

Canadian Public / Private Travel Health Insurance **- *A Consumer's Report***

**An analysis of information obtained from response to a survey on
Travel Health Insurance sent to
Provincial Ministers of Health in
September 2010,
For an article published in the
Pacific Pearl, Mazatlan, Mexico
December 2010
By
Tim Lynch,**

Send comments to tim@infolynk.ca

**Toronto, Ontario, Canada
December 2010**

Part 2

Part 1 is the Review of a survey conducted in September 2010 of how Ministers of Health interpret their responsibilities for the out-of-country section in the Portability Clause of the Canada Health Act.

Part 2 Is the appendices to the Review comprising of:

Appendix 1: Letter to Ministers of Health

Appendix 2: List of Ministers of Health Surveyed

Appendix 3: The Responses Provided by Ministers of Health to Survey

Appendix 4: Portability Clause of the Canada Health Act



**INFO - L Y N K
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Appendix: 1

28 August 2010

Name
Title
Ministry
Street
City, province

Dear Minister:

The enclosed article entitled: "The Canada Health Act (CHA) Should Apply in Mexico" was published in the April 2010 edition of the "Pacific Pearl," Mazatlan, Mexico. I have been asked to do a follow-up article regarding the matters discussed for the December edition of Pacific Pearl magazine. In support of my writing this article could you please answer the following questions?

1. Do you have any points of clarification around the comments made in the enclosed article with respect to the compliance of your province with the portability clause of the CHA?
2. What kinds of special health support services does your government provide senior citizens who spend extended periods away from your province over the winter months?
3. What expectations do you have of your senior residents with respect to relying on private health insurance coverage during extended stays out of Canada?
4. Recognizing that some seniors are unable to acquire private insurance due to pre-existing conditions, age, or cost what is the policy of your government on the reimbursement for health services these seniors may receive while staying in a foreign country when they return home?
5. Does your government's out of country coverage encourage seniors to return home for treatment even though in the jurisdiction where they are staying they have easier access to physician visits, hospital stays and treatments that cost less than in your province?
6. Does your government have any policy about how hospitals should receive patients being repatriated home subsequent to an accident or illness they incurred abroad?

In order for me to meet my publication deadline I need to hear back from you by October 15th 2010 at the latest. If you have any questions I can be reached at my email tim@infolynk.ca or at 416.801.4845.

Sincerely

Tim Lynch
Health Services
Reimbursement Consultant

Appendix 2: List of Ministers of Health Surveyed

Alberta: The Honourable Gene Zwozdesky

British Columbia: The Honourable Kevin Falcon

Saskatchewan: The Honourable Don McMorris

Manitoba: The Honourable Theresa Oswald

Ontario: The Honourable Deb Matthews

Québec: The Honourable Monsieur Yves Bolduc

Nova Scotia: The Honourable Maureen MacDonald

New Brunswick: The Honourable Mary Schryer

Prince Edward Island: The Honourable Carolyn Bertram

Newfoundland: The Honourable Jerome Kennedy

Appendix 3: The Responses Provided by Ministers of Health to Survey.

A Survey about travel health insurance was conducted of Canadian Provincial Ministers of Health in September 2010. The Survey was inspired by an article published in the July 2010 edition of Pacific Pearl in support of the US Medicare program being expanded into Mexico and an article about the Canada Health Act applying in Mexico published in the April 2010 edition of Pacific Pearl.

Nine provinces responded to the survey. BC, Manitoba and Ontario, Prince Edward Island provided direct answers to the questions, Alberta, Saskatchewan, Nova Scotia, New Brunswick and Newfoundland and Labrador responded in a more narrative letter format. To review the answers provide by a Ministry of Health from a province click on the appropriate province/question below:

British Columbia

[Answer to question 1](#)

[Answer to question 2](#)

[Answer to question 3](#)

[Answer to question 4](#)

[Answer to question 5](#)

[Answer to question 6](#)

Manitoba

[Answer to question 1](#)

[Answer to question 2](#)

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Ontario

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Prince Edward Island

[Answer to question 1](#)

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[Answer to question 6](#)

[Alberta's narrative response](#)

[Saskatchewan's narrative response](#)

[Nova Scotia's narrative response](#)

[New Brunswick's narrative response](#)

[Newfoundland's narrative response](#)

Question 1: Do you have any points of clarification around the comments made in the enclosed article with respect to the compliance of your province with the portability clause of the CHA?

