

FACT SHEET

MANIT APPROVED
FEB 02/16

Birth by Non - BC Residents

ISSUE

Media article that birth tourism is on the rise in Vancouver and Richmond.

KEY FACTS

- In January 2015, the Vancouver Sun reported that birth tourism was on the rise in Vancouver and Richmond and quoted statistics showing non-resident birth numbers increasing up three-fold since 2009. The article alluded to passport, birth certificate and Medical Services Cards being obtained for babies.
- The Audit and Investigations Branch, Eligibility, Compliance and Enforcement Unit (ECEU), is aware of 26 private residences that provide room and board services to foreign pregnant women who choose to come to BC to give birth. These residences are referred to in the Asian community as "Baby Houses".
- These residences are utilized by two groups of individuals:
 - Individuals that are in Canada on a Temporary Resident document such as a tourist visa, work or study permit. These individuals come to Canada to deliver a baby, who by birth is then granted Canadian Citizenship status. These clients do not access Medical Services Plan (MSP) funded benefits, they declare themselves as self-pay at hospitals and to doctors. Any misuse by Temporary Document holders falls under the Canadian Citizenship Act and is the jurisdiction of the Federal Government. These cases are not reported to ECEU and are the responsibility of the Federal Government.
 - Individuals who have been granted Permanent Residence in Canada and are properly enrolled in the plan, but at some point cease to meet the definition of a resident under the *Medicare Protection Act*. They return to their country of origin, fail to communicate to MSP that they are no longer in BC and remain enrolled in the Plan. These individuals later return to BC to deliver a baby, and as they have active MSP coverage, all claims for the mother and child are billed to the plan. These individuals stay long enough to obtain a birth certificate, a Canadian passport and enrolment in MSP for the child, before returning to their country of origin.
- ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the *Medicare Protection Act*.

s.15

FINANCIAL IMPLICATIONS

- In fiscal 2014/15, the costs relating to non-resident births amounted to a total of \$693,869.20 for recovery by health authorities, PharmaCare and MSP. Recovery of ineligible payments is the responsibility of each program. The health authorities recover approximately 50% of their amount outstanding, PharmaCare and MSP costs are recovered by the Ministry of Finance.

FACT SHEET

2014/15 Recovery Breakdown	
\$693,869.20	
HA 85.58%	\$593,838.77
MSP 14%	\$99,665.67
PC 0.05%	\$364.76

- Of the amounts identified for recovery, it is unknown what proportion is related to "baby houses" but is thought to be small. The cases investigated did not involve the use of forged or counterfeit CareCards or BC Services Cards nor did they present sufficient evidence to warrant a referral to law enforcement (no suspected fraud).

Approved by:

David Fairbotham, Audit and Investigations Branch; January 28, 2016

Manjit Sidhu, Finance and Corporate Services Division; February 2, 2016

Audit and Investigations Branch Assignment Form

FACT SHEETS

ISSUE: Birth by Non-BC Residents Fact Sheet

DUE DATE:

Cliff #: 1047510

APPROVALS:

Where the assignment has cross-divisional impacts, please ensure that the appropriate approvals have been included.

APPROVALS REQUIRED	NAME	SIGNATURE	CHANGES (Y/N)	DATE COMPLETE
MANAGER				
MANAGER				
MANAGER	Monica Uribe	See attached eApprovals History for Approval		Jan 28/16
EXECUTIVE DIRECTOR				
EXECUTIVE DIRECTOR	David Fairbotham	See attached eApprovals History for Approval		Jan 28/16
ADM FINANCE (indicate whether applicable or not)	YES Manjit Sidhu	MSidhu		Feb 02/16
KMT (indicate whether applicable or not)	NO			
DEPUTY MINISTER				

IF CHANGES MADE BY FINANCE OR KMT, REAPPROVAL REQUIRED:

EXECUTIVE DIRECTOR				
ADM				
DEPUTY MINISTER				

Updated: September 15, 2010



ITEM HISTORY

Enter one of the Item Numbers for the history you want to view and then hit Enter on your keyboard.

ID Number

CHIF Number

1047510

Other Number

Selected Item

Date Completed	ID	Chif Number ✓	Other Number	Subject
1/28/2016	3142	1047510		Birth by Non-BC Residents Fact Sheet

Approvals

Date Approved	User	Title
1/28/2016 4:24 PM	Fairbrother, David J HLTH:EX	Item Approved.
1/28/2016 11:38 AM	Uribe, Monica HLTH:EX	Item Approved.

Comments

Comment Date	User	Title
1/28/2016 4:46 PM	Barjasic, Natalia M HLTH:EX	ED approved now preparing for folder routing to ADM for review and approval.
1/28/2016 4:24 PM	Fairbrother, David J HLTH:EX	Approved, minor correction agreed with Monica
1/28/2016 1:04 PM	Barjasic, Natalia M HLTH:EX	David pls review and approve
1/28/2016 11:39 AM	Sandbeck, Sabrina J HLTH:EX	Back to you to route to David for approval.
1/28/2016 11:38 AM	Uribe, Monica HLTH:EX	approved, thank you.
1/28/2016 11:31 AM	Sandbeck, Sabrina J HLTH:EX	For your approval
1/22/2016 1:01 PM	Barjasic, Natalia M HLTH:EX	pls include the back ground info. The news article needs to be uploaded and any other docs that verify the numbers in the table. Then return to me for David's review.
1/22/2016 12:41 PM	Sandbeck, Sabrina J HLTH:EX	Over to you to route to David for Approval.

Path

Path Date	User	Title
1/28/2016 4:46 PM	Barjasic, Natalia M HLTH:EX	Item completed with the reason Completed.
1/28/2016 4:24 PM	Fairbrother, David J HLTH:EX	Item sent to Barjasic, Natalia.
1/28/2016 1:04 PM	Barjasic, Natalia M HLTH:EX	Item sent to Fairbrother, David.
1/28/2016 11:39 AM	Sandbeck, Sabrina J HLTH:EX	Item sent to Barjasic, Natalia.
1/28/2016 11:38 AM	Uribe, Monica HLTH:EX	Item sent to Sandbeck, Sabrina.
1/28/2016 11:31 AM	Sandbeck, Sabrina J HLTH:EX	Item sent to Uribe, Monica.
1/22/2016 1:01 PM	Barjasic, Natalia M HLTH:EX	Item sent to Sandbeck, Sabrina.
1/22/2016 12:41 PM	Sandbeck, Sabrina J HLTH:EX	Item sent to Barjasic, Natalia.
1/22/2016 12:35 PM	Sandbeck, Sabrina J HLTH:EX	Item Created.

Document Path

Upload Date	User	Title
1/28/2016 11:30 AM	Sandbeck, Sabrina J HLTH:EX	Document [3142 - 1047510 - Related Article] Uploaded.
1/28/2016 11:28 AM	Sandbeck, Sabrina J HLTH:EX	Document [3142 - 1047510 - Back-up Information] Uploaded.
1/28/2016 11:26 AM	Sandbeck, Sabrina J HLTH:EX	Document [3142 - 1047510 - Birth by Non-BC Residents] Uploaded.
1/22/2016 12:39 PM	Sandbeck, Sabrina J HLTH:EX	Document [3142 - 1047510 - Birth by Non-BC Residents] Uploaded.
1/22/2016 12:39 PM	Sandbeck, Sabrina J HLTH:EX	Document [3142 - 1047510 - Birth by Non-BC Residents - LAST APPROVED VERSION do not edit] Uploaded.

For support, email HLTH.eApprovals@gov.bc.ca

FACT SHEET

Birth by Non - BC Residents

ISSUE

Media article that birth tourism is on the rise in Vancouver and Richmond.

KEY FACTS

- In January 2015, the Vancouver Sun reported that birth tourism was on the rise in Vancouver and Richmond and quoted statistics showing non-resident birth numbers increasing up three-fold since 2009. The article alluded to passport, birth certificate and Medical Services Cards being obtained for babies.
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- These residences are utilized by two groups of individuals:
 - Individuals that are in Canada on a Temporary Resident document such as a tourist visa, work or study permit. These individuals come to Canada to deliver a baby, who by birth is then granted Canadian Citizenship status. These clients do not access Medical Services Plan (MSP) funded benefits, they declare themselves as self-pay at hospitals and to doctors. Any misuse by Temporary Document holders falls under the Canadian Citizenship Act and is the jurisdiction of the Federal Government. These cases are not reported to ECEU and are the responsibility of the Federal Government.
 - Individuals who have been granted Permanent Residence in Canada and are properly enrolled in the plan, but at some point cease to meet the definition of a resident under the *Medicare Protection Act*. They return to their country of origin, fail to communicate to MSP that they are no longer in BC and remain enrolled in the Plan. These individuals later return to BC to deliver a baby, and as they have active MSP coverage, all claims for the mother and child are billed to the plan. These individuals stay long enough to obtain a birth certificate, a Canadian passport and enrolment in MSP for the child, before returning to their country of origin.
- ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the *Medicare Protection Act*.

s.15

FINANCIAL IMPLICATIONS

- In fiscal 2014/15, the costs relating to non-resident births amounted to a total of \$693,869.20 for recovery by health authorities, PharmaCare and MSP. Recovery of ineligible payments is the responsibility of each program. The health authorities recover approximately 50% of their amount outstanding, PharmaCare and MSP costs are recovered by the Ministry of Finance.

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Approved by:

David Fairbotham, Audit and Investigations Branch;
Manjit Sidhu, Finance and Corporate Services Division;

Page 07 to/à Page 12

Withheld pursuant to/removed as

s.15,s.17

Birth tourism on the rise in Vancouver and Richmond?

New statistics show numbers up three-fold since 2009

BY ERIN ELLIS AND JOANNE LEE-YOUNG, VANCOUVER SUN JANUARY 9, 2015

Copyright

Page 09 to/à Page 11

Withheld pursuant to/removed as

Copyright

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s.15

FINANCIAL IMPLICATIONS

- In fiscal 2013/14, the costs relating to non-resident births amounted to a total of \$1,037,702 for recovery by health authorities, PharmaCare and MSP. Recovery of ineligible payments is the responsibility of each program. The health authorities recover approximately 50% of their amount outstanding, PharmaCare and MSP costs are recovered by the Ministry of Finance.

FACT SHEET

2013/14 Recovery Breakdown	
\$1,037,702	
HA 78.94%	\$819,125
MSP 21%	\$217,985
PC 0.06%	\$592

- Of the amounts identified for recovery, it is unknown what proportion is related to “baby houses” but is thought to be small. The cases investigated did not involve the use of forged or counterfeit CareCards or BC Services Cards nor did they present sufficient evidence to warrant a referral to law enforcement (no suspected fraud).

Approved by:

David Fairbotham, Audit and Investigations Branch; May 6, 2015

Manjit Sidhu, Finance and Corporate Services Division; May 7, 2015

Stephanie Power, Medical Beneficiary and Pharmaceutical Services Division; April 20, 2015

Barbara Walman, Medical Beneficiary and Pharmaceutical Services Division; April 21, 2015

FACT SHEET

Birth by Non - BC Residents

ISSUE

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In January 2015, the Vancouver Sun reported that birth tourism was on the rise in Vancouver and Richmond and quoted statistics showing non-resident birth numbers increasing up three-fold since 2009. The article alluded to passport, birth certificate and Medical Services Cards being obtained for babies.

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- Individuals who have been granted Permanent Residence in Canada and are properly enrolled in the plan, but at some point cease to meet the definition of a resident under the *Medicare Protection Act*. They return to their country of origin, fail to communicate to MSP that they are no longer in BC and remain enrolled in the Plan. These individuals later return to BC to deliver a baby, and as they have active MSP coverage, all claims for the mother and child are billed to the plan. These individuals stay long enough to obtain a birth certificate, a Canadian passport and enrolment in MSP for the child, before returning to their country of origin.

ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the *Medicare Protection Act*.

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FINANCIAL IMPLICATIONS

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2013/14 Recovery Breakdown	
	\$1,037,702
HA 78.94%	\$819,125
MSP 21%	\$217,985
PC 0.06%	\$5925

Of the amounts identified for recovery, it is unknown what proportion is related to "baby houses" but is thought to be small. The cases investigated did not involve the use of forged or counterfeit CareCards or BC Services Cards nor did they present sufficient evidence to warrant a referral to law enforcement (no suspected fraud).

Approved by:

David Fairbotham, Audit and Investigations Branch; April 20, 2015

Manjit Sidhu, Finance and Corporate Services Division; [date approved]

Stephanie Power, Medical Beneficiary and Pharmaceutical Services Division; April 20, 2015

Barbara Walman, Medical Beneficiary and Pharmaceutical Services Division; April 21, 2015

Audit and Investigations Branch Assignment Form

FACT SHEETS

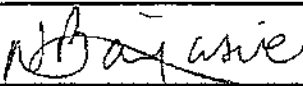

ISSUE: Birth by Non - BC Residents Fact Sheet

DUE DATE:

Cliff #: 1031771

APPROVALS:

Where the assignment has cross-divisional impacts, please ensure that the appropriate approvals have been included.

APPROVALS REQUIRED	NAME	SIGNATURE	CHANGES (Y/N)	DATE COMPLETE
ADMIN	Natalia Barjasic		N	Apr 22/15
MANAGER FCS	Monica Uribe	Please see attached eApps History: APPROVED		Apr 7/15
EXECUTIVE DIRECTOR FCS	David Fairbotham	Please see attached eApps History: APPROVED		Apr 10/15
MANAGER MBPS	Beverlee Sealey	Please see attached eApps History: APPROVED		Apr 15/15
EXECUTIVE DIRECTOR MBPS	Stephanie Power	Please see attached eApps History: APPROVED		Apr 20/15
ADM - MBPS (indicate whether applicable or not)	YES NO	Barbara Walman	Please see attached eApps History: APPROVED	Apr 21/15
ADM - FCS (indicate whether applicable or not)	YES NO	Manjit Sidhu	 N	May 1/15
DEPUTY MINISTER				

IF CHANGES MADE BY FINANCE OR KMT, REAPPROVAL REQUIRED:

EXECUTIVE DIRECTOR				
ADM				
DEPUTY MINISTER				

Updated: September 15, 2010



ITEM HISTORY

Enter the Item Number of the history you want to view and then hit Enter on your keyboard.

Item Number

1031777

Selected Item

Date Completed	Item Number	Subject
4/22/2015	1031771	Birth by Non - BC Residents

Approvals

Date Approved	User	Title
4/21/2015 2:01 PM	Welman, Barbara J. HLTH:EX	Item Approved.
4/20/2015 3:24 PM	Power, Stephanie A HLTH:EX	Item Approved.
4/15/2015 9:43 AM	Sealey, Beverlee HLTH:EX	Item Approved.
4/13/2015 11:05 AM	Sloan, Shelby HLTH:EX	Item Approved.
4/10/2015 5:46 PM	Fairbotham, David J HLTH:EX	Item Approved.

Comments

Comment Date	User	Title
4/22/2015 8:58 AM	Barjasic, Natalia M HLTH:EX	now being routed to Manjit Sidhu in hardcopy for approval.
4/21/2015 4:03 PM	Maw, Laura HLTH:EX	Approved by Barbara Walman. Returned to AJS.
4/21/2015 3:29 PM	McClymont, Brenda HLTH:EX	Approved by Barbara Walman
4/21/2015 9:23 AM	McClymont, Brenda HLTH:EX	FCS fact sheet for your approval. Approved by Stephanie
4/20/2015 4:22 PM	Holmes, Jenna HLTH:EX	SPower approved. Return/Map to ADMO.
4/15/2015 11:44 AM	Holmes, Jenna HLTH:EX	Approved by PWebber and BSealey. To SPower for approval.
4/15/2015 9:43 AM	Sealey, Beverlee HLTH:EX	Approved. Over to Stephanie for review. Note this is a Fact Sheet drafted for the Estimates binder from the audit group... so is time sensitive.
4/15/2015 9:09 AM	Webber, Peter HLTH:EX	For review and approval.
4/15/2015 8:57 AM	Holmes, Jenna HLTH:EX	Hi Peter - Can you please review, then send straight to Bev for approval? Thanks.
4/13/2015 3:53 PM	Lums, Caroline HLTH:EX	Please send to MBB staff for approval as listed below. Thanks.
4/13/2015 3:13 PM	Maw, Laura HLTH:EX	Approved by David Fairbotham, Sent to MBPSD for approval of: Beverlee Sealey, Stephanie Power and Barbara Walman.
4/13/2015 2:45 PM	Barjasic, Natalia M HLTH:EX	David has approved. as per David this still needs to be seen by Beverlee Sealey, Stephanie Power and Barbara Walman prior to Manjit for his approval.
4/13/2015 11:05 AM	Sloan, Shelby HLTH:EX	Sent back to Natalia Barjasic.
4/13/2015 10:12 AM	Barjasic, Natalia M HLTH:EX	Sending back to ECEU to update to ministry standard. i.e. no two spaces after sentences only one. Call if you have any questions.
4/10/2015 5:46 PM	Fairbotham, David J HLTH:EX	Natalia, please send to Bev Sealey for review, then to Stephanie Power, then to Marie Therese, then to Manjit and then to Barb W. Thanks
4/10/2015 10:24 AM	Maw, Laura HLTH:EX	as requested
4/7/2015 4:14 PM	Sandbeck, Sabrina J HLTH:EX	Hi Natalia. I have attached the draft from Monica.
4/7/2015 4:05 PM	Uribe, Monica HLTH:EX	Please send over to David Fairbotham for review and approval.
3/23/2015 2:44 PM	Barjasic, Natalia M HLTH:EX	Hi Monica over to you to draft. When this gets sent to David it must go from either Sabrina or Shabiy to me in eApprovals. I will handle the CLIFFing until they get the training. thx.
3/23/2015 2:38 PM	Barjasic, Natalia M HLTH:EX	Monica to draft FS on David's behalf. to send via eApprovals until finalized FS is approved by David. Then David's office will print from eApps and route to Manjit hard copy.

Path

Path Date	User	Title
4/22/2015 8:58 AM	Barjasic, Natalia M HLTH:EX	Item completed with the reason Completed.
4/21/2015 4:03 PM	Maw, Laura HLTH:EX	Item sent to Barjasic, Natalia.
4/21/2015 3:29 PM	McClymont, Brenda HLTH:EX	Item sent to FCS Generic Mailbox.
4/21/2015 2:01 PM	Welman, Barbara J. HLTH:EX	Item sent to McClymont, Brenda.

4/21/2015 9:23 AM McClymont, Brenda HLTH:EX
 4/20/2015 4:22 PM Holmes, Jenna HLTH:EX
 4/20/2015 3:24 PM Power, Stephanie A HLTH:EX
 4/15/2015 11:44 AM Holmes, Jenna HLTH:EX
 4/13/2015 9:43 AM Sealey, Beverlee HLTH:EX
 4/15/2015 9:09 AM Webber, Peter HLTH:EX
 4/15/2015 8:57 AM Holmes, Jenna HLTH:EX
 4/13/2015 8:53 PM Lumb, Caroline HLTH:EX
 4/13/2015 3:13 PM Maw, Laura HLTH:EX
 4/13/2015 2:45 PM Barjasic, Natalia M HLTH:EX
 4/13/2015 11:05 AM Sloan, Shelby HLTH:EX
 4/13/2015 10:12 AM Barjasic, Natalia M HLTH:EX
 4/10/2015 5:46 PM Fairbrother, David J HLTH:EX
 4/10/2015 10:24 AM Maw, Laura HLTH:EX
 4/10/2015 10:22 AM Uribe, Monica HLTH:EX
 4/7/2015 4:14 PM Sandbeck, Sabrina J HLTH:EX
 4/7/2015 4:05 PM Uribe, Monica HLTH:EX
 3/23/2015 2:44 PM Barjasic, Natalia M HLTH:EX
 3/23/2015 2:38 PM Barjasic, Natalia M HLTH:EX

Item sent to Wainman, Barbara.
 Item sent to McClymont, Brenda.
 Item sent to Holmes, Jenna.
 Item sent to Power, Stephanie.
 Item sent to Holmes, Jenna.
 Item sent to Sealey, Beverlee.
 Item sent to Webber, Peter.
 Item sent to Holmes, Jenna.
 Item sent to McClymont, Brenda.
 Item sent to FCS Generic Mailbox.
 Item sent to Barjasic, Natalia.
 Item sent to Sloan, Shelby.
 Item sent to Barjasic, Natalia.
 Item sent to Fairbrother, David.
 Item sent to FCS Generic Mailbox.
 Item sent to Barjasic, Natalia.
 Item sent to Sandbeck, Sabrina.
 Item sent to Uribe, Monica.
 Item Created.

DocumentPath

Upload Date

User

Title

5/23/2015 2:41 PM

Barjasic, Natalia M HLTH:EX

Document [1031771 - Birth by Aen - BC Residents Fact Sheet]
Uploaded.For support, email HLTH.eApprovals@gov.bc.ca.

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Thursday, February 26, 2015 11:17 AM
To: John, Rebecca HLTH:EX
Subject: FW:

<http://www.ctvnews.ca/canada/maternity-tourism-report-recommends-limiting-citizenship-by-birth-1.1974665>

From: Rinta, Darcy HLTH:EX
Sent: Thursday, February 26, 2015 10:05 AM
To: John, Rebecca HLTH:EX
Subject:

<https://multiculturalmeanderings.files.wordpress.com/2013/06/citizenship-reform-proposal-19-birth-on-soil.pdf>

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Wednesday, February 18, 2015 10:06 AM
To: Braidwood-Looney, Tricia HLTH:EX
Subject: FW: maternity tourism
Attachments: BN - Non-resident births - November 2014.doc; 1027675^{s.22} RESPONSE 2.dotx

Hi Tricia,

We are hoping to get your input and advice on this topic and response (incoming is the email at the bottom of this note).

I've attached the draft letter that only includes a licensing and beneficiary perspective so far.

Thanks,
Darcy

From: Downey, Gayle F HLTH:EX
Sent: Thursday, January 22, 2015 2:55 PM
To: Stewart, Sharon A HLTH:EX; Hardy, Doreen M HLTH:EX; Duesterwald, Meghan HLTH:EX
Subject: FW: maternity tourism

Thanks Sharon and Meghan – this is really helpful. Doreen, please assign this, and upload the email and attachment to the eapproval record.

Gayle

WARNING - CONFIDENTIALITY NOTICE This email message and any attachments thereto are intended solely for the use of the individual or entity to whom it is addressed. If you have received this email in error, please notify the sender immediately by return email and delete the message unread without making any copies.

From: Duesterwald, Meghan HLTH:EX
Sent: Thursday, January 22, 2015 1:23 PM
To: Stewart, Sharon A HLTH:EX; Downey, Gayle F HLTH:EX
Cc: Chu, Mary HLTH:EX; Fraser, Christine HLTH:EX
Subject: RE: maternity tourism

This is the one he was probably thinking of (attached), specific to VCHA but on topic. I would suggest checking in with Tricia, I know that's her old hat but she knows hospital policy, medical tourism, etc. Rebecca may be able to help also on the maternity care front.

Found the following wording also if that helps, MSD has a role in medical tourism as well, as far as I can tell.

Medical Tourism

- Medical tourism refers to situations where individuals travel to another country for the purpose of obtaining health care services, in some cases, combined with a vacation. This is distinct from individuals who receive emergency services while abroad on vacation, due to an unforeseen injury or disease.

