TORONTO

STAFF REPORT
INFORMATION ONLY

OHIP Coverage for New Immigrants with Tuberculosis

Date:	February 10, 2011
To:	Toronto Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

This report provides an update regarding the impact of the three month wait period for Ontario Health Insurance Plan (OHIP) coverage for new landed immigrants, and the resultant potential risks to the community posed by this policy.

This report also serves to inform the Board of Health of a recent submission by Toronto Public Health to the Province of Ontario's 2011 pre-budget consultations urging the abolition of the current OHIP wait period for newly arrived landed immigrants. The submission to the Province of Ontario, while supporting a full removal of the wait period, focussed strongly on communicable diseases of public health importance such as Tuberculosis (TB).

Financial Impact

There are no financial implications to the City of Toronto arising from this report.

DECISION HISTORY

On September 17, 2009 the Board of Health TB Sub-Committee recommended to the Board of Health that the Ministry of Health and Long-Term Care (MOHLTC) be urged to eliminate the three month wait period for Ontario Health Insurance Plan (OHIP) coverage for new immigrants with Tuberculosis in Ontario. This recommendation was made in light of the continuing inequity and the public health implications of failing to support all TB patients through successful treatment.

Consequently, on October 19, 2009, the Toronto Board of Health requested that the Chair of the Board of Health send a letter to the MOHLTC urging that the three month wait period for OHIP coverage for new immigrants with Tuberculosis in Ontario be eliminated. In this letter it was stated that in light of this continuing inequity, the economic rationale and the public health implications of failing to support TB patients through successful treatment, the Toronto Board of Health urges the MOHLTC to immediately eliminate the three month wait period for OHIP coverage for new immigrants diagnosed with active tuberculosis.

A response to this letter was received by the Chair of the Board of Health on July 29, 2010. The Minister indicated that in the MOHLTC's view the TB-UP program, which covers certain services for persons with TB, and private insurance purchased by the newcomer are adequate solutions.

Toronto Public Health staff continue to support individual clients diagnosed with TB during their OHIP wait period to obtain necessary medical care and contain any public health risk while trying to minimize the financial impacts on their lives.

In December 2010 TPH submitted a formal appeal to OHIP on behalf of a TB patient who arrived in Canada as a landed immigrant, and was diagnosed with active TB during his OHIP wait period. Private bridge medical insurance *would not* cover TB as insurance companies consider it a “pre-existing condition”; and current provincial funding to pay for TB care for those without OHIP covers only outpatient diagnostics and treatment. The case in question was hospitalized for both respiratory isolation (i.e. to protect others) and management of medication side-effects – and billed $24,000.

On January 24, 2011 Toronto Public Health was advised that the Infectious Diseases Prevention and Control Section of the MOHLTC had agreed to cover the cost of hospitalization for this client. OHIP requested that TPH therefore withdraw the appeal application submitted on this client’s behalf, which TPH did.

The MOHLTC is clear that this was a one-off patient-specific decision and it is unknown if the MOHLTC will cover the costs for future active TB cases hospitalized for TB isolation and/or treatment during their three month OHIP wait period.

On February 1, 2011 the Medical Officer of Health submitted a letter to be considered as part of the Government of Ontario's 2011 pre-budget consultation to indicate once again strong support for the abolition of the OHIP wait period for newly landed immigrants in Ontario, be included in the 2011 Budget – at the very least for communicable diseases of public health importance (see Attachment 1). This submission was supported by a range of other interveners to the budget process and the letters are attached.

ISSUE BACKGROUND

Landed immigrants have status here in Ontario from the moment they are granted "landing". They have met all the Canadian immigration requirements, made a commitment to Canada, and are starting a new life here. However, although also technically eligible for OHIP on arrival in Ontario, landed immigrants are required under regulation 552 of Ontario's Health Insurance Act to wait three months before they are actually issued coverage.

While Canadian citizens who move to Ontario from other parts of Canada also face a waiting period for coverage, this usually has no impact as they will continue to be covered by the province they moved from (through reciprocal billing agreements) until the full OHIP coverage kicks in. Newly arriving landed immigrants from overseas, however, have no departure province to cover them.

The rationale generally given for the wait period provision by B.C. and Ontario, the two Canadian provinces which still maintain a comprehensive wait period for newly arrived landed immigrants is that this process is designed to discourage “medical tourism”.

Having already gone through the lengthy, detailed and costly process to actually achieve landed immigrant status in Canada, the premise that landed immigrants are potential medical tourists lacks plausibility and is inconsistent with, for example, the status of refugee claimants in Canada. Refugee claimants who subsequently may or may not be approved for landed immigrant status are currently provided health care coverage under the Interim Federal Health Program for refugee claimants beginning the moment that a refugee claim is made.