British Columbia's Answer to question 1

The Province of British Columbia does provide coverage for out of province physician services,' up to the provincial fee rates anywhere in the world and the province provides coverage for inpatient hospital services across Canada. The provincial coverage for out of country hospital services is limited to a \$75.00 per diem. The coverage information is available on the Ministry website:

<http://www.health.gov.bc.ca/msp/infoprac/ooc.html>

Although you note in the article that medical treatment in other countries such as Mexico may appear to be less costly than care in Canada, however, the province does not intend to promote travel to other countries for medical treatment as the province is unable to ensure medical sites in other countries meet Canadian safety standards.

The coverage for emergency and elective out-of-country medical services and the authority to determine the coverage is detailed in the Medical Services Commission Out-of-Province and Out-of-Country Medical Care Guidelines for Funding Approval (the Guidelines).

The Guidelines are available on the website:

http://www.health.gov.bc.ca/msp/info/ben/ooc_funding_guidelines.pdf

It may be important to clarify the terms emergency and elective apply to the provincial coverage, rather than the urgency for medical care. The coverage for emergency medical services applies when a beneficiary is travelling and unexpectedly needs immediate medical treatment.

I would like to clarify the province directs our limited health care dollars to support appropriate, acceptable and cost effective medical care in British Columbia and coverage is provided for medical care anywhere in Canada. This means the province must carefully consider the burden for provincial tax payers, when requests are made to extend provincial coverage to fully reimburse the cost of medical services in other countries, for people who wish to travel or reside in another country for extended holidays.

Manitoba's Answer to question 1

The Canada Health Act states: Residents who are temporarily absent from their home province/territory or from Canada, must continue to be covered for insured health services during their absence. This allows individuals to travel or be absent from their home province/territory, within a prescribed duration, while retaining their health insurance coverage. If insured persons are temporarily absent in another province/territory, the portability criterion requires that insured services be paid at the host province's rate. If insured persons are temporarily out of the country, insured services are to be paid at the home province's rate.

Manitoba Health (MH) provides benefits for hospital and medical care provided outside Canada in accordance with the Regulations under The Health Services Insurance Act (The Act). The Act is specific to what payment can be made to Ma'Moba residents who receive care while outside the province of Manitoba. The regulations permit MH to provide benefits outside Canada for emergency or sudden attack of illness as follows:

Medical Costs Outside of Canada: MH will pay an amount equal to that paid to a Manitoba physician for providing a similar service, i.e. the amounts set out in the Manitoba Health Schedule of Benefits (Physician's Manual).

Hospital Costs Outside of Canada: Where in-patient hospital services are provided outside of Canada and are required because of an accident or sudden attack of illness, the payment of insured in-patient hospital services will be made on the basis of an average daily rate based on the number of beds in the hospital in which the services are provided.

1-100 beds \$280 (Canadian funds)
 101-500 beds \$365 (Canadian funds)
 over 500 beds \$570 (Canadian funds)

Payment of out-patient services for emergency treatment will be paid at the lesser of \$100 (Canadian funds) per visit or the actual hospital charges for insured services.

MH will make payment directly to the physician or the facility. However, any difference in the amount billed and the amount allowed by MH is the responsibility of the registrant.

Extended health plans usually supplement the provincial health plan benefits and, in some cases, provide benefits for services not insured by the provincial health plan. In some cases, insurers negotiate a rate with the hospital. MH does encourage residents traveling outside of Canada to consider purchasing extended/travel insurance coverage.

To view The Act and its regulations, please visit the Manitoba Government website at: web2.gov.mb.ca/laws/statutes/ccsm/h035e.php

For further information regarding out-of-province claims, you can visit MH's website at www.gov.mb.ca/health/mhsip/leavingmanitoba.html

Ontario's Answer to question 1

Ontario's policy on out-of-country health care coverage is reflected in the province's Health Insurance Act and its regulations. Ontario is committed to the principles of the Canada Health Act, including portability.