- It is generally recognized that medical tourism is a growing industry worldwide, with patients travelling to receive services that are less expensive, available in a timelier manner, or which are not provided in their home country for various reasons.
- In British Columbia, the term “medical tourism” has been discussed in two ways:
 - Encouraging, or accommodating, situations where patients travel outside Canada to receive care (out-bound); and
 - Organized efforts to attract patients into BC to use services on a patient pay basis (in-bound).

IN-BOUND MEDICAL TOURISM:

- There is a small but growing private sector involvement in medical tourism in BC. This includes private medical/surgical facilities that offer services to non-Canadians, primarily Americans. The volume of services provided is unknown – it is believed that the majority of services in private clinics are provided to WorkSafeBC (formerly Workers’ Compensation Board), Insurance Corporation of BC as well as private pay BC residents.
- These private non-hospital facilities are accredited through the College of Physicians and Surgeons and regulated by the Medical Services Commission to ensure they are in compliance with the *Medicare Protection Act*. There are also a small number of medical brokerage and medical tour operators providing referrals and expedited access to medical services outside of Canada.
- Medical tourism in BC’s public health care system is currently prohibited by legislation and policy. Hospitals are defined in the *Hospital Act* as non-profit institutions, health authorities are required under the *Health Authority Act* to provide services on a predominantly not for profit basis. By policy, the Ministry establishes the rate health authorities can charge non-Canadians for medically necessary services. These are set on a cost recovery basis.
- The opportunities to generate revenue from in-bound medical tourism has been investigated by Ministry staff, leading to the conclusion that this is not currently feasible, for reasons of cost competitiveness (would need to compete with developing countries such as India and Bulgaria), and availability of medical and hospital resources.
- Establishing a medical tourism industry in BC would require excess capacity in all resources required to provide the service. Given that most hospitals are already operating at higher than optimal capacities and health authorities would be challenged to expand capacity.
- Given public concern about current wait times and access, the optics of foreign patients getting access to taxpayer-funded public services, even on a patient pay basis, would be difficult to manage.

Hope that helps,
Meghan

From: Stewart, Sharon A HLTH:EX
Sent: Thursday, January 22, 2015 12:58 PM
To: Chu, Mary HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Downey, Gayle F HLTH:EX
Subject: RE: maternity tourism

Hi – Doug remembers a recent GCPE note on this topic, would someone reach out for Gayle as a starting point. Also, any suggestions who else Gayle could reach out to on this?

Thanks!

From: Downey, Gayle F HLTH:EX
Sent: Thursday, January 22, 2015 12:34 PM
To: Stewart, Sharon A HLTH:EX
Subject: RE: maternity tourism

Geez. Any thoughts on who could help with this one?

Gayle

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From: Health, HLTH HLTH:EX
Sent: Thursday, January 22, 2015 12:12 PM
To: McClymont, Brenda HLTH:EX; Hardy, Doreen M HLTH:EX
Subject: FW: maternity tourism

Hi Brenda and Doreen: Would this issue be a coordinated response? There would appear to be at least two issues here...coverage and licensing....Thanks!

*Valentina Cambiazo
Issues Assessment and Liaison Analyst
Correspondence and Documents Management
Ministry of Health
PO Box 9639 STN PROV GOVT
Victoria, BC V8W 9P1 Tel: (250) 952-2264*

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From: s.22
Sent: Thursday, January 22, 2015 12:02 PM
To: Health, HLTH HLTH:EX
Subject: Re: maternity tourism

"Maternity tourism" is where we would have clients from China who are pregnant come to Richmond to deliver their babies. They would live in our facility and use a Mandarin speaking physician in Richmond to assist them with their pregnancy and deliver their baby in the Richmond hospital.

What is the appropriate word to use for this business?

s.22

On Thu, Jan 22, 2015 at 11:46 AM, Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca> wrote:

Hello: Thank you for your email. In order to provide a detailed response we would need to know what you mean by “maternity tourism”. Many thanks,

*Correspondence and Documents Management
Ministry of Health
PO Box 9639 STN PROV GOVT
Victoria, BC V8W 9P1*

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s.22

From:
Sent: Thursday, January 22, 2015 11:42 AM
To: Health, HLTH HLTH:EX
Subject: maternity tourism

Dear Sir or Madam:

We,^{s.22} and myself, would very much appreciate if you could send us the requirements so I may establishment maternity tourism business in Richmond. What are the fees that I would have to pay the province? What are the requirements I'd have to meet to open a facility?

My address is^{s.22}

Thank you for your assistance in this matter.

Sincerely Yours,

November 18, 2014

Non-resident births subject of media request

A member of the media has requested, through Freedom of Information, data relating to non-resident births over the past ten years at Vancouver Coastal Health facilities.

Background

- Specifically, the request asked for costs associated with non-resident births at Richmond Hospital, the number of resident vs. non-resident births across VCH (including Richmond Hospital), and the average time residents and non-residents spend in any VCH hospital following a birth.
- The following maternity rates were released to the applicant and are effective as of April 1, 2014:

	Uninsured Residents	Non-residents
Newborn per diem (before mother's discharge)	\$408	\$1,050
Newborn per diem (after mother's discharge)	\$1,091	\$3,405
Neonatal ICU	\$5,218	\$9,545
Add cost for delivery via C-section	N/A	\$2,270
Add cost for case room/birthing fee (normal delivery)	N/A	\$1,325

- Richmond Hospital operates on a full-cost recovery basis for non-residents. The above rates represent a portion of total maternity costs that non-residents can expect to pay.
- For instance, the cost for common billable items for both mothers and babies at Richmond Hospital ranged from acetaminophen 650mg tablets at \$2.00 each to pathology costs at \$200.
- These additional costs can be upwards of \$1,000, depending on what treatment and drugs the mother and baby receive.
- Data for total number of births was provided to the applicant for Vancouver General, Lions Gate, St. Mary's, Richmond, Squamish General, R.W. Large Memorial and Bella Coola General hospitals.
- Between January 1, 2004 and December 31, 2013, these facilities saw 30,462 births by Canadian residents. The average length of stay was 2.12 days, with a high of 2.6 days and a low of 2.2 days.
- For non-residents, 459 births took place with an average length of stay of 1.31 days. The maximum length of stay was 1.5 days.
- Non-resident births account for 1.5 per cent of all births in VCH, and 2.4 per cent of all births at Richmond Hospital (RH).
- Of the total number of non-resident births, 342 occurred at RH, accounting for 74.5 per cent of all non-resident births. In contrast, only 46.2 per cent (14,071) of resident births occurred at RH.
- The number of non-resident births at RH remained relatively constant between 2004 (14 births) and 2010 (18 births), then increased dramatically. From 2011 to 2013, the number of births jumped to 51, 76 and 86, respectively.
- Pregnant women who are non-residents must follow the same procedures as Canadian residents, i.e., preregistering with a physician at a VCH hospital.
- In addition, we have a number of procedures in place for payment collection from non-residents.

- An uncomplicated vaginal delivery at Richmond Hospital for a non-resident costs between \$7,000-\$8,000, while a C-section is between \$12,000 and \$13,000.

Key Messages

- Non-resident births account for only 1.5 per cent of all births in Vancouver Coastal Health.
- Our health care system is set up and paid for by the residents of BC through their taxes and MSP. We will never deny hospital care to anyone based on their ability to pay or where they are from, but we do expect to be compensated through travel insurance or any other insurance, or through private-pay, as we are accountable to BC residents for hospital and health care services.
- Vancouver Coastal Health has systems in place to collect compensation from visitors to Canada who use our medical services. We operate on a full-cost recovery basis for non-residents.
- An undercurrent of this issue seems to be the motivation for why non-residents are coming to Canada to have their babies. We will not speculate why, although we do know that in Canada - and in VCH in particular – we have a first-class, quality health care system. If other motives are being suggested, they are questions best directed to Federal agencies and not VCH.

Contact information			
Contact	Name	Title	Phone
Program	Diane Bissenden	Director, Population and Family Health	604 233-3180
Communications	Viola Kaminski	Public Affairs Officer	604-708-5338
Patient involved	N/A		
Creation & revision history			
Date		Briefing note created	



MINISTRY OF HEALTH POLICY COMMUNIQUE

TO: All Health Authorities

TRANSMITTAL DATE: April 20, 2006

COMMUNIQUE NUMBER: 2006-04

SUBJECT: Health Authority Direct Charges to Patients in Relation to Clinical Services Provided in Hospitals

DETAILS: Replaces Policy Communiqué 2002-31, *Hospital-Based Revenue Generation*, as well as Acute Care Policy Manual 2.4.3.6, Implantable Devices/Appliances, as revised June 12, 1996. See also Policy Communiqué 2006-03, *Health Authority Revenue Generation for Non-Clinical Services in Hospitals*.

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Performance Management & Improvement Division

Original signed by
Penny Ballem MD
Deputy Minister
Ministry of Health

POLICY ON HEALTH AUTHORITY DIRECT CHARGES TO PATIENTS IN RELATION TO CLINICAL SERVICES PROVIDED IN HOSPITALS

December 1, 2005

(Replaces Hospital-Based Revenue Generation Policy Communiqué 2002-31, 18/09/2002 and Acute Care Policy Manual 2.4.3.6, Implantable Devices/Appliances, as revised June 12, 1996. See also Policy on Health Authority Revenue Generation for Non-Clinical Services in Hospitals.)

RATIONALE

Health Authorities' primary obligation is to provide publicly-funded or insured health services to beneficiaries. Patient charges in relation to clinical services provided in hospitals must not impede patients' reasonable access to medically required health services. Patients' access to necessary medical and hospital care must be based solely on need and not on ability to pay.

This principle is consistent with pertinent provincial legislation and, specifically, with the purpose of the *Medicare Protection Act* (s.2).¹ Also, it is an offence under the *Hospital Insurance Act* (s.13) to charge a beneficiary for hospital services that are provided, and to which the beneficiary is entitled under the *Act*.

The "comprehensiveness" criterion of the *Canada Health Act* requires that provincial health insurance plans must insure all medically necessary services provided by hospitals and medical practitioners. The "accessibility" criterion of the *Canada Health Act* requires that reasonable access by insured persons to medically necessary hospital and physician services must be unimpeded by financial or other barriers.

In this regard, Health Authorities have a fiduciary responsibility to put the interests of patients foremost.

OBJECTIVE

The intent of this policy is to clarify the bounds for Health Authorities with respect to direct charges to patients or their representatives in relation to clinical services provided in hospitals. It is desirable that Health Authority practices in this respect be consistent across the province.

SCOPE

This policy applies to "clinical services" provided in or by hospitals (as designated under the *Hospital Act*) operated by Health Authorities or their affiliates. "Clinical services" are defined as "medical, diagnostic or therapeutic services provided in a Hospital² by medical practitioners or members of designated health professions (as designated under the *Health Professions Act*) employed, directed, contracted or credentialed (i.e., given privileges to practise) to provide such services by or under the auspices of a Health Authority".

¹ "The purpose of this *Act* is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not an individual's ability to pay."

² HIA s.5.19 "Any reference in this Division to treatment, services, preparations, supplies, or equipment given or rendered to a beneficiary in or at a hospital is deemed to include authorized treatment, services, preparations, supplies or equipment given or rendered at a place outside the hospital premises."

POLICY

A. MEDICAL SERVICES

Operating under the authority of the *Medicare Protection Act* (the *Act*) and the direction of the Medical Services Commission (MSC), the Medical Services Plan (MSP) pays for insured medical services (“benefits”) provided to residents of British Columbia. The *Act* establishes rules regarding billing for services provided by physicians who are enrolled with MSP.

