



Hon. Deb Matthews  
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Hon. Dwight Duncan  
 Minister of Finance  
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January 31, 2011

Dear Minister Matthews and Minister Duncan,

This letter is to urge the government of Ontario to immediately abolish the three-month OHIP waiting period for newly landed immigrants who have come to make Ontario their new home. We understand that New Brunswick recently eliminated this restriction and that Quebec has approved exemptions to it. Thus, it is now only British Columbia and Ontario who are failing our newest arrivals.

Beyond the logic of equitable treatment no matter in which jurisdiction a person happens to land, ensuring timely access to the health care system for all Ontarians is in the best interest of the province as well as of those particular individuals and families. Having early access to health services for health challenges caused by accident or disease is a preventative approach that speeds healing, rehabilitation, and recovery, and is ultimately more cost-effective than the more aggressive interventions that the health system will have to pay for later. Integrating newcomers as soon as possible into a comprehensive primary care system will help ease a stressful transition and provide a strong foundation for their new lives in our communities.

Facilitating access to health care services is the right thing to do from a human rights and public health perspective. Early access to primary care services increases our capacity to safeguard the health of all Ontarians through early identification, treatment, and follow-up of communicable diseases in our increasingly globalized world. While SARS and H1N1 are still vivid in our memories as emerging diseases that challenged Ontario's resources, there are a host of other diseases such as meningococcal disease, typhoid, and measles that are of concern that are endemic to many parts of the world.

Tuberculosis (TB) is a compelling example of a severe disease which can be spread to other Ontarians if not diagnosed and treated early. TB is a terrible disease – while thankfully not so common in Ontario, it still infects and kills millions every year around the world. Many Ontarians who settled here came from countries heavily affected by TB, and can unknowingly carry a dormant infection, 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 six to 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. There are about 600 cases of TB diagnosed each year in Ontario. Rates have been falling because of

long-standing control programs including intensive public health and clinical management of cases, but the three-month OHIP wait period remains an anomalous gap in the effort to contain TB in this province.

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. Not all bad coughs are TB – but there is no real way to distinguish without assessment by a nurse practitioner or physician. Unless we as a province ensure that new immigrants have realistic, timely access to health care for communicable diseases, we are putting ourselves at risk every time a new immigrant becomes ill with TB during the OHIP wait period.

Commercially available health insurance packages to cover the OHIP wait period do not cover TB diagnosis or treatment. Insurance companies consider TB to be a "pre-existing condition" because of the 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 follow the existing provincial advice to get bridge health insurance. Moreover, new immigrants have many urgent demands on their time and resources, and purchasing private insurance might not always be at the top of the list.

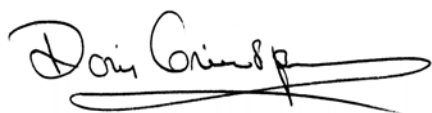
The current provincial program to pay for TB care for uninsured persons (TB-UP) does not address the very real barriers for new immigrants with "a bad cough" during the OHIP wait period getting the initial diagnosis of TB.

If people in the wait period present for health care, it will cost them several hundred dollars for the assessment and chest x-ray which might diagnose TB. Not surprisingly, unless they are severely ill most new immigrants will wait until they have coverage before they seek health care. And yet, people with TB may be ill and infectious for many weeks before they reach this stage. TB-UP also 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 (which can also be spread to others). Extensive Drug Resistant TB (XDR-TB), which has been found in countries around the world including Canada, may be almost untreatable. We need these patients to be safely in hospital, quickly, for all our sakes. And so we need a better solution: do away with the OHIP wait period for landed immigrants.

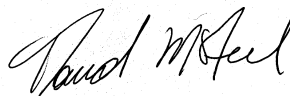
Landed immigrants have full status here in Ontario from the moment they arrive. They have met all the Canadian immigration requirements, made a commitment to Canada, and are starting a new life here. They are not medical tourists, nor visitors, nor temporary students – they are already "us". If they were arriving with landed status from another province, they would have coverage; refugee claimants who may be refused status and may not be here by choice have far better health care coverage. New immigrants deserve the same health care coverage as other Ontario residents, without the current three-month wait period for OHIP; anything less is a shameful welcome.

Thank you for considering this recommendation that will make our province healthier and stronger. We look forward to your response.

With warmest regards,



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