Prince Edward Island's Answer to question 1

With respect to the compliance of PEI with the portability clause of the Canada Health Act (CHA), any Island resident with an eligible Personal Health Number would be covered for emergency medical services, at PEI rates, received outside of Canada. Services provided in such

countries as Mexico may be cheaper than PEI rates, and, therefore, the service would be paid in full.

Question 2: What kinds of special health support services does your government provide senior citizens who spend extended periods away from your province over the winter months?

British Columbia's answer to question 2

Provincial coverage is the same for short or long stay out-of-country medical services, for all residents.

Manitoba's answer to question 2

If a Manitoba resident is planning to go on an extended vacation for longer than three months, he/she should contact MH. To be eligible for continued coverage, a registrant must be in Manitoba for at least 183 days (6 months) of the year. These days do not have to be consecutive (i.e. 183 days in total each calendar year, not 183 days in a row). Before leaving for an extended absence, a Manitoban should provide the Insured Benefits Branch of MH the following information in writing:

- name
- six digit MH number
- confirmation of your permanent Manitoba address
- date you will leave
- date you plan to return
- your out-of-province address and telephone number
- name of any family members who will accompany you on the trip
- reason for your absence

A term certificate confirming coverage with MH during this temporary absence from the province will be mailed out.

Ontario's answer to question 2

All insured Ontario residents, including senior citizens, are eligible for "emergency" funding in respect of out-of-country health services, in accordance with the Health Insurance Act and its regulations.

To qualify as an 'emergency' a number of criteria must be satisfied:

- * the services must be medically necessary, and
- * the services must be performed at a licensed hospital or licensed health facility, and
- * the services must be rendered in relation to an illness, disease, condition or injury that: is acute and unexpected, and arose outside of Canada, and requires immediate treatment.

Currently, Ontario pays up to \$400 CDN per day for a higher level of care (for example, in a coronary care unit) and up to \$200 CDN per day for any other kind of care. These amounts fairly reflect and are relative to provincial budgeting for hospital services. For up-to-date information about out-of-country health care coverage, refer to the government's website:

www.health.gov.on.ca/en/public/programs/ohip/outofcountry/travellers.aspx

Prince Edward Island’s Answer to question 2

Senior residents who spend extended periods away from the Island, i.e. over the winter months, are advised to obtain private medical insurance as health services may be considerably higher in some countries outside Canada. Islanders are advised to notify the Medicare Office for absences greater than six months.

Question 3: What expectations do you have of your senior residents with respect to relying on private health insurance coverage during extended stays out of Canada?

British Columbia’s answer to question 3

The province respects the decision to travel and to arrange private health insurance coverage will be made by seniors, according to their personal needs.

Manitoba’s answer to question 3

MH recommends any Manitoban who is travelling outside the province or country to purchase private health insurance coverage to cover costs over and above what MH pays, as listed in question one, for out of country services. This is stated in the infohealth Guide on our website at www.gov.mb.ca/health/guide/index.html You may also wish to visit www.gov.mb.ca/health/mhsip/travel.html for more travel information.

Ontario’s answer to question 3

The ministry strongly recommends that all insured Ontario residents, including senior citizens, obtain supplementary health insurance from a private insurance company if they plan to travel outside Canada. The Ontario Health Insurance Plan (OHIP) does not insure or pay for all out-of-country medical services, and the amount OHIP pays will not usually cover the full cost of health services obtained outside of Canada.

Insured Ontario residents who purchase supplementary health insurance from a private insurance company are responsible for ensuring they fully understand the terms and conditions of the supplementary coverage purchased and the impact any pre-existing health conditions may have on the insurance coverage.

In addition, people should ensure they are aware of the residency requirements in the Health Insurance Act and that the provision of OHIP coverage may vary according to the reason for the absence and the length of time the insured person is away from Ontario.

Prince Edward Island’s Answer to question 3

When traveling outside Canada, all residents are advised and expected to obtain private health insurance during extended stays out of the country, due to the fact that they would only be reimbursed at PEI rates for any medical services provided. As well, private insurance may reimburse for expenses which are not covered by the Medicare Program of the province.