In general, patients (or their representatives) must not be charged for benefits. The *Act* also prohibits anyone from charging patients for “materials, consultations, procedures, use of an office, clinic or other place, or for any other matters that relate to the rendering of a benefit”, unless specifically permitted by the MSC.³

The MSC has described (in MSC Minute 97-068) what medical and diagnostic services are excluded from “benefits” under the *Act* and (in MSC Minute #1147) the circumstances in which patient charges are permitted in relation to the provision of a “benefit” under the *Act*. Where direct charges to patients are permitted in relation to a “benefit”, patients must be informed of the charge before the service is provided, and charges are permitted only on a “cost-recovery” or “not-for-profit” basis. Patient charges are not otherwise permitted in relation to physician services.

B. HOSPITAL SERVICES

The *Hospital Insurance Act* and Regulations and Ministry of Health Acute Care Policy Manual specify what general hospital services are “insured” or publicly funded as “benefits”. The *Act* does not permit patient charges for services that are “benefits” (see *Hospital Insurance Act* Regulation, Division 5 - Benefits).

The Ministry of Health Acute Care Policy Manual describes certain circumstances in which patients should be charged for services that are not “insured” (see B1 below) or may be charged for services that are optional supplements to insured services (see B2 below). This policy document is complementary to pertinent sections of that Manual.

B1. NON-INSURED CLINICAL SERVICES

Health Authorities should charge patients at full cost recovery rates for clinical services that are excluded from benefits under the *Hospital Insurance Act* or the *Medicare Protection Act*. Clinical services may be so excluded or non-insured because they are deemed not “medically required”⁴. Examples of such services include: cosmetic surgery not specifically approved by MSP as medically required; reversal of sterilization procedures, laser eye surgery for refractive correction; *in vitro* fertilization procedures; and immunization for healthy adults ineligible for public health measures such as influenza vaccination programs.

³ The *Hospital Act* (s. 4(2)) states: “A hospital must take all reasonable measures to ensure that the limits on direct or extra billing established by Part 4 of the *Medicare Protection Act* are complied with in respect of service rendered to a beneficiary, as defined in section 1 of the *Medicare Protection Act*, by a medical practitioner at the hospital.”

⁴ See Acute Care Policy Manual 4.12.10 re: Uninsured Services to Eligible Residents.

Hospital or medical services may also be non-insured because they are provided to recipients who are not “insured persons”. Examples include: persons who are not residents of British Columbia or of other Canadian provinces or territories party to reciprocal billing agreements; persons whose health care is the statutory responsibility of workers’ compensation authorities; or persons whose health care is the responsibility of the federal government under acts of the Parliament of Canada (e.g., RCMP members, inmates of federal penitentiaries, members of the Canadian armed forces, etc.)⁵

Health Authorities should bear in mind that, with respect to hospital and medical services, their primary responsibility is provision of “insured” or medically required services to eligible beneficiaries. Service resource capacities should primarily be directed to meeting those responsibilities. Provision of other than insured services should not diminish or divert Health Authority capacities to provide insured services to eligible beneficiaries.

B2. Optional or Enhanced Clinical Services or Devices, not Medically Required

There may be circumstances when, in the course of rendering an insured service, a patient is provided a material or device that is considered a “not medically required” enhancement or alternative to the standard material or device, which is an essential element of the normal standard of care in rendering that particular insured service.⁶ When such an “enhancement” is provided solely as a matter of patient preference and without recommendation by the attending physician as “medically required” in the particular circumstances, the patient may be charged for the incremental cost of the enhancement relative to the standard material or device. An example may be a fibreglass or inflatable cast in lieu of the standard casting material for a bone fracture.

In such cases, the Health Authority must obtain prior, voluntary, and informed, written consent from the patient or the patient’s representative to the provision of the “enhanced” material or device and to the payment of the associated charges.

Informed consent, in this situation, must include clear written information, understandable to the patient and communicated by the physician or other health care professional responsible for the service in question, with respect to the expected benefits and risks, as well as the incremental cost, of the “enhancement” relative to the standard material, device or service.

Patients may not be given priority or preferred access to insured services in connection with or conditional upon their purchasing enhanced materials, devices, or other clinical or non-clinical goods or services. Patients must not be charged for any drug, material or device provided as part of an experiment or clinical trial. Patients may not be charged for an “enhanced” material, device, accommodation or service, if it is provided solely because the standard item is not available at the time the related insured service is rendered.

Patient charges for such “enhanced” materials, devices or services are limited to the incremental cost of the enhancement relative to the standard item, must be on a cost recovery or not-for-profit basis, and must be payable to the Health Authority, rather than to another health care provider.

⁵ These exclusions from the definition of “insured persons” are found in the *Canada Health Act*.

⁶ See Acute Care Policy Manual 2.5.9 re: Outpatient and Emergency Services – chargeable extras, and 2.6.1 re: Fibreglass or ultralight casts.

LEGAL FRAMEWORK

<i>Canada Health Act</i>	http://laws.justice.gc.ca/en/c-6/17077.html
<i>Health Authorities Act</i>	http://www.qp.gov.bc.ca/statreg/stat/H/96180_01.htm
<i>Health Professions Act</i>	http://www.qp.gov.bc.ca/statreg/stat/H/96183_01.htm
<i>Hospital Act</i>	http://www.qp.gov.bc.ca/statreg/stat/H/96200_01.htm
<i>Hospital Insurance Act and Regulations</i>	http://www.qp.gov.bc.ca/statreg/stat/H/96204_01.htm
<i>Medicare Protection Act and Medical & Health Care Services Regulation</i>	http://www.qp.gov.bc.ca/statreg/stat/M/96286_01.htm
Minutes of the Medical Services Commission	
Ministry of Health Acute Care Policy Manual	

ACCOUNTABILITY

Health Authorities are required to report to the Ministry of Health all categories and types of direct charges to patients in relation to clinical services provided in hospitals and to request prior, specific approval for any such charges not expressly permitted by the legislation cited above or by the MSC or the Ministry of Health's Acute Care Policy Manual. Any such charge without specific approval must be refunded to the payer.

Health Authority requests for approval should be submitted to Performance Management and Improvement Division, providing the information described in **Appendix A**. Requests will be reviewed by the Ministry of Health according to a standard decision framework of criteria for public funding and patient charges (see **Appendix B**). Ministry of Health decisions will be communicated to all Health Authorities.

From: Hitchman, Harry J HLTH:EX
To: Greenaway, Shelley E HLTH:EX; Pascoe, Robin HLTH:EX
Cc: Lee, Barb T HLTH:EX
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Date: Tuesday, February 10, 2015 11:21:19 AM

Hi Shelley

I will review below, but also letting you know that Barb Lee is replacing me on VCHA & VIHA files, so I have copied her on this.

Harry

From: Greenaway, Shelley E HLTH:EX
Sent: Tuesday, February 10, 2015 10:17 AM
To: Pascoe, Robin HLTH:EX
Cc: Hitchman, Harry J HLTH:EX
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Hello Robin;

I believe that you have been working with MSP and Sue Bedford to answer this enquiry so I will just add some general information regarding acute care hospital services. I haven't had time to take a close look at the ^{s.13} but my understanding is that there will be some issues, as you will see in the excerpts below. I have also cc'd Harry Hitchman in case there is a Finance aspect that we have missed or misinterpreted.

s.13,s.14
s.13,s.14

I would be happy to look into this further myself, but I don't think I will have much time this week (due to our move and my Ebola Preparedness work).

Related general information:

- Legislation requires hospitals to operate on non-profit basis—clinical services provided on cost-recovery basis only.
- The BC Medical Association provides a fee guide for BC physicians to bill medical services to the recipient, non-resident patient.
- ;P Finance has a list of prices for some services provided to non-residents but I am not aware of any policies regarding whether or not elective surgery is an option for non-residents. The general perception is that non-residents would usually only be seeking emergency services while visiting Canada.
- ;P From the Hospital Policy Manual
"Health authorities/hospital societies must:
- charge non-beneficiaries for goods and services provided ..."
- ;P From confidential BN:
The present health care system in BC was designed as a non-profit system for beneficiaries rather than as a profit generating system.

From a confidential Fact Sheet:

Health authorities currently charge for some non-clinical and clinical services. Non-clinical services include rental or lease of administrative space, parking charges and material management rebates. Clinical services include those services that are excluded as benefits under the *Hospital Insurance Act* or the *Medicare Protection Act*.

Capacity

The capacity to deliver health services requires a sufficient supply of resources that is not limited to operating rooms, diagnostic imaging equipment or physicians; but also includes other resources such as nurses, allied health professionals and inpatient beds.

While there may be some components of the health system with excess capacity there are other components where there are challenges in meeting today's demand for services to beneficiaries. Health authorities are unlikely to have the resource capacity for revenue generation opportunities without impacting the public system's ability to maintain or enhance services to beneficiaries.

s.13

The present health care system in BC and Canada was designed as a non-profit system for beneficiaries rather than as a profit generating system. s.13

s.13

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From: Pascoe, Robin HLTH:EX

Sent: Monday, February 2, 2015 3:24 PM

To: Greenaway, Shelley E HLTH:EX

Subject: Public Query: Establishing a Maternity Tourism Facility

Hi Shelley,

We've had an inquiry from a member of the public who wishes to open a maternity tourism

business in Richmond, wherein clients from China who are pregnant would live in a facility he would operate and use a Richmond-based physician to assist them with their pregnancies before delivering in the Richmond Hospital. He is wondering what the licensing and cost requirements would be for such a facility. Is there any existing policy on this? Any information would be hugely appreciated.

Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services

Health Services Policy and Quality Assurance Division | Ministry of Health

Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: [Greenaway, Shelley E HLTH:EX](#)
To: [Rinta, Darcy HLTH:EX](#)
Subject: RE: maternity tourism
Date: Wednesday, August 12, 2015 3:05:00 PM

Thanks. I did look for this but I found a different e-mail with a slightly less relevant message.

From: Rinta, Darcy HLTH:EX
Sent: Wednesday, August 12, 2015 2:54 PM
To: Greenaway, Shelley E HLTH:EX
Subject: FW: maternity tourism
I think you already saw this

From: John, Rebecca HLTH:EX
Sent: Monday, February 23, 2015 4:12 PM
To: Rinta, Darcy HLTH:EX
Subject: FW: maternity tourism

From: Braidwood-Looney, Tricia HLTH:EX
Sent: Monday, February 23, 2015 12:45 PM
To: John, Rebecca HLTH:EX
Subject: RE: maternity tourism

I would say that our current legislative and policy framework is silent on the topic of medical tourism. Not sure what you are saying about licensing—is it that you do not want to refer the person to licensing? If not, I suggest cautioning the person that a licence under the CCALA would be required. The bit about patients coming far enough in advance to get coverage—yes that could happen but the person must be legally in BC as a resident (not a visitor) for 3 months before MSP/hospital insurance kicks in. IF they come legally into BC have the baby and then go home, that is certainly acceptable.

The last bit about HA generating revenue—the policy is attached. HAs are required to charge non-beneficiaries for services, so that bit is fine, (although it is supposed to be cost-recovery rather than making money). Prior approval of the Ministry is required for patient charges to beneficiaries, but not for non-beneficiaries since they must be charged. I think the most important part of the policy is the wording below:

Health Authorities should bear in mind that, with respect to hospital and medical services, their primary responsibility is provision of “insured” or medically required services to eligible beneficiaries. Service resource capacities should primarily be directed to meeting those responsibilities. Provision of other than insured services should not diminish or divert Health Authority capacities to provide insured services to eligible beneficiaries.

Hope that helps.

