

Cuts to IFHP Refugee Health Coverage and Calls to Action

Refugee Categories in Canada

Resettled Refugees

Government assisted refugees-GARs &
Privately sponsored refugees-PSRs

- Permanent residents
- 1 year of financial and social support
 - GARs: Fed govt funding & settlement agency support
 - PSRs: Private sponsors
- Health coverage:
 - Provincial coverage (eg OHIP)
 - IFHP for 1 year

Refugee Claimants

- Uncertain immigration status
- Finances:
 - Social assistance (eg OW)
 - Work permits (generally low income jobs)
- Social supports: Not coordinated
 - Shelter system, community organizations
- Health coverage:
 - IFHP until accepted or deported

Interim Federal Health Program

- **Temporary** health care coverage for refugees
- **Basic coverage:** MDs/Diagnostics/Laboratory tests/hospitalizations (similar to provincial coverage)
- **Supplemental services:**
 - Prescription medications
 - Emergency dental
 - Basic vision
 - Allied health: Physical therapy, counselling, limited home care, etc
 - Assistive devices: canes, wheelchairs, etc
- ****Most supplemental services require MD/NP referral AND pre-authorization**
- Coverage for 1 year for PSRs/GARs and until refugee claim accepted for claimants (or until definitively rejected)

Health Care Coverage for GARs/PSRs

- Provincial health card for basic coverage
- IFHP for supplemental services for **1 year**

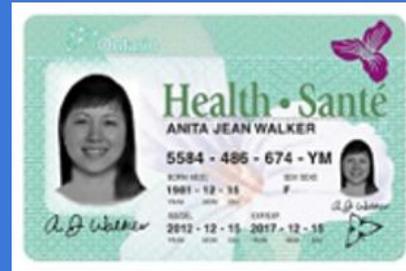


Photo: Settlement.org

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: _____ UCI:
Sex: _____
Citizenship: _____ Application no.: _____

NOT VALID FOR TRAVEL
DOES NOT CONFER STATUS

The above named individual is eligible for the following coverage:

Coverage:	Effective Date:	Valid Until:

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services (billed by the Interim Federal Health Program (IFHP)), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP, or I will notify CIC immediately of any changes to my immigration status, or I'll become eligible for another health insurance;
- understand that I is my responsibility to renew this coverage before _____ and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

SIGNED at _____ on _____

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web <https://canada.ca/health-care>, phone 1-866-974-1880 or fax 506-867-0824.

Client ID #: _____
Family name: _____
Given name(s): _____
Date of birth: _____

999 999 999 9999

Health Care Coverage Refugee Claimants

- IFHP for ALL coverage: basic and supplemental

 Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada

PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - B



CANADA

REFUGEE PROTECTION CLAIMANT DOCUMENT

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

EX000 000 000

0123456789

Application No: _____

UCI: _____

CLIENT INFORMATION

Family Name: _____
 Given Name(s): _____
 Date of Birth: _____ (yyyy/mm/dd)
 Sex: _____
 Country of Birth: _____
 Country of Citizenship: _____
 Date Issued: _____ (yyyy/mm/dd)
 Expiry Date: _____ (yyyy/mm/dd)

ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration Refugee Board.

As of _____ the above-named individual is eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.

Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned

Money in possession

Minister

NOT VALID FOR TRAVEL

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
 FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ CANADA - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

Canada 

Health care coverage	GAR / PSR	Refugee claimant	Individual on social assistance
Basic	Provincial health insurance	IFHP: until claim is accepted or definitively rejected	Provincial health insurance
Supplemental	IFHP: 1 year <i>Not eligible for social assistance & associated benefits in the first year of arrival</i>	IFHP: until claim is accepted or definitively rejected	Provincial extended health benefits: until no longer eligible based on income

IFHP exists because, without it, essential care would be inaccessible during this critical transition period

*Refugees are **fleeing from war, trauma, sexual violence, torture, persecution** and may have unmanaged health conditions, war-related injuries, and mental health trauma, with prolonged gaps in care pre-arrival.*