Question 4: Recognizing that some seniors are unable to acquire private insurance due to pre-existing conditions, age, or cost what is the policy of your government on the reimbursement for health services these seniors may receive while staying in a foreign country when they return home?

British Columbia's answer to question 4

The province provides coverage for all residents, for out-of-country medical services. Payment is limited to the British Columbia fee rates for physician services and a \$ 75.00 per diem for inpatient hospital care, regardless of the beneficiary's age.

Manitoba's answer to question 4

Seniors would receive the same coverage as any Manitoban who is on vacation outside of Canada as listed in question number one.

Ontario's answer to question 4

The circumstances in which OHIP may pay for insured out-of-country health services rendered to insured Ontario residents, and the amounts OHIP may pay, are set out in the Health Insurance Act and its regulations. The provisions relating to "emergency" claims for physician services and claims for insured hospital services are intended to provide limited funding for the medical treatment of insured residents of Ontario if they incur an unexpected illness, disease, condition or injury while they are outside of Canada. If the illness, disease, condition or injury arises before an insured Ontario resident leaves Canada, or if it is not acute or unexpected, OHIP has no authority to pay.

Prince Edward Island's Answer to question 4

Seniors who are unable to acquire private insurance would be required to pay the balance of the bill for services provided to them, as would any resident who opted to travel outside of Canada without this additional coverage.

Question 5: Does your government's out of country coverage encourage seniors to return home for treatment even though in the jurisdiction where they are staying they have easier access to physician visits, hospital stays and treatments that cost less than in your province?

British Columbia's answer to question 5

The decision to travel, the decision to return to British Columbia or the decision to remain in another country for medical treatment should be made by the most responsible treating physician, in consultation with the patient. An out-of-country physician may not recommend travel or the proposed medical treatment may require a lengthy recovery time and the decision to remain in another country or return would be made by the physician and patient. The province does not intend to make the decision about where a patient receives medical treatment, as the decision is more complex than costs or access.

Manitoba's answer to question 5

MH will pay for any care related to an emergency or sudden attack of illness for Manitoba residents while temporarily out of province as listed in question one. Residents are expected to return home for elective care/treatment.

Ontario's answer to question 5

The decision of where to access treatment would be the decision of the individual. The circumstances in which OHIP may pay for insured out-of-country health services rendered to insured Ontario residents, and the amounts OHIP may pay, are set out in the Health Insurance Act and its regulations. The provisions relating to "emergency" claims for physician services and claims for insured hospital services are intended to provide limited funding for the medical treatment of insured residents of Ontario if they incur an unexpected illness, disease, condition or injury while they are outside of Canada. If the illness, disease, condition or injury arises before an insured Ontario resident leaves Canada, or if it is not acute or unexpected, OHIP has no authority to pay.

Prince Edward Island's Answer to question 5

Our government's out of country coverage does encourage seniors requiring medical services while outside of Canada to return to their home Province as soon as they are able to travel.

Question 6: Does your government have any policy about how hospitals should receive patients being repatriated home subsequent to an accident or illness they incurred abroad?

British Columbia's answer to question 6

Arrangements to repatriate patients are made by the attending physicians. Medical transfer arrangements can be managed by BC Bedline, as this provincial agency will be able to ensure the safe transfer of acute or critically ill patients. Information is available on the BC Bedline website: <https://www.bcbedline.ca/>

Manitoba answer to question 6

Manitoba does not repatriate patients home after an accident or illness they incurred abroad. Arrangements are made directly with hospitals or regional health authorities in Manitoba by either the patient's private insurance company or the sending hospital to ensure where the patient can be accommodated.

Ontario's answer to question 6

The province of Ontario is not involved in formulating hospitals' admission policies. Hospitals are independent corporations.

Prince Edward Island's Answer to question 6

Our government has an Out-of-Province Liaison Program who assists and provides guidance to patients being repatriated home subsequent to an accident or illness while outside the country.

Alberta's narrative response

With respect to the alignment between Alberta legislation and the portability criteria set out in the Canada Health Act (CHA), the CHA sets out the health funding relationship between the federal Government and the provinces and territories. The federal Government makes a contribution to provincial and territorial health programs, through the Canada Health Transfer. Eligibility criteria and conditions for transfer payments are set out in the CHA and include the portability criteria referenced in the article included with your letter.