New Brunswick announced the removal of the waiting period for healthcare coverage for new immigrants in February 2010.

Quebec, while instituting a wait period in 2010, has a range of important exemptions not found in Ontario including for maternal health, victims of violence, communicable disease control and childhood immunizations.

Tuberculosis Treatment

Treatment for active infectious TB can be legally mandated by the MOH in Ontario under the Health Protection and Promotion Act (HPPA), consistent with many jurisdictions around the world, because of the public health threat posed to others by untreated cases.

If necessary, Ontario public health law allows a judge to authorize detention under guard in hospital for those who refuse to co-operate with respiratory isolation while they are infectious, and/or with TB treatment.

While all denial of health services to newly landed immigrants can have significant impacts to the individuals; because of the risk to others, communicable diseases are of concern for the health of the broader population.

Immingrants can legally decide to defer or refuse treatment for diabetes, broken bones, even cancer or kidney failure, etc, if they have no health insurance - a regrettable situation, but legally permissible - this is not the case for Tuberculosis.

Individuals diagnosed with active TB do not have a choice to defer treatment until they have OHIP coverage, or to avoid hospitalization if they cannot be safely isolated elsewhere while infectious. This can place landed immigrants with TB in an untenable situation.

Even if complying with everything asked of them by the Public Health authorities, and doing everything they can to avoid spreading their TB to others, they can be charged thousands of dollars for hospital care – charges they are required to incur to protect their fellow Ontarians.

Tuberculosis is only one of the communicable diseases affected by the OHIP waiting period, but serves well to illustrate the problems and potential risks with the current Ontario policy.

The delay in OHIP coverage for newly arrived landed immigrants who develop active TB is an anomalous gap in our ability to provide comprehensive TB control for all Ontarians and is inconsistent with the protection of our communities from preventable, serious illness at school, work, and home.

New immigrants are going to get OHIP coverage – their eligibility is not in question, only the timing. Delaying critical care for conditions such as TB that pose a risk to other Ontarians is short-sighted, and increases the risk of serious infectious disease in our community. New immigrants deserve the same health care coverage as other legal permanent Ontario residents; anything less is both shameful and a risk to public health.

COMMENTS

Conditions such TB, are severe diseases, which can be spread to other Ontarians if they are not diagnosed and treated early. Meningococcal disease (causes infections of the brain), Typhoid, and Measles are other examples. TB, while not common in Ontario, still infects and kills millions every year around the world. The latest World Health Organization figures indicate that TB sickened 9.4 million and killed 1.7 million people in 2009. Many Ontarians who settle here come from countries heavily affected by TB. They can unknowingly carry a dormant infection here, only to become ill in their new home.

Tuberculosis can kill even here in Ontario, with the best care available; treatment with multiple specialized antibiotics is very intensive and takes 6-24 months. TB is not as infectious as Chickenpox or Measles, but it spreads through the air when the ill person coughs, sneezes, or even talks. Close contacts (rather than casual contacts, for example in the grocery store or on the subway) are most at risk. An untreated TB case can infect 10-15 people over the course of a year. Most people who breathe in TB bacteria will not

become sick, but over a lifetime about 10% will develop active TB at some point themselves.

There are about 600 cases of TB reported annually each year in Ontario – approximately half of these are among residents of Toronto. Rates have been falling slowly because of long-standing control programs and intensive public health and medical management of cases, but Toronto, and more generally the GTA, remains the jurisdiction with the highest number of TB cases in the country.

We have a collective vested interest in everyone in our communities with TB having timely access to care. Every day someone with infectious TB goes without health care, the infection can unwittingly spread through the air to others around them in our communities. Not all bad coughs are TB – but there is no real way to distinguish without medical assessment. New immigrants need timely access to health care for communicable diseases.

Current Coverage for TB Treatment

Arriving immigrants are advised by the Ontario government to buy bridge health insurance, to cover the OHIP wait period. However, as recently re-confirmed by TPH, commercially available health insurance packages to cover the OHIP wait period do not cover TB diagnosis or treatment. Insurance companies consider TB a "pre-existing condition" because of the often long dormant period between initial infection and when people actually become ill and infectious. Thus new immigrants with TB are not covered even if they do follow provincial advice to get bridge health insurance.

Ontario does have a program to pay for TB care for uninsured persons: TB-UP. It covers outpatient TB diagnostic work-up and treatment once someone is enrolled in the program, but not the expensive hospital care required by about 40% of TB patients in Toronto. It also does not address the very real barriers for new immigrants with "a bad cough" during the OHIP wait period getting their initial diagnosis of TB. If someone in the wait period goes to a walk-in clinic it will cost them several hundred dollars for the assessment and chest x-ray which may lead to the diagnosis of TB. Not surprisingly, unless they are severely ill, most people will wait until they have coverage before they seek medical care. And yet, people with TB may be ill and infectious for many weeks before they reach this stage.