Early investment in refugees' health helps them get back on their feet faster

This is evidence-based, equitable health policy and economic policy

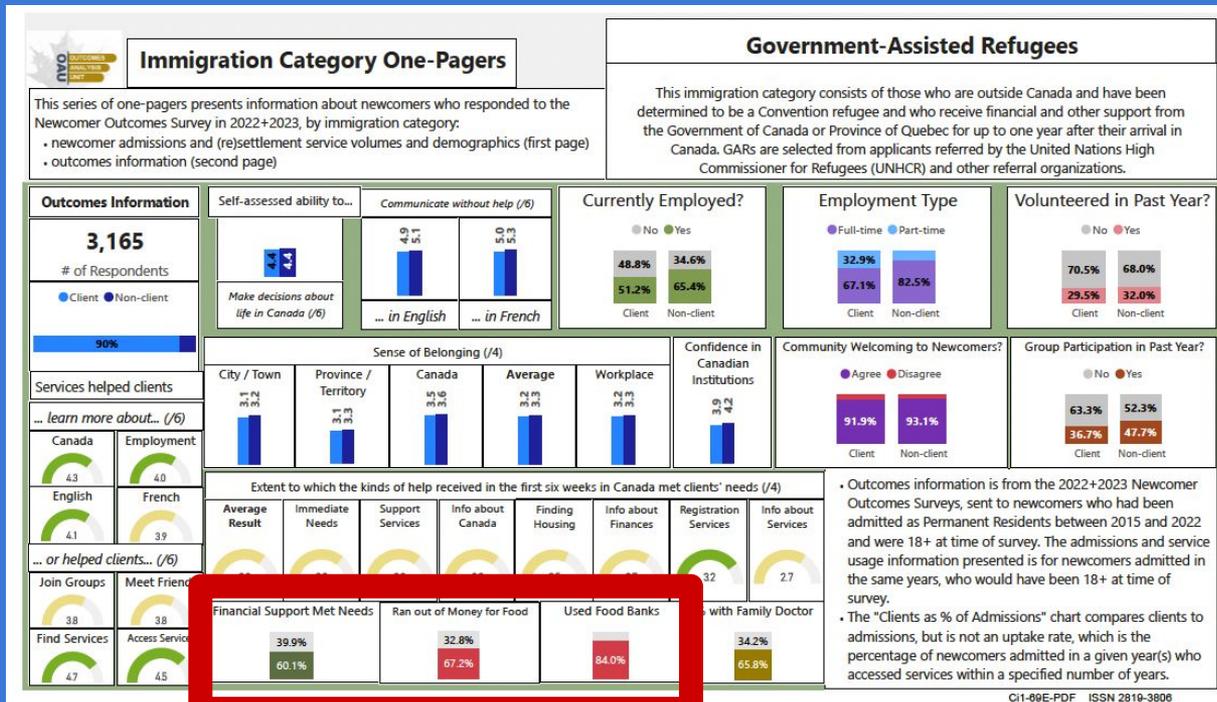
New IFHP Co-payments

Nov federal budget: 15% budget cut to IRCC → **cuts to IFHP**

- New co-payments on IFHP supplemental coverage:
 - \$4 for every prescription
 - 30% co-pay
 - Physical therapy
 - Counseling
 - Assistive devices
 - Basic vision
 - Emergency dental
- Starting May 1, 2026



Refugees and claimants have limited financial means



67.2% of GARs ran out of money for food

84% of GARs used food banks

Supplemental coverage is **essential**, not optional

No glasses
No meds
No wheelchair
No home oxygen
No trauma counseling

Poor health

Barriers to:

- School
- Learning English/French
- Work
- Volunteering
- Community involvement
- Civic engagement

WHAT HAPPENS WHEN ACCESS IS REDUCED?

When essential care is delayed, predictable and costly consequences follow:

- Untreated chronic hypertension or diabetes → stroke, ICU admission, amputation
- Delayed antibiotics → hospitalization
- Unaffordable counselling → mental health crisis and hospital admission
- Lack of oxygen or home care → prolonged hospital stays
- Untreated dental infection → emergency department visit

**COSTS ARE
SHIFTED, NOT
SAVED**

Increased ER Visits & Hospitalizations
**Canadian standard hospital stay cost = \$7826*