The article references part of the CHA portability criteria. Section 11 (1)(b) of the CHA provides that, for insured health services provided outside Canada, payment should be made on a basis similar to the amount that would have been paid if the health service was provided in Alberta, with due regard given to a number of factors. It is important to note this section is followed by a provision that states a province may require that a resident acquire prior approval under the provincial health insurance plan before accessing out-of-country services.

Health Canada has clarified that the portability provisions do not mean an individual is automatically entitled to seek services in another country. Recognizing the high costs associated with health care in some foreign countries, Health Canada does not expect that provincial health insurance plans will cover the full amount of services provided in another country. Further, Health Canada recommends that Canadians who travel outside Canada purchase private insurance to ensure adequate coverage.

Albertans may make application for funding of services that are "insured" under the AHCIP and provided outside Canada in accordance with the Out-of-Country Health Services Regulation. Under the regulation, an application for out-of-country health services that are elective must be made prior to receiving the service. For insured services that are not elective, the regulation provides that an application be made prior to receiving the services, or not later than 365 days after the services were received.

All applications for out-of-country health services are reviewed by an expert committee that consists of physicians and one employee of the Health Ministry. The committee operates at arm's length from the Ministry. Further information about out-of-country health services provisions is available at www.health.alberta.ca/documents/OOCHSC-Info-Sheet.pdf.

You inquired about whether any special health support services are made available to Alberta seniors who spend time away from the province in another country for extended periods of time. The AHCIP applies to all Albertans who meet the residency requirements. Coverage under the AHCIP is extended to Albertans who are temporarily absent from the country for up to 6 months. Provision is made for the Minister to further extend this time period in the circumstances set out in the Alberta Health Care Insurance Regulation.

You also inquired as to whether there are expectations for seniors to rely on private health insurance coverage during extended stays outside of Canada and what policy may be in place to reimburse seniors who do not qualify for private health insurance. The out-of-country health services program is in place regarding this matter, as explained above. Similar to Health Canada, Alberta also strongly advises residents to acquire health care insurance to cover unforeseen and uninsured costs when travelling outside Canada. It should be noted that significant costs of out-of-country care may include services that are not insured under the AHCIP such as ground and air ambulance transportation.

In conclusion, there are no related policies in place in respect to Alberta encouraging seniors who are living abroad to return home for treatment or policies about how hospitals should receive patients being repatriated.

Saskatchewan's narrative response

Eligibility for Saskatchewan health benefits is governed by provincial legislation, that being The Medical Care Insurance Act. The Act limits eligibility to residents and defines a resident as "... a person legally entitled to remain in Canada who makes his home and is ordinarily present in Saskatchewan". This definition is consistent with the definition of resident in the Canada Health Act.

Neither the ownership of property nor the payment of taxes confers resident status or health coverage eligibility. Eligibility is based on residency.

Under the Regulations pursuant to the Act, a person whose principal place of residence is in Saskatchewan and who is physically present in Saskatchewan for a period of at least six months of each year is a resident during that person's period of temporary absence from Saskatchewan.

The Regulations allow for periods of temporary absence from the province without / loss of resident status, including:

- up to 6 months in each calendar year for any reason (e.g. to winter in Arizona); and,
- up to 12 months for personal travel or employment within Canada .

Eligibility for continued resident status and benefits during a period of temporary absence is conditional on the intent to return to residency (physical presence) in Saskatchewan at the end of the absence period.

In the case of snowbirds, upon their return to Saskatchewan, the Ministry does not monitor short-term absences during the summer period. It is understood that snowbirds will visit friends and family outside of Saskatchewan.

Residents who plan to be out of the country for an extended period of time may want to consider exercising the 12-month temporary absence provision of the Regulations. That would enable them to travel and to winter outside of Canada without loss of resident status. On completion of the 12-month absence period, it would be necessary to return to physical presence in Saskatchewan for 6 months following which they would again be eligible for

another period of temporary absence. Additional information can be accessed at the following website: www.health.gov.sk.ca/saskatchewan-residents

It should be noted that if patients receive emergency medical or hospital care while outside Canada, they will be responsible for paying the difference between the amount charged and the amount the Saskatchewan Ministry of Health reimburses.