Tricia Braidwood-Looney – Please note new phone number

Director, Diagnostic Strategy ~ Health Services Policy and Quality Assurance Division ~ Ministry of Health
~ 6th Floor, 1483 Douglas St. Victoria BC ~ Mailing Address: PO Box 9633 STN PROV GOVT, Victoria BC,
V8W 9P1 ~ Ph: 250 356 1688 ~ Fax: 250 356 1679 ~ E-mail: Tricia.BraidwoodLooney@gov.bc.ca

From: John, Rebecca HLTH:EX
Sent: Friday, February 20, 2015 4:23 PM
To: Braidwood-Looney, Tricia HLTH:EX
Subject: RE: maternity tourism

Only in that the note you wrote on the status (content below, below), suggests we aren't gung ho on it...and we haven't proceeded to change legislation to support/encourage it because of the implications. ^{s.13}

If they come here far enough in advance, are they able to get a care card somehow, and then just use the services and leave...if so, then I don't think there is any prohibition.

If revenue generating for an HA, then that's prohibited it seems. Have I got that right?

From: Braidwood-Looney, Tricia HLTH:EX

Sent: Friday, February 20, 2015 4:04 PM

To: John, Rebecca HLTH:EX

Subject: RE: maternity tourism

We really don't have a position on medical tourism as far as I am concerned. The government was very keen on it a few years back but then the enthusiasm seemed to fizzle out after they realized the implications. Do you think we do?

Tricia Braidwood-Looney – Please note new phone number

Director, Diagnostic Strategy " Health Services Policy and Quality Assurance Division " Ministry of Health
" 6th Floor, 1483 Douglas St. Victoria BC " Mailing Address: PO Box 9633 STN PROV GOVT, Victoria BC.
V8W 9P1 " Ph: 250 356 1688" Fax: 250 356 1679 " E-mail: Tricia.BraidwoodLooney@gov.bc.ca

From: John, Rebecca HLTH:EX

Sent: Friday, February 20, 2015 3:43 PM

To: Braidwood-Looney, Tricia HLTH:EX; Rinta, Darcy HLTH:EX

Subject: RE: maternity tourism

The provinces didn't buy into a federal request (2 years ago?) to make process changes to protect the citizenship-upon-birth privilege from such enterprises, so newborns continue to get citizenship as far as we know.

My concern is about how we phrase the letter to ensure we make BC's policy position clear with respect to medical tourism. We'll take a stab at it and probably ask you to review.

s.13

perhaps I should inquire with FCS.

Thanks, Rebecca

From: Braidwood-Looney, Tricia HLTH:EX

Sent: Thursday, February 19, 2015 8:55 AM

To: Rinta, Darcy HLTH:EX

Cc: John, Rebecca HLTH:EX

Subject: RE: maternity tourism

I think this would fall into the category of medical tourism; however, in this case I suspect the reason for travelling to receive services relates to expectation of the child receiving citizenship, or of getting services for free, funded by the province. In your travels around this issue have you found out what the deal is around citizenship for children born here to non-residents? If they are not eligible for citizenship then I would put that in the letter.

Also, the letter should clearly state that the patient would be responsible for the full cost (not the subsidized rates we normally quote for residents of other provinces) for all services consumed in the prenatal, natal and post-natal period. This includes all hospital services, emergency department services, physician services, ambulance, medications, etc. And that is the child is born prematurely or with special needs, a stay in the special care nursery would run XXX dollars per day.

s.13

s.13

Our policy states that HAs are not

allowed to engage in revenue generation if it will undermine services to beneficiaries. s.13

s.13

Let me know if I can help further.

Tricia Braidwood-Looney – Please note new phone number

Director, Diagnostic Strategy " Health Services Policy and Quality Assurance Division " Ministry of Health

~ 6th Floor, 1483 Douglas St. Victoria BC ~ Mailing Address: PO Box 9633 STN PROV GOVT, Victoria BC,
V8W 9P1 ~ Ph: 250 356 1688 ~ Fax: 250 356 1679 ~ E-mail: Tricia.BraidwoodLooney@gov.bc.ca

From: Rinta, Darcy HLTH:EX

Sent: Wednesday, February 18, 2015 10:06 AM

To: Braidwood-Looney, Tricia HLTH:EX

Subject: FW: maternity tourism

Hi Tricia,

We are hoping to get your input and advice on this topic and response (incoming is the email at the bottom of this note).

I've attached the draft letter that only includes a licensing and beneficiary perspective so far.

Thanks,

Darcy

From: Bedford, Sue HLTH:EX
To: John, Rebecca HLTH:EX; Rinta, Darcy HLTH:EX; Greenaway, Shelley E HLTH:EX
Cc: Williams, Dawn HLTH:EX
Subject: FW: looking for BN 77110 and 767630 final copies
Date: Tuesday, February 10, 2015 12:21:25 PM
Attachments: [782682- Postpartum Centres October 8 2009 - x-ref 77110 767630.doc](#)
[767630 - Postpartum Centres issues and legal opinion - Grant Main's changes -.doc](#)
[771100 - Decision Briefing Postpartum Centres March2009 x-ref. 767630.doc](#)

Here are the relevant documents that we have received from Population Health.

From: Solomon, Carolyn HLTH:EX
Sent: Tuesday, February 10, 2015 12:17 PM
To: Springinotic, Carla HLTH:EX; Bedford, Sue HLTH:EX
Cc: Williams, Dawn HLTH:EX
Subject: RE: looking for BN 77110 and 767630 final copies

Hello Sue,

See attached requested. Also of relevance is 782682. I don't seem to have a final for 767630, but the attached document is inclusive of Grant Main's changes.

Thanks,

Carolyn

From: Springinotic, Carla HLTH:EX
Sent: Tuesday, February 10, 2015 11:37 AM
To: Bedford, Sue HLTH:EX; Solomon, Carolyn HLTH:EX
Cc: Williams, Dawn HLTH:EX
Subject: RE: looking for BN 77110 and 767630 final copies

Hi Sue, I am forwarding your email to Carolyn who is the maternal health manager.

Carolyn, would you be able to provide Sue with the information she is seeking below?

Thanks, Carla

From: Bedford, Sue HLTH:EX
Sent: Tuesday, February 10, 2015 9:14 AM
To: Springinotic, Carla HLTH:EX
Cc: Williams, Dawn HLTH:EX
Subject: looking for BN 77110 and 767630 final copies

Good morning Carla. We have received an inquiry about establishing a post-partum care centre for off shore moms. This issue comes up from time to time, and we are looking for the BNs above (and any other relevant BNs) so that we can respond to the writer, who wishes to establish such a centre. We don't have the finals on our cliff system, and I believe that Joan Geber had them re-assigned to your program area. We are happy to draft the response, however, if you can provide us with the most recent BNs that would be of great assistance. We are linked in with Rebecca John and her staff on the issue as well.

Best regards,

Sue Bedford

Director, Community Care Facility Licensing

Quality Assurance

Health Services Policy and Quality Assurance Division

Ministry of Health

Phone: 250.952.1442

Fax: 250.952.1282

Sue.bedford@gov.bc.ca

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**MINISTRY OF HEALTHY LIVING AND SPORT
DECISION BRIEFING DOCUMENT**

Cliff # 782682

PREPARED FOR: Honourable Ida Chong, Minister of Healthy Living and Sport
– **FOR DECISION**

TITLE: Postpartum Care Centre Regulation

PURPOSE: To determine whether a new regulation should be developed to monitor and regulate Postpartum Care Centres in British Columbia (BC).

BACKGROUND:

In January 2009, a one month old infant suffered injuries consistent with Shaken Baby Syndrome while living in a Postpartum Care Centre (the Centre) in Richmond, BC. A police investigation is occurring with the Ministry of Children and Family Development (MCFD) involved in the case. The Centre, which was not licensed as a business, has since closed. The infant was treated at BC Children's Hospital and recently released into the parent's care. The child will have severe and ongoing medical and developmental needs as a result of the injuries. Information provided to Minister Polak, previous Minister of Healthy Living and Sport (x ref: 771100, appendix A), led to a request for clarity on business licensing practices of existing Centres and a meeting with MCFD.

In April 2009, the Ministry of Healthy Living and Sport (MHLS) met to discuss this issue with representatives from both the MCFD Provincial and Regional Office. Significant potential child safety issues discussed around these Centres that included unqualified staff, lack of criminal record checks, children left in the home without parental supervision, as well as basic home safety issues. While choices new mothers make for the selection of postpartum care do not typically fall within legislative authority, the issue of monitoring Centres as safe businesses remains a concern.

s.13,s.14

DISCUSSION:

The Centres actively seek clients through advertisements that indicate parents can leave their children in the care of the Centre staff while they are off premises. A room is provided for the family to stay together.

Research on these Centres indicates they are not registered as businesses or licensed, although they charge several thousand dollars a month for their services. The City of Richmond is not pursuing licensing these Centres as businesses.

s.13

The MHLS creates and maintains legislative and policy frameworks enforced by health authorities through statutes including the CCALA. s.13

FINANCIAL IMPLICATIONS:

s.13

OPTIONS:

s.13

3. Do not take further action. s.13

s.13

BRIEFING RECOMMENDED:

Yes ☒ No ☐

RECOMMENDATION: OPTION 1

Approved/Not Approved
Ida Chong, FCGA
Minister

Date Signed

Program ADM/Division: Andrew Hazlewood, Population and Public Health
Telephone: 250-952-1731
Program Contact (for content): Joan Geber, Executive Director, 250-952-3678
Drafter: Lorie Hrycuik, Director, 250-952-2568
Date: October 20, 2009
File Name with Path: P:\Womens Healthy Living Secretariat\Briefing
Notes\MATERNAL\2009\782682 - Postpartum
Centres - May 2009\782682- Postpartum Centres
May 8 2009 - x-ref 77110 767630.doc

Cliff# 767630

Postpartum Centres
February 10, 2009

Background:

Following a media story reporting the apparent severe shaken baby injuries sustained by a ~~one~~₁-month old child in Richmond, B.C., investigation has begun into the scope and prevalence of private "Postpartum Centres" in Vancouver.

Comment [GM1]: Who's investigating?

It is known that several such homes are operating in Vancouver, where mothers stay, along with older children, prior to birth of their babies, and/or following delivery for about one month. During that time, the fathers are usually not in the homes and may be out of the country. Owners of the postpartum care homes may take on infant and child care responsibilities for the parents. The premise appears to be one of providing access to short term supportive housing for new immigrant families, or international visitors to B.C. for the purpose of childbirth.

Families pay a fee to the home owners for their stay, but it is not known if any of these postpartum care homes are licensed as businesses or regulated in any way. They seem to operate as a sort of private "Bed and Breakfast" or short term "housing and personal support" for the mother and child/ren.

The Prevention Manager in Richmond (Vancouver Coastal Health Authority) reports that public health nurses (PHNs) visit families in these homes following the birth of babies. Over time nurses have become aware that the homes are operated by people other than family members of the mother and baby. It is understood that families pay a significant fee for the service.

In Vancouver South, similar services are well known by PHNs. One example of such a private home that has recently closed was run like a business and advertised in Chinese newspapers, television, and on the internet (in Chinese). Services provided included postpartum care of the baby and mother, cribs and food. A downstairs nursery set-up gave mothers the option of leaving babies in the care of the facility owner for periods of time at the mother's discretion. Women who used the service were either "visitors" or newcomers without families in Canada, or landed immigrants who lived in China but travelled to Vancouver to give birth, and then returned to China.

PHNs report that in one home, the owner had health care credentials from China, and made efforts to access public health resources (brochures, etc.) from the local health units, to ensure standard care information was given to the mothers. PHNs provided service to mothers in the care homes if they were staying in Vancouver for several weeks. The home would be seen as a temporary housing situation for the mother and every effort would be made by PHNs to provide best-practice care and support as for any B.C. family.

Some women make private arrangements for the baby's birth in Canada while they are in China, assuming the fee-for-service for physician and hospital care once they arrive. Their stays are usually very short and they pay for doula-type services in-home until their return trip. For these short-stay mothers, PHN services are not initiated.