Higher IFHP & Provincial/Territorial Costs

Annual average publicly funded healthcare spending



VS



\$1,645

IFHP

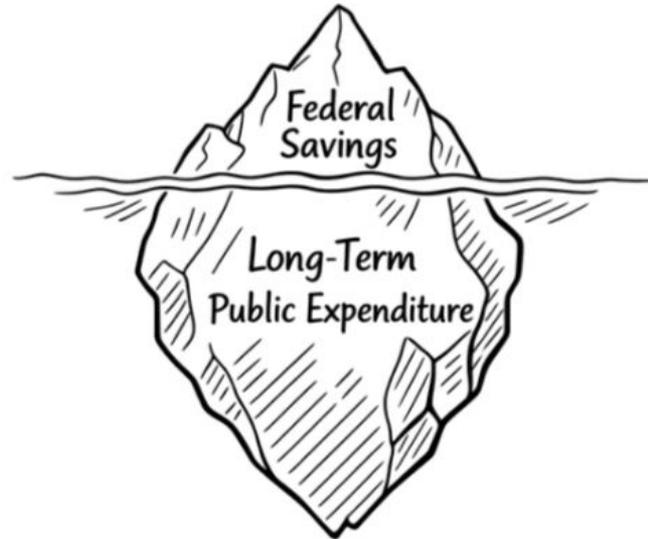
\$5,868

Average Provincial

SHORT-TERM FEDERAL “SAVINGS” LEAD TO LARGER DOWNSTREAM PUBLIC COSTS

Shifts higher acute care costs to provinces and territories

Increases emergency department and hospital utilization



Drives up IFHP spending for refugee claimants when acute care is required

Increases disability and long-term public expenditure

IFHP coverage is aligned with health benefits afforded to individuals on social assistance & low-income seniors (at similar low income level)

Example from Ontario

	Rx Meds	Vision	Dental	Physical therapy	Home care	Assistive devices	Mental Health Counseling
IFHP**		 <i>Exam & glasses, requires diagnosis</i>	 <i>Emergency dental only</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis; referral</i>	 <i>Requires DSM mental health diagnosis & MD/NP referral</i>
OW/ODSP		 <i>Exam & glasses</i>			 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis & referral</i>	<i>OHIP-covered GP psychotherapy with MD/NP referral; Community Health Centres (CHCs); community mental health organizations; sliding scale therapists; community hospice counseling services; Ontario structured psychotherapy program</i>
Seniors		 <i>Exam</i>			 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis & referral</i>	
Children		 <i>Exam</i>			 <i>Requires diagnosis & referral</i>	 <i>100% coverage for Children with Severe Disabilities; 75% if not</i>	

IFHP coverage is aligned with health benefits afforded to individuals on social assistance & low-income seniors (at similar low income level)

Example from BC

	Rx Meds	Vision	Dental	Physical therapy	Home care	Assistive devices	Mental Health Counseling
IFHP**		 <i>Exam & glasses, requires diagnosis</i>	 <i>Emergency dental only</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis; MD/NP referral</i>	 <i>Requires DSM mental health diagnosis & MD/NP referral</i>
Social assistance		 <i>Exam & glasses</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	
Seniors		 <i>Exam</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	
Children		 <i>Exam</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>100% coverage for Children with Severe Disabilities; 75% if not</i>	

IFHP coverage is aligned with health benefits afforded to individuals on social assistance & low-income seniors (at similar low income level)

Example from Alberta

	Rx Meds	Vision	Dental	Physical therapy	Home care	Assistive devices	Mental Health Counseling
IFHP**		 <i>Exam & glasses, requires diagnosis</i>	 <i>Emergency dental only</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis; MD/NP referral</i>	 <i>Requires DSM mental health diagnosis & MD/NP referral</i>
Social assistance		 <i>Exam & glasses</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	
Seniors		 <i>Exam</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & MD/NP referral</i>	
Children		 <i>Exam</i>			 <i>Requires diagnosis & MD/NP referral</i>	 <i>100% coverage for Children with Severe Disabilities; 75% if not</i>	

IFHP coverage is aligned with health benefits afforded to individuals on social assistance & low-income seniors (at similar low income level)

Example from Quebec

	Rx Meds	Vision	Dental	Physical therapy	Home care	Assistive devices	Mental Health Counseling
IFHP**		 <i>Exam & glasses, requires diagnosis</i>	 <i>Emergency dental only</i>	 <i>Requires diagnosis & MD/NP referral</i>	 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis; referral</i>	 <i>Requires DSM mental health diagnosis & MD/NP referral</i>
OW/ODSP		 <i>Exam & glasses</i>			 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis & referral</i>	<i>OHIP-covered GP psychotherapy with MD/NP referral; Community Health Centres (CHCs); community mental health organizations; sliding scale therapists; community hospice counseling services; Ontario structured psychotherapy program</i>
Seniors		 <i>Exam</i>			 <i>Requires diagnosis & referral</i>	 <i>Requires diagnosis & referral</i>	
Children		 <i>Exam</i>			 <i>Requires diagnosis & referral</i>	 <i>100% coverage for Children with Severe Disabilities; 75% if not</i>	

