Kalich, A., Heinemann, L., & Ghahari, S. (2015). A scoping review of immigrant experience of health care access barriers in Canada. *Journal of Immigrant and Minority Health*, 18(3), 697-709. doi:10.1007/s10903-015-0237-6
- Legido-Quigley, H., Pocock, N., Tan, T. S., Pajin, L., Sphanchaimat, R., Wickramage, K., ..., Pottie, K. (2019). Healthcare is not universal if undocumented migrants are excluded. *British Medical Journal*, 366(14160), 1-5. doi:10.1136/bmj.l4160

APPENDIX A: Policy Study of the “Three Month Wait” in BC

References (cont'd)

- Medicare Protection Act, RSBC (1996 c. 286). Retrieved from http://www.bclaws.ca/civix/document/id/complete/statreg/96286_01
- Medical Services Commission. (2018). Medical services commission 2017/2018 annual report. pp.1-23. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msc-annual-report-2017-2018.pdf>
- Milne, K. (2015). Residency requirements for provincial healthcare coverage. pp. 1-5. Retrieved from <http://www.westcoastleaf.org/wp-content/uploads/2015/07/July-20-2015-ltr-to-Minister-of-Health.pdf>
- National Collaborating Centre for Healthy Public Policy. (2016). Policy approaches to reducing health inequalities.1-20. Retrieved from http://www.ncchpp.ca/docs/2016_Ineq_Ineq_ApprochesPPInegalites_En.pdf
- Otero, G. & Preibisch, K. Farmworker Health and Safety: Challenges for British Columbia. pp. 1-103. Retrieved from <http://www.sfu.ca/content/dam/sfu/people/otero/Otero-and-Preibisch-Final-Nov-2010.pdf>
- Regie de l'assurance maladie Quebec. (n.d.). Immigrants and foreign workers or students. Retrieved from <http://www.ramq.gouv.qc.ca/en/immigrants-foreign-workers-students/health-insurance/Pages/healthcare-covered.aspx>
- Royal Sun Alliance. (2019). Rates. Retrieved from <https://www.sbis.ca/wp-content/uploads/2017/09/Visitors-RSA-Rates-2017-english.pdf>
- Sanchez, J., Cheff, R., Hassen, N., & Katakia, D. (2016). Part one: Examining the health status & experiences of new permanent residents in the three-month wait for OHIP. 1-16. Retrieved from <https://www.wellesleyinstitute.com/wp-content/uploads/2016/07/Examining-Health-in-the-Three-Month-Wait-Part-One.pdf>
- Statistics Canada. (2016). Census profile, 2016 census. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=59&Geo2=PR&Code2=01&SearchText=british%20columbia&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0>
- Starfield, B., Shi, L., & Macinko, J. (2005). Contributions of primary care to health systems and health. *The Milbank Quarterly*, 83(3), 457-502. doi: 10.1111/j.1468-0009.2005.00409.x
- Trummer, U., Novak-Zezula, S., Renner, A., & Wilczewska, I. (2016). Thematic study: Cost analysis of health care provision for irregular migrants and EU citizens without insurance. pp. 1-112. Retrieved from https://eea.iom.int/sites/default/files/publication/document/Cost_analysis_of_health_care_provision_for_irregular_migrants_and_EU_citizens_without_insurance.pdf
- United Nations. (1966). International covenant on economic, social and cultural rights. Retrieved from <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>
- United Nations. (1989). Convention on the rights of the child. Retrieved from <https://www.unhcr.org/uk/4d9474b49.pdf>
- United Nations. (1990). International convention on the protection of the rights of all migrant workers and members of their families. Retrieved from <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>
- United Nations Human Rights Committee. (2018). Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning communication No. 2348/2014. Retrieved from <http://www.socialrights.ca/2018/D2348.pdf>
- Victoria Health Promotion Foundation. (2015). Fair foundations: The VicHealth framework for health equity (2nd ed.). 1-2. Retrieved from <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Web-Fair-Foundation-VicHealth-framework-for-health-equity.pdf?la=en&hash=EA5BFE306E2FoBA74406C8DBA459BF0650C1E3F7>
- World Health Organization. (2010). A conceptual framework for action on the social determinants of health. 1-79. Retrieved from https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf
- Wickramage, K., Simpson, P., Abassi, K. (2019). Improving the health of migrants. *British Medical Journal*, 366(15324), 1-2. doi:10.1136/bmj.15324
- World Health Organization. (2010). A conceptual framework for action on the social determinants of health. 1-79. Retrieved from https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf
- Zimmerman, C., Kiss, L., & Hossain, M. (2011). Migration and health: A framework for 21st century policy-making. *PLoS Medicine*, 8(5), 1-7. doi:10.1371/journal.pmed.1001034