The Saskatchewan Ministry of Health does not pay for ambulance services received by Saskatchewan residents outside the province, nor does it pay the return to Saskatchewan of residents who have a medical emergency outside the province or country.

The Saskatchewan Drug Plan adjudication system will allow three months of a prescription to go through at once. If seniors require more prescriptions then there are three options:

- Seniors can pay the cost up-front and submit receipts to the Drug Plan;
- Seniors can inquire with their pharmacy to see if they would submit a paper Claim on their behalf. The pharmacy charges the client co-payment; or
- Seniors may refill prescriptions from their home pharmacy and ask them to ' mail it to their address in the United States or where they are outside of Canada. Seniors would need to discuss this with their pharmacy to see if this is an option.

The Drug Plan does not cover prescriptions that are purchased outside of Canada. Seniors need to ensure that they have appropriate private health insurance when travelling outside of Canada. They could check with Customs to ensure they are following the appropriate guidelines when carrying prescription medications outside the country.

You had asked a question about seniors with pre-existing medical conditions who are unable to obtain private health insurance. Ministry of Health officials advise me that they are aware of at least one company that will provide insurance in this regard.

Nova Scotia's narrative response

Under the Nova Scotia Health Plan, coverage is provided to all Nova Scotians who travel outside the country and require emergency in-patient care. The Nova Scotia Department of Health continues to pay one of the highest per diem rates of any province in the country.

The Department of Health provides the same coverage for all Nova Scotians who must travel out-of-country and require emergency treatment. The Department of Health produces a fact sheet that provides frequent travelers information on how to maintain health coverage. This fact sheet and other travel information is located on the province's website at www.gov.ns.ca/health. Residents are now permitted an extended absence of up to 12 months once every six years.

Unfortunately, the cost of health care outside the country is significantly higher than the cost of care in Canada. Anyone travelling outside the country (not just seniors) is strongly encouraged to purchase supplementary travel insurance.

Regardless of whether a resident has a pre-existing condition or not, the Department of Health will pay its daily per diem for any emergency in-patient stay.

All residents are required to be physically present within Nova Scotia for 183 days (six months) in any calendar year and make his or her principle and permanent home in Nova Scotia. Coverage is provided for emergency in-patient care. If a Nova Scotia resident requires treatment that is not available within the province or Canada, the full cost of treatment will be covered outside the province. Prior approval is required. I believe that the level of care in Canada is second to none. The health system is highly regulated to ensure Canadians receive the quality of care they deserve and trust. Not all countries have these same quality controls in place.

Each district health authority would have their own requirements for dealing with patients that are being transferred from a facility outside the province. Transfers are normally dictated by the treating physician.

New Brunswick's narrative response

The Canada Health Act (CHA) is, not surprisingly, a complex document requiring nuanced interpretation, which does not lend itself well to short answers. Therefore, I will not comment on legal matters of the CHA, as that is properly the purview of lawyers.

However, I would like to provide comments on the more general matter of health care and costs. Your article notes that at least one of the reasons the rules surrounding extended stays abroad have developed was in response to what you describe as "US health providers exploiting the CHA portability clause." The Canada Health Act serves many purposes and balances many interests. Most of us think of the impact of the CHA largely from our own perspective as patients, which is to ensure the provision of care. Naturally, the Act must perform this function, but many others as well. It is also a means to contain costs in a system placed under heavy demand while aiming to maintain support for a top quality Canadian health care system.

Certainly one can envision scenarios in which treatment in foreign facilities could be of comparable quality and cost to what they would receive at home. Our program regularly extends coverage for emergency care to New Brunswickers vacationing abroad. However, by its very nature, the location of the treatment outside our jurisdiction makes it problematic to audit both quality of care and cost of care in foreign jurisdictions. For this reason alone, I doubt that it will ever be the first choice of provincial governments with respect to their residents.

Your article asks what our expectation is for those on extended stays outside Canada. In many ways, our hope for them is as for everyone. We know that it is the individual, and not the health care system itself, which is the predominant determinant of health outcomes. We respect and expect that no-one is better positioned to manage their health and the decisions surrounding it than the citizen themselves.