**Additional Barriers to IFHP Covered Care

- IFHP covered services must be delivered by **IFHP-registered providers**
 - Huge gaps and variability in availability of IFHP service providers depending on location and service type
- Most IFHP supplemental services (and some basic coverage) **require MD/NP referral and pre-authorization**
 - Often results in significant service delays

THE REAL DRIVER OF RISING IFHP COSTS

Backlogs at the Immigration and Refugee Board (IRB) prolong IFHP enrolment and keep claimants in limbo. Addressing backlogs--while maintaining due process--would shorten IFHP coverage duration and reduce federal expenditures



MAINTAIN IHFP COVERAGE, IMPROVE IRB PROCESS

WE ARE ALL A COMMUNITY!
AND WE HAVE A RIGHT TO HEALTH!*

SOME OF US
HAVE BEEN
HERE FOREVER.

SOME OF US
ARE JUST
GETTING
STARTED



TOGETHER WE
TEACH, HEAL,
PROVIDE CARE,
GROW THINGS
AND PRODUCE
THINGS

TOGETHER WE
MAKE
COMMUNITY

HEALTHY PEOPLE
MAKE HEALTHY
COMMUNITIES

IE. WHY IFHP CUTS
HURT US ALL

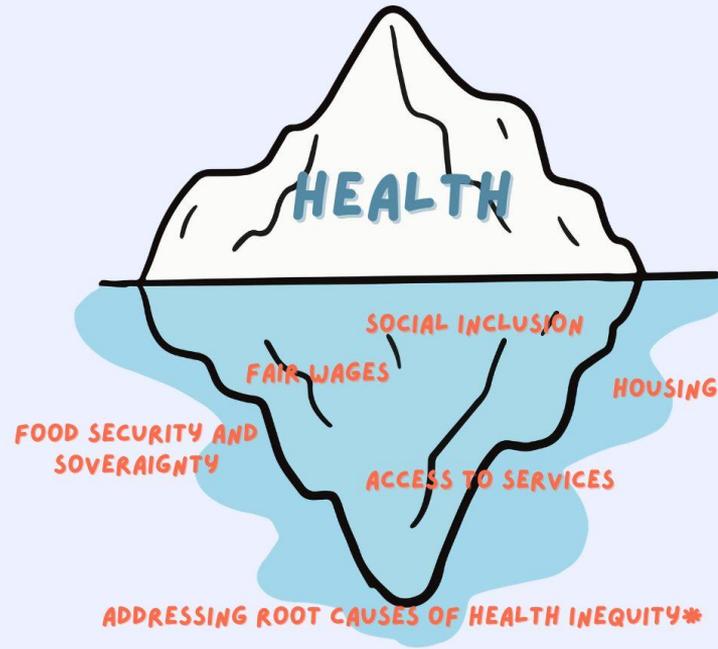


*WORLD HEALTH ORGANIZATION

- EVERY HUMAN BEING HAS THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH. COUNTRIES HAVE A LEGAL OBLIGATION TO DEVELOP AND IMPLEMENT LEGISLATION AND POLICIES THAT GUARANTEE UNIVERSAL ACCESS TO QUALITY HEALTH SERVICES AND ADDRESS THE ROOT CAUSES OF HEALTH DISPARITIES, INCLUDING POVERTY, STIGMA AND DISCRIMINATION.
- UNIVERSAL HEALTH COVERAGE (UHC) GROUNDED IN PRIMARY HEALTH CARE HELPS COUNTRIES REALIZE THE RIGHT TO HEALTH BY ENSURING ALL PEOPLE HAVE AFFORDABLE, EQUITABLE ACCESS TO HEALTH SERVICES.