A PHN who works in the South Health Community Center area of Vancouver community is aware of one "active" home with ~~six~~6 bed capacity, and typically ~~four~~4 to ~~six~~6 clients staying at any given time. As in the situation described above, these women are sometimes residents of Canada (landed immigrant type mostly) or are on a visitor status. "Home addresses" for these women are from across the Vancouver Community, including Burnaby, Port Coquitlam, Coquitlam, and Richmond. The women are paying guests in the homes for about a month and have all their needs met by "staff".

The Centre referred to above is run as a "business" has other "helpers" coming in to assist with care of baby and mother. It is advertised word of mouth and in the Chinese newspaper. Generally speaking these women are used to being taken care of by "hired help" from their home country and are therefore seeking this type of service here. This home has all Mandarin speaking clients. The PHN didn't know the exact cost but thought it is expensive and that these women are in a ~~high-income~~high income bracket to afford such a service.

The PHN providing public health home visits to this house takes a "risk management" approach to this situation and feels nervous going into these situations. As the house is an unlicensed private business, she is unsure of what her role is and feels that she really does not have any jurisdiction over anything as the women are consenting to the care they are "buying". Traditional Chinese medicine is practiced for postpartum and newborn care, including breastfeeding. Usually the person running the house contradicts ~~her~~the PHN on information that is taught or promoted as best practice (especially in relation to breastfeeding). The PHN also finds that the person running the house answers the phone (for any follow-up) and speaks for the women. Because of the way this business is set up and lack of clarity of the PHN role in the situation, ~~she~~the PHN feels ~~she~~there is ~~has~~ no "recourse" to do anything or have influence in mother and baby care. The PHN expresses discomfort in visiting the home particularly because of a lack of any standards or regulations for these operations making it difficult to assume her PHN practice responsibilities.

Initial reports from health authority PHNs are that these care homes and doula-type services are only provided and used by Chinese in Vancouver. There are no reports of similar housing arrangements by other newcomer cultural groups.

Issues

Postpartum care practices are often steeped in cultural tradition, and when newcomer or visiting international families are planning for births, their plans will draw on their own

| belief sets and cultural practices. These may be impacted by language barriers and isolation, complicating the decision-making ability of new parents in a foreign context. Ultimately they are hoping for the best outcome for mother and baby, and will look for the care and support most familiar to them.

These postpartum care homes (and doula-type services) are filling that gap, but the tragedy of this infant's injuries bring to light issues that must be examined to determine whether any issues fall within the responsibility of the ministry:

- Safety of the environments for mothers and children.
- Unregistered businesses are not subject to licensing guidelines or monitoring.
- Quality of supervision and care of infants and young children is not assured.
- Limited access to health care services as foreigners except fee-for-service.
- Canadian-born infants not protected by Canadian child protection laws when they are "under the radar".
- Potential lack of awareness by families using services of how to assess risks, compounded by language barrier.
- Non-English advertising of services complicates accurate picture of prevalence – also unclear whether they are offering "health" or navigation services or support and respite.
- Families have the right to evaluate their needs and select their own care providers or hired help, but may not have access to information supporting their decisions.
- Unreported earnings of businesses.

Comparison to similar support services for women and children:

For comparison sake, transition houses provide a similar type of service, although their goal of protection from violence is different. In B.C. over 50 transition houses operate to provide short-term supportive housing to women and their children. Some transition houses are non-profit organizations and operate under the Societies Act. Others are for profit, and fall under the authority of the Corporate Act.

All transition houses operate under municipal business guidelines and are subject to regulations of the specific municipality in terms of health and safety inspection, license to operate, etc. Additionally, while transition houses may have their own policies and procedures appropriate to the community and population they are serving, they are governed by the provincial Child Protection Act since minor children are staying in the houses. All paid staff and volunteers undergo criminal record checks and parents typically are not encouraged to leave children in the care of other adults in the house. Non-parent supervision of children, if it did occur, would be according to child care regulations as a standard.

Immigration and Citizenship Issues

As babies born in Canada will have Canadian citizenship, it may be necessary to engage federal immigration authorities in this issue. Immigration authorities may be unaware that women who are pregnant are entering Canada in order to give birth and to ensure that their child will have Canadian citizenship.

Child Protection Issues

As this ~~issue~~issue is complex, and involves the care and treatment of babies and young children who may come to Canada with their mothers, the Ministry of Children and Family Development, ~~and~~ Child Protection, should be involved in policy and legislative decisions related to these services.

Considerations for MHLS:

Based on exploration of these issues

s.13,s.14

s.13,s.14

Choices mothers make about their own support and care do not fall within any legislation that has been examined, as they are adults capable of making such decisions independently. However, the issue of monitoring of Postpartum Care Centres as safe operational businesses for the public remains a separate concern if the businesses are unregistered or licensed, and involves the consideration of municipal governments, similar to the process for Transition Houses.

Recommendation:

1. Convene an inter-Ministry meeting with Ministries of Children and Family Development, Health Services, Housing and Social Development, Advanced Education and Labour Market Development, Public Safety and Solicitor General and Attorney General to discuss issues identified, explore options and develop a resolution for the issue.

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Notes\MATERNAL\2009\767630—Postpartum centres\767630—Postpartum Centres
issues and legal opinion Feb 10 2009.doc

**MINISTRY OF HEALTHY LIVING AND SPORT
DECISION BRIEFING DOCUMENT**

Cliff # 771100

PREPARED FOR: Honourable Mary Polak, Minister of Healthy Living and Sport –
FOR DECISION

TITLE: Postpartum Centres and Determination of Jurisdictional Responsibility

PURPOSE: To provide an update on the issues surrounding Postpartum Centres (Centres) and request approval for convening an interministry group to explore options and develop a resolution to governance of the Centres. (X-reference 767630)

BACKGROUND:

In January 2009, a one month old infant suffered severe alleged shaken baby syndrome injuries while living in a Postpartum Centre in Vancouver. An investigation was begun by the police and the Ministry of Children and Family Development as to the circumstances surrounding the injuries sustained by the infant.

The Ministry of Healthy Living and Sport (MHLS) has a mandate for health promotion and prevention program stewardship in British Columbia supporting public health perinatal service delivery in the community, as well as mandate for Community Care Licensing of facilities. As MHLS gathered information about the prevalence and scope of these Centres, it became apparent that several such homes operate in Vancouver, providing fee-for-service, short-term housing and support for mothers and their children during the perinatal period.

Centres run as businesses, sometimes hiring “helpers” to provide care for mothers and babies. It is not known if any of the Centres are registered or licensed. Centres advertise by word of mouth and in Chinese newspapers and internet sites. There have been no reports of cultural groups other than Chinese operating or accessing Centres.

The women using Centres are most often international visitors to Canada or landed immigrants who normally live abroad. They often make advance private childbirth arrangements for physician and hospital services, arrive in Canada to have their babies, and stay at Centres for a brief period before returning to their country of origin.

DISCUSSION:

Public Health Nurses attempt to provide routine postpartum follow-up for these women and their babies, but encounter barriers to providing care when a Centre proprietor contradicts key messages, or speaks for the mothers who do not speak English. As a result, universal postpartum assessment and follow-up service is often limited.

Other issues also have the potential to negatively impact optimal outcomes for mothers and infants using Centres, including:

- Safety of care environments and knowledge of care givers;
- Lack of regulation and monitoring if they are unregistered businesses;
- Canadian-born infants “under the radar” in terms of health care and child protection needs;
- Unknown prevalence and scope of Centres due to non-English advertising.

s.13,s.14

FINANCIAL IMPLICATIONS: Unknown

OPTIONS:

s.13

s.13 3. Do not take action^{s.13}

BRIEFING RECOMMENDED:

Yes ☐ No X

RECOMMENDATION:

s.13

Approved/Not Approved
Honourable Mary Polak
Minister

Date Signed

Program ADM/Division:	Andrew Hazelwood, Population and Public Health
Telephone:	250-952-1731
Program Contact (for content):	Joan Geber, A/Executive Director, 250-952-3678
Drafter:	Irene Rathbone
Date:	March 9, 2009
File Name with Path:	Z:\Womens Healthy Living Secretariat\Briefing Notes\MATERNAL\2009\767630 & 711100 - Postpartum centres -analysis of Feb. 5th medial interview\771100 - Decision Briefing_Postpartum Centres_March2009 x-ref. 767630.doc

From: [Greenaway, Shelley E HLTH:EX](#)
To: [Rinta, Darcy HLTH:EX](#)
Subject: FW: Public Query: Establishing a Maternity Tourism Facility
Date: Tuesday, February 10, 2015 12:01:00 PM

FYI re citizenship.

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From: Pascoe, Robin HLTH:EX
Sent: Tuesday, February 10, 2015 10:31 AM
To: Greenaway, Shelley E HLTH:EX
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Hi Shelley,

Thank you very much for the information! Just as a “you may be interested to know”, it looks like while a baby born in Canada to a Chinese mother would be eligible for jus soli citizenship, China does not recognize dual citizenship. By registering the child as a Canadian citizen to recoup any health care costs not directly related to the birth, the mother would terminate the child’s Chinese citizenship while not herself being able to establish residency without first leaving the country (unless claiming status as a refugee/protected person, spouse of a Canadian citizen, etc).

Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: Greenaway, Shelley E HLTH:EX
Sent: Tuesday, February 10, 2015 10:17 AM
To: Pascoe, Robin HLTH:EX
Cc: Hitchman, Harry J HLTH:EX
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Hello Robin;

I believe that you have been working with MSP and Sue Bedford to answer this enquiry so I will just add some general information regarding acute care hospital services. I haven’t had time to take a close look at the s.13 but my understanding is that there will be some issues, as you will see in the excerpts below. I have also cc’d Harry Hitchman in case there is a Finance aspect that we have missed or misinterpreted.

s.14
s.14

I would be happy to look into this further myself, but I don’t think I will have much time this week (due to our move and my Ebola Preparedness work).

Related general information:

- Legislation requires hospitals to operate on non-profit basis—clinical services provided on cost-recovery basis only.
- The BC Medical Association provides a fee guide for BC physicians to bill medical services to the recipient, non-resident patient.
- ;P Finance has a list of prices for some services provided to non-residents but I am not aware of any policies regarding whether or not elective surgery is an option for non-residents. The general perception is that non-residents would usually only be seeking emergency services while visiting Canada.

;P From the Hospital Policy Manual

“Health authorities/hospital societies must:

- charge non-beneficiaries for goods and services provided ...”

;P From confidential BN:

The present health care system in BC was designed as a non-profit system for beneficiaries rather than as a profit generating system.

From a confidential Fact Sheet:

Health authorities currently charge for some non-clinical and clinical services. Non-clinical services include rental or lease of administrative space, parking charges and material management rebates. Clinical services include those services that are excluded as benefits under the *Hospital Insurance Act* or the *Medicare Protection Act*.

s.13

Capacity

The capacity to deliver health services requires a sufficient supply of resources that is not limited to operating rooms, diagnostic imaging equipment or physicians; but also includes other resources such as nurses, allied health professionals and inpatient beds.

While there may be some components of the health system with excess capacity there are other components where there are challenges in meeting today’s demand for services to beneficiaries. Health authorities are unlikely to have the resource capacity for revenue generation opportunities without impacting the public system’s ability to maintain or enhance services to beneficiaries.

s.13

The present health care system in BC and Canada was designed as a non-profit system for beneficiaries rather than as a profit generating system. s.13

s.13

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From: Pascoe, Robin HLTH:EX
Sent: Monday, February 2, 2015 3:24 PM
To: Greenaway, Shelley E HLTH:EX
Subject: Public Query: Establishing a Maternity Tourism Facility
Hi Shelley,

We've had an inquiry from a member of the public who wishes to open a maternity tourism business in Richmond, wherein clients from China who are pregnant would live in a facility he would operate and use a Richmond-based physician to assist them with their pregnancies before delivering in the Richmond Hospital. He is wondering what the licensing and cost requirements would be for such a facility. Is there any existing policy on this? Any information would be hugely appreciated.

Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: [Greenaway, Shelley E HLTH:EX](#)
To: [Pascoe, Robin HLTH:EX](#)
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Date: Tuesday, February 10, 2015 11:48:00 AM

Thank you. I do find that interesting.

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Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
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Cc: Hitchman, Harry J HLTH:EX
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s.14
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I would be happy to look into this further myself, but I don't think I will have much time this week (due to our move and my Ebola Preparedness work).
Related general information:

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 “Health authorities/hospital societies must:
 - charge non-beneficiaries for goods and services provided ...”

;P From confidential BN:

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From a confidential Fact Sheet:

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s.13

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s.13

The present health care system in BC and Canada was designed as a non-profit system for beneficiaries rather than as a profit generating system. s.13

s.13

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Sent: Monday, February 2, 2015 3:24 PM
To: Greenaway, Shelley E HLTH:EX
Subject: Public Query: Establishing a Maternity Tourism Facility
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Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: [Greenaway, Shelley E HLTH:EX](#)
To: [Rinta, Darcy HLTH:EX](#)
Subject: FW: maternity tourism
Date: Friday, February 6, 2015 12:01:00 PM
Attachments: BN - Non-resident births - November 2014.doc

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From: Downey, Gayle F HLTH:EX
Sent: Thursday, January 22, 2015 2:55 PM
To: Stewart, Sharon A HLTH:EX; Hardy, Doreen M HLTH:EX; Duesterwald, Meghan HLTH:EX
Subject: FW: maternity tourism

Thanks Sharon and Meghan – this is really helpful. Doreen, please assign this, and upload the email and attachment to the eapproval record.

Gayle

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From: Duesterwald, Meghan HLTH:EX
Sent: Thursday, January 22, 2015 1:23 PM
To: Stewart, Sharon A HLTH:EX; Downey, Gayle F HLTH:EX
Cc: Chu, Mary HLTH:EX; Fraser, Christine HLTH:EX
Subject: RE: maternity tourism

This is the one he was probably thinking of (attached), specific to VCHA but on topic. I would suggest checking in with Tricia, I know that's her old hat but she knows hospital policy, medical tourism, etc. Rebecca may be able to help also on the maternity care front.

Found the following wording also if that helps, MSD has a role in medical tourism as well, as far as I can tell.

Medical Tourism

- Medical tourism refers to situations where individuals travel to another country for the purpose of obtaining health care services, in some cases, combined with a vacation. This is distinct from individuals who receive emergency services while abroad on vacation, due to an unforeseen injury or disease.
- It is generally recognized that medical tourism is a growing industry worldwide, with patients travelling to receive services that are less expensive, available in a timelier manner, or which are not provided in their home country for various reasons.
- In British Columbia, the term “medical tourism” has been discussed in two ways:
 - Encouraging, or accommodating, situations where patients travel outside Canada to receive care (out-bound); and
 - Organized efforts to attract patients into BC to use services on a patient pay basis (in-bound).

IN-BOUND MEDICAL TOURISM:

- There is a small but growing private sector involvement in medical tourism in BC. This includes private medical/surgical facilities that offer services to non-Canadians, primarily Americans. The volume of services provided is unknown – it is believed that the majority

- of services in private clinics are provided to WorkSafeBC (formerly Workers' Compensation Board), Insurance Corporation of BC as well as private pay BC residents.
- These private non-hospital facilities are accredited through the College of Physicians and Surgeons and regulated by the Medical Services Commission to ensure they are in compliance with the *Medicare Protection Act*. There are also a small number of medical brokerage and medical tour operators providing referrals and expedited access to medical services outside of Canada.
 - Medical tourism in BC's public health care system is currently prohibited by legislation and policy. Hospitals are defined in the *Hospital Act* as non-profit institutions, health authorities are required under the *Health Authority Act* to provide services on a predominantly not for profit basis. By policy, the Ministry establishes the rate health authorities can charge non-Canadians for medically necessary services. These are set on a cost recovery basis.
 - The opportunities to generate revenue from in-bound medical tourism has been investigated by Ministry staff, leading to the conclusion that this is not currently feasible, for reasons of cost competitiveness (would need to compete with developing countries such as India and Bulgaria), and availability of medical and hospital resources.
 - Establishing a medical tourism industry in BC would require excess capacity in all resources required to provide the service. Given that most hospitals are already operating at higher than optimal capacities and health authorities would be challenged to expand capacity.
 - Given public concern about current wait times and access, the optics of foreign patients getting access to taxpayer-funded public services, even on a patient pay basis, would be difficult to manage.

Hope that helps,

Meghan

From: Stewart, Sharon A HLTH:EX

Sent: Thursday, January 22, 2015 12:58 PM

To: Chu, Mary HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX

Cc: Downey, Gayle F HLTH:EX

Subject: RE: maternity tourism

Hi – Doug remembers a recent GCPE note on this topic, would someone reach out for Gayle as a starting point. Also, any suggestions who else Gayle could reach out to on this?

Thanks!

From: Downey, Gayle F HLTH:EX

Sent: Thursday, January 22, 2015 12:34 PM

To: Stewart, Sharon A HLTH:EX

Subject: RE: maternity tourism

Geez. Any thoughts on who could help with this one?

Gayle

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From: Health, HLTH HLTH:EX

Sent: Thursday, January 22, 2015 12:12 PM

To: McClymont, Brenda HLTH:EX; Hardy, Doreen M HLTH:EX

Subject: FW: maternity tourism

Hi Brenda and Doreen: Would this issue be a coordinated response? There would appear to be at least two issues here...coverage and licensing....Thanks!

Valentina Cambiazo

Issues Assessment and Liaison Analyst

*Correspondence and Documents Management
Ministry of Health
PO Box 9639 STN PROV GOVT
Victoria, BC V8W 9P1 Tel: (250) 952-2264*

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From: s.22

Sent: Thursday, January 22, 2015 12:02 PM

To: Health, HLTH HLTH:EX

Subject: Re: maternity tourism

"Maternity tourism" is where we would have clients from China who are pregnant come to Richmond to deliver their babies. They would live in our facility and use a Mandarin speaking physician in Richmond to assist them with their pregnancy and deliver their baby in the Richmond hospital.

What is the appropriate word to use for this business?

s.22

On Thu, Jan 22, 2015 at 11:46 AM, Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca> wrote:

Hello: Thank you for your email. In order to provide a detailed response we would need to know what you mean by "maternity tourism". Many thanks,

Correspondence and Documents Management

Ministry of Health

PO Box 9639 STN PROV GOVT

Victoria, BC V8W 9P1

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From: s.22

Sent: Thursday, January 22, 2015 11:42 AM

To: Health, HLTH HLTH:EX

Subject: maternity tourism

Dear Sir or Madam:

We, s.22 and myself, would very much appreciate if you could send us the requirements so I may establishment maternity tourism business in Richmond. What are the fees that I would have to pay the province? What are the requirements I'd have to meet to open a facility?

My address is s.22

s.22

Thank you for your assistance in this matter.

Sincerely Yours,

s.22

From: [Pascoe, Robin HLTH:EX](#)
To: [Greenaway, Shelley E HLTH:EX](#)
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Date: Thursday, February 5, 2015 4:35:58 PM

Hi Shelley,

Thanks for getting back to me – I know people have been incredibly busy lately. Sue Bedford's area is currently working on the bulk of the response, but if there's any information your area can contribute, we are looking to have the final drafted by February 10th. I am adding you as a Watcher to the eApprovals item in case you have the need to read the draft as it stands.

Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: Greenaway, Shelley E HLTH:EX
Sent: Thursday, February 5, 2015 4:24 PM
To: Pascoe, Robin HLTH:EX
Subject: RE: Public Query: Establishing a Maternity Tourism Facility
Hello Robin;

Sorry that I haven't replied sooner but I have been very busy with an urgent project and I need to think about how to answer your question. What is your timeframe for a response?

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From: Pascoe, Robin HLTH:EX
Sent: Monday, February 2, 2015 3:24 PM
To: Greenaway, Shelley E HLTH:EX
Subject: Public Query: Establishing a Maternity Tourism Facility
Hi Shelley,

We've had an inquiry from a member of the public who wishes to open a maternity tourism business in Richmond, wherein clients from China who are pregnant would live in a facility he would operate and use a Richmond-based physician to assist them with their pregnancies before delivering in the Richmond Hospital. He is wondering what the licensing and cost requirements would be for such a facility. Is there any existing policy on this? Any information would be hugely appreciated.

Regards,

Robin Pascoe

Patient and Client Relations Officer | Client Relations, Issues Management & Support Services

Health Services Policy and Quality Assurance Division | Ministry of Health

Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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Bauer, Tim HLTH:EX

From: Bedford, Sue HLTH:EX
Sent: Tuesday, February 10, 2015 11:10 AM
To: Pascoe, Robin HLTH:EX
Cc: Greenaway, Shelley E HLTH:EX
Subject: RE: Public Question: Licensing of Maternity Tourism Facility

Thanks Robin. I've added a bit of text to the document, as suggested by MSP, and I've also asked Women's Healthy Living to provide us with final copies of BNs 771100 x- ref 767630, as we cannot access these from our cliff system. It may be that these BNs also have useful information in responding to this letter. Once I have finished drafting it, we will route it through the e-approvals system. 's.14

s.14

From: Pascoe, Robin HLTH:EX
Sent: Tuesday, February 10, 2015 11:02 AM
To: Bedford, Sue HLTH:EX
Subject: RE: Public Question: Licensing of Maternity Tourism Facility

Hi Sue,

I noticed the draft of 1027675 is with you for review – thank you! Shelley Greenaway has since provided us with further background information s.14 so I just wanted to check that the assignment will be coming back my way when it has had all the approvals it needs on your end.

Very much obliged,
Robin Pascoe
Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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From: Bedford, Sue HLTH:EX
Sent: Monday, February 2, 2015 4:26 PM
To: Pascoe, Robin HLTH:EX
Subject: RE: Public Question: Licensing of Maternity Tourism Facility

There are currently no special licensing requirements for this type of business, and there have been some very sad high profile issues in the past with these services. In a couple of cases VCHA has done inspections, and I think that MCFD child protection and Canadian Border Services have also been involved, however, they did not find infants left in the care of the operator.

If the parents are present at all times, and are looking after their infant, there would be no need for a licence. It is in those cases where the parent might be leaving the infant in the care of the business owner that licensing would come in. If 3 or more infants are being cared for by a person not related to the infant, then a child care facility licence would be required.

If you have a letter Dawn Williams and I would be happy to assist in crafting a response – this one warrants a very customized response.

From: Pascoe, Robin HLTH:EX
Sent: Monday, February 2, 2015 3:12 PM
To: Bedford, Sue HLTH:EX
Subject: Public Question: Licensing of Maternity Tourism Facility

Hi Sue,

This was a bit of a new one for us, and I was wondering if someone in your shop might have any advice. We've had an inquiry from a member of the public who wishes to open a maternity tourism business in Richmond, wherein clients from China who are pregnant would live in a facility he operates and use a Richmond-based physician to assist them with their pregnancies before delivering in the Richmond Hospital. He is wondering what the licensing requirements would be for such a facility. Is there any existing policy on this?