TB-UP is also extremely cumbersome; involving so much paperwork that it is a disincentive for health care providers to participate. Many physicians will not see patients on TB-UP; some others go unpaid because the paperwork would take so much time away from direct care. TB-UP will only cover care prospectively – the crucial initial medical visit where the diagnosis is first considered must be paid for by the patient, who often at that point has no idea he has anything other than “a bad cough” - another clear disincentive for timely care.

TB-UP does not cover hospital care even for those with the worst public health issues: people who are highly infectious, and people who have drug-resistant TB. Extremely

Drug-Resistant Tuberculosis, which has been found in countries around the world including Canada, may be almost untreatable. These patients need to be safely in hospital, quickly, for the protection of everyone.

Uninsured hospital care for TB is a devastating problem for a very small number of people. These patients are legitimate permanent residents of Ontario who will actually have OHIP coverage in a matter of weeks or months, but because of bad timing – and regardless of the public interest in their treatment – they are responsible for the entire cost of hospital care.

Some Toronto patients have been billed up to $70,000 for hospital TB care. There are Ontario families who have incurred huge debts because a family member without health care coverage was diagnosed with TB requiring hospitalization, and under public health law the treatment was mandatory.

Immigration screening for TB

Immigrants coming to Canada have an Immigration Medical Exam (IME) in their country of origin, which screens for infectious TB. However, the IME is valid for up to twelve months; some individuals may have been well at the time they were cleared by immigration, but become ill in the interval before they move to Ontario, or shortly after.

Indeed the first two years after immigration are the highest risk period for progression to active, infectious TB. Access to health care throughout this time is essential for people with TB to be diagnosed and treated as soon as possible. The longer treatment is delayed, the more infectious the TB becomes.

Medical Surveillance for TB

Immigrants who have active TB ruled out on their IME, but show scarring on their chest x-ray indicating higher risk of active TB in the future, are referred for medical follow-up in Canada under the post-landing medical surveillance program of Citizenship and Immigration Canada.

About 1,300 people are referred to TPH each year under this program. These individuals have been cleared to come to Canada, but are required to contact the local public health unit for a TB assessment within 30 days of arrival.

If they have no symptoms TPH generally advises them to delay the full medical assessment and chest x-ray until they have OHIP coverage. While TB-UP would cover a TB work-up prior to OHIP eligibility if they develop symptoms, it can often be difficult for people to understand this. Again, private medical insurance does not cover TB assessment or care for individuals on medical surveillance, so despite these individuals being high risk for active TB they have no way to obtain adequate coverage.

In Toronto about 20 people each year are diagnosed with TB as a result of a post-landing medical surveillance assessment. Most of these cases are fairly early in the disease, but this only means they are somewhat less infectious, not non-infectious.

TB During the OHIP Wait Period

In Toronto from 2006-2010, an average of 11 cases of TB each year were diagnosed within the first three months of arrival in Canada. Almost a quarter of these were landed immigrants or returning Canadian citizens. Most of the others were refugee claimants – who by contrast do have health care coverage, through Interim Federal Health. It is difficult to identify instances of TB transmission during the 3 month OHIP waiting period which may have been avoided by timely access to care because source of infections is often unclear. However on average another 12 cases a year are diagnosed in the 3- 6 months after arrival, many of whom were already ill (and potentially infectious) during the initial three-month OHIP wait period.

In the context of the provincial health care budget, these are not large numbers, even including individuals on medical surveillance. Yet each of these TB cases can infect other Ontario residents, becoming more infectious as the weeks pass. The cost of providing full coverage to these individuals during the OHIP wait period is small – but the public health implications of not doing so for the rest of Ontarians is not.

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SIGNATURE

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Medical Officer of Health

ATTACHMENTS

Attachment 1: Letter submitted by the Medical Officer of Health for Toronto to Standing Committee on Finance and Economic Affairs as part of the Government of Ontario's pre-budget consultation process – dated Feb 1, 2011.

Attachment 2: Letter of support from the Medical Officer of Health, Region of Peel – dated Jan 31, 2011 included with submission to Government of Ontario, pre-budget consultation process.

Attachment 3: Letter of support from the Medical Officer of Health, Ottawa Public Health– dated Jan 31, 2011included with submission to Government of Ontario, pre-budget consultation process.

Attachment 4: Letter of support from the Right to Health Care Coalition – dated Jan 28, 2011 included with the submission to Government of Ontario, pre-budget consultation process.

Attachment 5: Letter of support from the Registered Nurses Association of Ontario – dated Jan 31, 2011 included with the submission to Government of Ontario, pre-budget consultation process.