[HTTPS://WWW.WHO.INT/NEWS-ROOM/FACT-SHEETS/DETAIL/HUMAN-RIGHTS-AND-HEALTH](https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health)

HEALTH INVOLVES MANY THINGS



*STRUCTURAL DETERMINANTS OF HEALTH LIKE COLONIALISM, RACISM, ABLEISM, AND ALL THE SYSTEMS WITHIN LAW/GOVERNANCE/ECONOMICS THAT CREATE BARRIERS TO HEALTH



AUSTERITY IS A COVER

WITH INCREASING MILITARY SPENDING AND TAX CUTS FOR THE WEALTHY, THE AUSTERITY NARRATIVE IS MEANT TO MANUFACTURE CONSENT FOR CUTS TO HEALTH, HOUSING, AND SOCIAL PROGRAMS

IT IS ABOUT PUNCHING DOWN, WHEN WE SHOULD BE RAISING EVERYBODY UP

CUTS TO CARE ARE A POLITICAL CHOICE, NOT A NECESSITY



US VS. THEM IS A FALSE DIVIDE

STRUCTURAL DETERMINANTS OF HEALTH (SYSTEMS OF POWER) OFTEN LEAD TO FORCED MIGRATION

WE ARE ALL AFFECTED BY THESE SYSTEMS, ALTHOUGH THE EFFECTS AND BURDEN ARE CARRIED INEQUITABLY

LET'S RAISE THE STANDARDS, INSTEAD OF PUNCHING DOWN

HEALTH FOR ALL!
NO CUTS TO CARE!



COMMUNITY

IFHP Cuts: Advocacy & Calls to Action



Protests in 2012 when Conservative gov't under Harper made sweeping cuts to IFHP

Call & Meet Your MP!



My name is [...] and I'm a constituent of MP [...]. My postal code is [...]. *I work as [...] at [...].*

I urge the government to rescind the proposed Interim Federal Health Program (IFHP) co-payments and fully reinstate the program to ensure access to comprehensive health care for newly arrived refugees and claimants.

The upcoming IFHP co-payments will:

- Deny refugee newcomers access to essential medications and services, resulting in worsening health
- Lead to more costly emergency department visits and hospitalizations, driving up health care costs and increasing wait times in already strained emergency departments
- Delay individuals' participation in the workforce and community due to unmanaged health conditions.

Furthermore, most IFHP supplemental benefits are on par with coverage provided to individuals on provincial social assistance who are at a similar income level.

These IFHP co-payments punish refugees, who are fleeing from persecution, sexual violence, war, and torture, by denying them essential health care. Financially, the co-payment plan will **cost Canada more, not less.**

[If applicable, link to the MP's role– eg. "as a member of the Standing Committee on Immigration", or "as a champion for immigrants and newcomers" or "as someone who understands wise investment"], **I am asking MP [...] to reverse the proposed IFHP co-payments and fully reinstate the program.**

Optional: I would like to request a meeting with MP [...] to discuss further.

CRHN Policy brief

P O L I C Y B R I E F

Why Refugee Health Co-Payments Will Cost Canada More, Not Less

Canadian Refugee Health Network

Prepared for Members of Parliament

February 2026

Key Message: The federal government's decision to introduce co-payments for medications and supplemental services under the Interim Federal Health Program (IFHP) is fiscally counterproductive and poor health policy. Rather than saving money, co-payments will shift costs to provinces, increase emergency department and hospital use, and worsen health outcomes for newcomers.

Policy Recommendations

1. **Maintain full Interim Federal Health Program (IFHP) coverage for all beneficiaries without co-payments.**
2. Accelerate Refugee Claim Processing to Reduce Prolonged IFHP Costs
3. Invest in Early Comprehensive Primary Care to Prevent Cost Escalation and Promote Economic Participation
4. Conduct a Health and Economic Impact Assessment Before Implementation of any IFHP Co-payments or Cuts to Services
5. Align Fiscal Policy with Health System Sustainability
6. Implement a Secure Digital Pre-Departure Medical Record Platform
7. Implement Cost-Effective Pre-Departure Screening, Treatment, and Immunization Programs

CUTTING CANADIAN REFUGEE HEALTH: THE TRUTH ABOUT IFHP CO-PAYMENTS

A POLICY BRIEF BY THE CANADIAN REFUGEE HEALTH NETWORK

INHUMANE: FINANCIAL & HUMAN HARM



- EVEN SMALL CO-PAYMENTS CREATE SIGNIFICANT BARRIERS
- MOST REFUGEES ARRIVE WITH extremely LIMITED MEANS

 A 30% CO-PAYMENT FOR SUPPLEMENTAL SERVICES (Mental Health, Mobility, Vision, Dental) functions as a DENIAL OF CARE