With respect to New Brunswickers spending time abroad, we trust that they will take prudent measures to protect their health. These include:

Not engaging in behaviours which inherently place their health at risk Attention to appropriate diet and healthy lifestyle choices

Seeking appropriate medical treatment in a timely fashion

Contacting our Medicare office - both in advance of their trip, to understand the limitations and procedures surrounding coverage for New Brunswickers staying abroad, and in cases where care is urgently required.

Our advice to New Brunswickers who go abroad is that they should inform themselves and give strong consideration to the purchase of private health insurance coverage as part of their planning and budgeting for an extended stay abroad. Naturally, the level of coverage will differ depending on the individual person's need and wishes. For their own peace of mind, New Brunswickers should investigate the merits of supplemental insurance.

Naturally, your article and the questionnaire speak in global terms. However, we must recognize that every person is an individual and that circumstances of financial means, health conditions, and personal preference vary widely. We invite New Brunswickers who are considering extended stays broad to contact our Medicare office in advance to discuss their individual situation so that they can make informed choices.

Newfoundland's narrative response

As you are likely aware, healthcare in Canada is a Provincial responsibility. The Canada Health Act provides general guidance to the Provinces while provincial legislation such as NL's Medical Care Insurance Act regulates the various aspects of the delivery and administration of provincial healthcare systems. I can assure you that the Province of Newfoundland and Labrador meets these obligations and is in compliance with the provisions of the Canada Health Act.

Coverage under the NL Medical Care Plan (MCP) is designed to ensure that health care services are available to beneficiaries within the Province. MCP coverage may also be extended to beneficiaries while they are temporarily outside the Province. With certain exceptions, claims for insured medical services obtained outside Canada are paid at Medical Care Plan (MCP) rates, which are the rates paid to NL physicians. When the amount billed exceeds the amount payable, payment of the difference is the patient's responsibility. As a result, it is strongly recommended that additional travel insurance be obtained whenever beneficiaries are traveling outside of Canada.

It should be noted that in order to qualify as a beneficiary, a person must be legally a resident in the province and must be able to demonstrate this. Beneficiaries who leave the province for greater than 30 days are required to obtain an out-of-province coverage certificate (valid for a maximum of 12 months) to ensure out-of province coverage. Persons outside the Province for greater than one year may apply for additional permits depending on their personal circumstances, however persons who have moved away from the Province are not eligible for coverage.

Our Government is committed to ensuring that quality health care programs and services are available close to home for residents living in Newfoundland and Labrador. Should you have additional questions, please visit our website at www.gov.nl.ca/mcp or call toll free 1-800-563-1557.

Appendix 4: 1984 Canada Health Act – page 7

Portability

11. (I) In order to satisfy the criterion respecting portability, the health care insurance plan of a province

(a) must not impose any minimum period of residence in the province, or waiting period, in excess of three months before residents of the province are eligible for or entitled to insured health services;

(b) must provide for and be administered and operated so as to provide for the payment of amounts for the cost of insured health services provided to insured persons while temporarily absent from the province on the basis that

(i) where the insured health services are provided in Canada, payment for health services is at the rate that is approved by the health care insurance plan of the province in which the services are provided, unless the provinces concerned agree to apportion the cost between them in a different manner, or

(ii) where the insured health services are provided out of Canada, payment is made on the basis of the amount that would have been paid by the province for similar services rendered in the province, with due regard, in the case of hospital services, to the size of the hospital, standards of service and other relevant factors; and

(c) must provide for and be administered and operated so as to provide for the payment, during any minimum period of residence, or any waiting period, imposed by the health care insurance plan of another province, of the cost of insured health services provided to persons who have ceased to be insured persons by reason of having become residents of that other province, on the same basis as though they had not ceased to be residents of the province.

(2) The criterion respecting portability is not contravened by a requirement of a provincial health care insurance plan that the prior consent of the public authority that administers and operates the plan must be obtained for elective insured health services provided to a resident of the province while temporarily absent from the province if the services in question were available on a substantially similar basis in the province.

Definition of “elective insured health services”

(3) For the purpose of subsection (2), “elective insured health services” means insured health services other than services that are provided in an emergency or in any other circumstance in which medical care is required without delay.