- VULNERABLE POPULATIONS FACE delayed treatment & deteriorating conditions
- DISABILITY & FUNCTIONAL IMPAIRMENTS follow 

COSTLY: FISCAL ILLUSION & COST SHIFTING



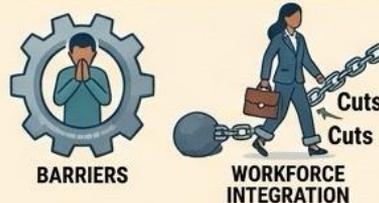
- CO-PAYMENTS SHIFT COSTS TO PROVINCES & TERRITORIES
- INCREASED EMERGENCY DEPARTMENT & HOSPITAL USE
- AVERAGE CANADIAN HOSPITAL STAY COSTS ~\$7,800
- DELAYED TREATMENT LEADS TO:
 - Stroke, ICU admissions, amputations
- RISKS PUBLIC HEALTH: Increased disease transmission of TB, HIV, and Hepatitis due to reduced treatment uptake

Unmet Need

Result

Estimated Cost
\$7,800+
PER STAY

THE WRONG MOVE FOR CANADA: LONG-TERM DAMAGE



- SABOTAGES REFUGEE INTEGRATION
- HEALTH UNDERMINED in critical first years
- DELAYS ECONOMIC CONTRIBUTION & workforce participation
- INCREASES LONG-TERM DISABILITY CLAIMS
- REPEATS THE costly MISTAKES OF 2012 (found unconstitutional)
 - Without glasses/hearing aids, can't learn English or work
 - Lack of therapies leads to dependency

THE BETTER PATH: EVIDENCE-BASED RECOMMENDATIONS



SMART POLICY

1. MAINTAIN FULL IFHP COVERAGE FOR ALL BENEFICIARIES WITHOUT CO-PAYMENTS
2. ACCELERATE REFUGEE CLAIM PROCESSING to reduce prolonged enrollment & costs
3. INVEST IN EARLY COMPREHENSIVE PRIMARY CARE for prevention & economic participation
4. IMPLEMENT DIGITAL PRE-DEPARTURE MEDICAL RECORDS to reduce duplicate testing & improve care
5. FUND COST-EFFECTIVE PRE-DEPARTURE SCREENING, TREATMENT, & IMMUNIZATION

CUTTING PREVENTIVE COVERAGE FOR THE MOST VULNERABLE IS NOT COST CONTAINMENT; IT IS A POSTPONEMENT OF EXPENSES RESULTING IN GREATER HUMAN SUFFERING & HIGHER PUBLIC COSTS.

MRN Petition: Sign & Amplify!

MIGRANT RIGHTS NETWORK

TAKE ACTION MEETINGS AND EVENTS UPDATES ABOUT DONATE   



Stop Cuts to Refugee Healthcare

[MigrantRights.ca/StopIFHPCuts](https://migrantrights.ca/StopIFHPCuts)

Stop Cuts to Refugee Healthcare

On May 1, 2026, the federal government will force refugees and asylum seekers to pay out-of-pocket for essential health care including critical medications, dental care, mental health counseling, vision care, and physiotherapy under the Interim Federal Health Program (IFHP). Send an email to decision makers now – we only have weeks left to stop this injustice.

The IFHP has provided basic health coverage to people fleeing war, genocide, torture, and persecution since 1957 while they wait to access provincial health care. Now, for the first time in the program's history, refugees will face a \$4 fee every time they pick up a prescription, and a 30% co-payment on dental, vision, counseling, and other supplemental care.

\$4 doesn't sound like much. But consider this: a refugee managing diabetes and hypertension may be on five or six medications. That's \$20-\$24 every month just to pick up their prescriptions – and then there are additional costs now trauma support, glasses or seeing the dentist. For someone working a minimum wage job with no benefits, that's impossible. Many refugees can't work because work permits are often delayed. They won't fill the prescriptions. They won't go to the dentist. They won't get the counseling they need after surviving trauma. They will get sicker and end up in emergency rooms that cost the government far more than prevention would have.

Reverse the cuts to refugee health care — halt IFHP co-payments now!

TAKE ACTION

Welcome back, Jim!
[Not Jim? Click here.](#)

Street Address *

City *

First Name *

Last Name *

Postal Code *

NEWS/OP
PLEASE SELECT ONE *

I am a migrant without permanent resident status in Canada

I am a healthcare worker

I am a supporter

START WRITING

Opt in to email updates from Migrant Rights Network

Sponsored by: Migrant Rights Network



<https://migrantrights.ca/actionslist/stopifhpcuts/>

Get an Organizational Statement/Letter!



CFPC concerned about the introduction of mandatory co-payments under the IFHP

February 13, 2026



Canadian Association of Emergency Physicians (CAEP)
509 – 350 Sparks Street, Suite 509, Ottawa, ON Y1R 5C8
1-800-463-1158 www.caep.ca

March 2026

Honourable Lena Metlege Diab
Minister of Immigration, Refugees and Citizenship House of Commons
Ottawa, Ontario K1A 0A6

CAEP Statement on Reducing Health Care Coverage for Refugees and Asylum Seekers

The Canadian Association of Emergency Physicians (CAEP) is deeply concerned about the health care coverage under the Interim Federal Health Program (IFHP) to refugees and refugee claimants.



Hon. Lena Metlege Diab
Minister of Immigration, Refugees and Citizenship
House of Commons
Ottawa, ON, K1A 0A6

February 20, 2026

Dear Minister Diab,

We are writing to express our grave concerns regarding the changes to the Interim Federal Health Program (IFHP) announced by Immigration, Refugees and Citizenship Canada on January 27, 2026. Requiring IFHP beneficiaries to pay out-of-pocket \$4 for every eligible prescription and 30% of the cost of all eligible supplemental health products creates an extremely high barrier to accessing essential healthcare for some of the most marginalized families in Canada.



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Upholding Canada's Promise: CASW Advocates for Refugee Rights

[Home](#) [News](#)

Ottawa, ON - March 5, 2026 - Today, the Canadian Association of Social Workers (CASW) is expressing its deep concern to the Government of Canada about the unfair policy focus on refugees and asylum seekers currently being enacted by newly introduced federal legislation, regulations, and the continued upholding of the Safe Third Country Agreement with the United States of America (USA).

CPS Petition: Sign & Amplify!



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Clinical Practice

Professional Education

News & Publications

Programs

HOME / ADVOCACY / SPEAK OUT: PROTECTING IFHP BENEFITS

Speak Out: Protecting IFHP Benefits

Protecting IFHP Benefits

Changes announced to the Interim Federal Health Program (IFHP) [introducing a co-pay for prescriptions and eligible supplemental health products](#) will create an insurmountable barrier to essential healthcare for some of the most marginalized families in Canada.

Write to your representatives today to urge them to support a reversal of these changes and to commit to ensuring universal healthcare for all!

We encourage you to customize the template email to share your personal knowledge and experiences.



<https://cps.ca/en/advocacy-defense/speak-out-protecting-ifhp-benefits>

CMAA Petition: Sign & Amplify!



Stop fees before they drive up health care costs and delay care

Send your letter now.

Starting May 1, the federal government plans to introduce new co-payments under the Interim Federal Health Program (IFHP).

People covered under IFHP, including refugees, victims of trafficking and family violence, will face a \$4 co-payment per prescription and 30% co-payments for services such as dental care, vision, mental health supports and essential medical supplies.

For families facing financial constraints, these fees are a major barrier to care. When people can't afford prescriptions or urgent dental treatment, they delay care. This aggravates health conditions and increases chances of them ending up in emergency rooms. **ER costs don't just disappear. They increase strain on taxpayer-funded health systems — affecting *everyone* waiting for care.**

Let's get ahead of this problem.

Send a letter to Minister of Immigration, Refugees and Citizenship, Lena Diab to drop copays and work with providers on solutions that prevent

<https://www.cma.ca/get-involved/health-advocacy>

STOP CUTS **TO** **REFUGEE** **HEALTHCARE**

PHONE ZAP

Mar 30 - 7 pm ET

Apr 1 - 12 pm ET



**Migrant Rights Network,
Canadian Council for Refugees,
Canadian Refugee Health
Network**

Social Media Campaign

INSTAGRAM @[no.cuts.to.care](https://www.instagram.com/no.cuts.to.care)

linktr.ee/NoCutsToCare