Much obliged,
Robin Pascoe
Patient and Client Relations Officer | Client Relations, Issues Management & Support Services
Health Services Policy and Quality Assurance Division | Ministry of Health
Phone: 250.952.1223 | Email: Robin.Pascoe@gov.bc.ca

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Citizenship by Birth on Soil
Key questions for provinces and territories based on implementation scenario 3*

Written responses to be submitted to CIC by August 31st
Please send responses to: Mary-Ann.Hubers@cic.gc.ca

1. How does your jurisdiction currently register births (electronically, paper based, etc.)?

On August 1, 2012, the British Columbia Vital Statistics Agency (BCVSA) implemented an online birth registration system that is anticipated to reach an uptake level of 90% of new parents. Prior to this date birth registrations were received in paper form. Both birth registration systems are based on legislative requirements in the *Vital Statistics Act*. The birth registration information collected from the parents' is transmitted into the BCVSA database (VISION) and the birth is registered once the attending physician's notification is received to verify the facts of the birth. Birth Certificates are issued once both a birth registration and physician's notice are received and all required information to register the birth is complete.

2. Of the total number of birth certificates issued by your jurisdiction each year, what is the percentage of "long form" birth certificates (i.e., listing parents' names) issued?

60%

3. In your jurisdiction, can a person request a copy of his/her parent's birth certificate?

Yes, upon proof of requirement satisfactory to the BCVSA's Chief Executive Officer.

4. In order to obtain access to services such as health, education, social assistance, what documents do you currently require?

a. Canadian Citizens:

- Canadian Birth Certificate
- Canadian Passport
- Baptismal certificate is acceptable proof of citizenship if the individual was born in Quebec or Newfoundland prior to 1994
- Letter of Record issued by the Federal Citizenship Court (proof of Canadian citizenship for individuals born outside of Canada)
- First Nations Status Card showing the holder is registered with a Canadian band (acceptable proof of citizenship but not of name).
- Canadian Citizenship card/certificate
- Document/letter/certificate issued by Vital Statistics that verifies citizenship
- Certificate of Live Birth for a baby delivered by mid-wife if the parents have not requested a birth certificate through Vital Statistics
- Notice of Birth Registration from Ontario if the child's parents are first time MSP applicants and have produced acceptable documents for themselves

b. Permanent Residents:

- Record of Landing
- Permanent Resident Card (front and back)
- Confirmation of Landed Immigrant Status/Permanent Residence

c. Temporary Document Holders:

- Work permit, Study permit, etc. issued by Citizenship and Immigration Canada if valid for at least 6 months (less a day).
- Visitor Record, i.e. for an account holder who is a member of a religious order and has documents valid for at least 6 months (less a day)
- Acceptance foil from a Diplomatic passport

5. What are the major financial, legislative, regulatory, privacy, and policy implications of this change, if implementing through scenario 3?

Financial

Operational and administrative changes may be required for our private partner HIBC. Phone calls and paper work will increase – and therefore costs for providing those services will also increase. To provide analysis and/or get an estimate for costs would require a clear understanding of all the proposed changes.

Legislative/Regulatory

There could be possible regulatory changes depending upon the decisions made on this proposal. We would need to know how the people that are on work permits and temporary documents will be impacted.

Policy

As all policy needs to be clearly communicated to our partner HIBC there may be a significant amount of review required to ensure policy matches process. An example of policy change would be the terms of reference for the waiver of the wait period review committee.

HIBC staff would require training on all new policy changes – this in turn may also mean increased financial pressures.

Would need to review all policies related to adopted children, some children are adopted from non-residents, some children considered abandoned etc.

Forms/Web

Some of the forms that HIBC is currently using would need to be reviewed and updated – materials on the web also reviewed and updated.

The BCVSA currently collects the place of birth for the parents but the information is not verified for its accuracy. If scenario 3 requires the BCVSA to verify the birth information of parents on a birth registration form, then legislative, forms and system changes would be required. If access to the CIC e-verification portal is needed to verify the information collected before a birth certificate is issued, then an ISA between BCVSA and CIC will be required.

6. What would this change mean for different stakeholders in PTs, e.g., hospital administrators, licensing bodies, education, e-services, etc?

This would mean changed and potentially increased phone calls/messaging and correspondence for our partner HIBC.

Increase in phone calls for our Branch (Medical Services Branch) to handle any appeals and difficult callers. HIBC and MSB will also receive more calls from physicians and other health care providers about payment and eligibility for patients.

Currently, when a parent registers their child's birth with the BCVSA they also have the option to apply for Medical Services Plan coverage, Canada child benefits, and a Social Insurance Number. In the event the *Canadian Citizenship Act* is changed this automated service enrolment may no longer be able to be offered as additional adjudication of each request will be required.

7. How long would it take to implement the proposed approach, eg would one year to prepare to implement this change be enough?

A year would be sufficient.

For Vital Statistics, this would likely be a multi-year project to ensure legislative and system changes are complete by the implementation date.

8. What are the implications for your jurisdiction if PTs adopt different implementation approaches?

There is a reciprocal agreement in place for physician billing between the provinces if different approaches are implemented there may be some confusion.

For Vital Statistics the only scenario that would not require any changes would be scenario 1.

***From Slide 9: "Scenario 3: PTs and Federal Government accept combination of documents as proof of citizenship (Australia and United Kingdom approach)**

How it would work:

Canadians born in Canada prove citizenship using birth certificate (long form showing parent information) along with a second document showing status of parents at time of birth (e.g., parent's birth certificate, citizenship certificate, permanent resident card, etc)

Potential impact on PTs:

- Increased demand for long-form birth certificates
- Would now have to use two documents to make citizenship eligibility determinations (instead of just birth certificate) for citizens born in Canada
- Possibility that PTs use CIC's e-verification portal to verify parental status electronically to determine applicant's eligibility for service/benefit

Potential impact on Canadians born in Canada:

- Can use existing documents to prove citizenship and access services and benefits
- Need to have access to two documents to prove citizenship, one belonging to person applying for benefit (birth certificate), one belonging to parent (proof of parent's status at time of child's birth)
- May be difficult for Canadians to have access to documents proving parent's status over time (e.g., if breakdown in family relationship)."

Joyce, Sasha FIN:EX

From: Jones, Chantelle HLTH:EX
Sent: Monday, July 25, 2016 1:27 PM
To: Uribe, Monica HLTH:EX; Sandbeck, Sabrina J HLTH:EX
Cc: Thelisma, Marie A HLTH:EX; Kastelein, Mike HLTH:EX
Subject: RE: FCS - Birth by Non-BC Residents_Jul 2016 Updated Fact Sheet
Attachments: Birth by Non-BC Residents Fact Sheet - MS Approved Jul 25 2016.docx; Birth by Non-BC Residents Fact Sheet - Approval.pdf

For your file, please find the final approved version of the Fact Sheet attached.

Cheers,
Chantelle

From: Sandbeck, Sabrina J HLTH:EX
Sent: Wednesday, July 20, 2016 2:52 PM
To: Thelisma, Marie A HLTH:EX
Cc: Jones, Chantelle HLTH:EX; Uribe, Monica HLTH:EX; Kastelein, Mike HLTH:EX
Subject: FCS - Birth by Non-BC Residents_Jul 2016 Updated Fact Sheet

Hi Marie,

Please see the attached for your review and to obtain Manjit's approval.

Thank you,
Sabrina

Sabrina Sandbeck
Administrative Assistant
Ministry of Health
Eligibility Compliance and Enforcement Unit
tel: (604) 660-2406
fax: (604) 660-3083

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FACT SHEET

Birth by Non-BC Residents

ISSUE

Media articles continue to claim that birth tourism is on the rise in Vancouver and Richmond.

KEY FACTS

- Media reported in July 2016 that 15 percent of births at Richmond Hospital are to non-residents.
- A Richmond resident has launched a petition calling for the federal government to eliminate birthright citizenship in Canada. Local MP Alice Wong has sponsored the petition.
- In January 2015, the Vancouver Sun reported that birth tourism was on the rise in Vancouver and Richmond and quoted statistics showing non-resident birth numbers increasing up three-fold since 2009. The article alluded to passport, birth certificate and Medical Services Cards being obtained for babies.
- The Audit and Investigations Branch, Eligibility, Compliance and Enforcement Unit (ECEU), is aware of private residences that provide room and board services to foreign pregnant women who choose to come to BC to give birth. These residences are referred to in the Asian community as “Baby Houses”.
- These residences are utilized by two groups of individuals:
 - Individuals that are in Canada on a Temporary Resident document such as a tourist visa, work or study permit. These individuals come to Canada to deliver a baby, who by birth is then granted Canadian Citizenship status. These clients do not access Medical Services Plan (MSP) funded benefits, they declare themselves as self-pay at hospitals and to doctors. Any misuse by Temporary Document holders falls under the *Canadian Citizenship Act* and are the responsibility of the Federal Government.
 - Individuals who have been granted Permanent Residence in Canada and are properly enrolled in the plan, but at some point cease to meet the definition of a resident under the *Medicare Protection Act*. They return to their country of origin, fail to communicate to MSP that they are no longer in BC and remain enrolled in the Plan. These individuals later return to BC to deliver a baby, and, as they have active MSP coverage, all claims for the mother and child are billed to the plan. These individuals stay long enough to obtain a birth certificate, a Canadian passport and enrolment in MSP for the child, before returning to their country of origin.
- ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the *Medicare Protection Act*.^{s.15}

s.15

FACT SHEET

FINANCIAL IMPLICATIONS

- In fiscal 2015/16, the costs relating to non-resident births amounted to a total of \$1,478,432 identified for recovery by Health Authorities, PharmaCare and MSP. Recovery of ineligible payments is the responsibility of each program. The health authorities recover approximately 50% of their amount outstanding, PharmaCare and MSP costs are recovered by the Ministry of Finance.

2015/16 Recovery Breakdown	
	\$1,478,432
HA 84.82%	\$1,254,009
MSP 14.34%	\$211,969
PC 0.84%	\$12,452

- Of the amounts identified for recovery, it is unknown what proportion is related to “baby houses” but is thought to be small. The cases investigated did not involve the use of forged or counterfeit CareCards or BC Services Cards nor did they present sufficient evidence to warrant a referral to law enforcement (no suspected fraud).

Approved by:

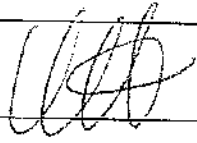

Marie Thelisma, Audit and Investigations Branch; July 20, 2016

Manjit Sidhu, Finance and Corporate Services Division; July 25, 2016

**MINISTRY OF HEALTH
DOCUMENT ASSIGNMENT FORM**

Due Date	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CLIFF	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Drafter's Name	<div style="border: 1px solid black; padding: 2px;">Monica Uribe</div>
SUBJECT: <u>Birth by Non-BC Residents</u>					
TYPE OF ASSIGNMENT:					
<input type="checkbox"/> Information BN		<input type="checkbox"/> Decision BN		<input type="checkbox"/> Cab Sub	
<input type="checkbox"/> Meeting Material		<input type="checkbox"/> Bullets for MO Info Request		<input checked="" type="checkbox"/> Fact Sheet	
				<input type="checkbox"/> Bullets for MLA Info Request	
PREPARED FOR:					
<input type="checkbox"/> Minister		<input type="checkbox"/> DM		<input type="checkbox"/> ADM	
				<input type="checkbox"/> ED Other: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	

APPROVAL MATRIX

POSITION and NAME	APPROVE or FYI ONLY	SIGN	CHANGES Y/N	DATE
<input type="checkbox"/> MANGER – MONICA URIBE	DRAFTER			
<input type="checkbox"/> ED – MARIE THELISMA	APPROVE		N	July 21
<input type="checkbox"/> ADM – MANJIT SIDHU	APPROVE			JULY 26/16

Notes:

Birth Tourism in BC

Monica Uribe,
Eligibility Compliance and Enforcement Unit
Ministry of Health - British Columbia

Today's Presentation

Eligibility Compliance and Enforcement Unit – Overview

What is Maternity Tourism?

Where is it happening?

What do we know?

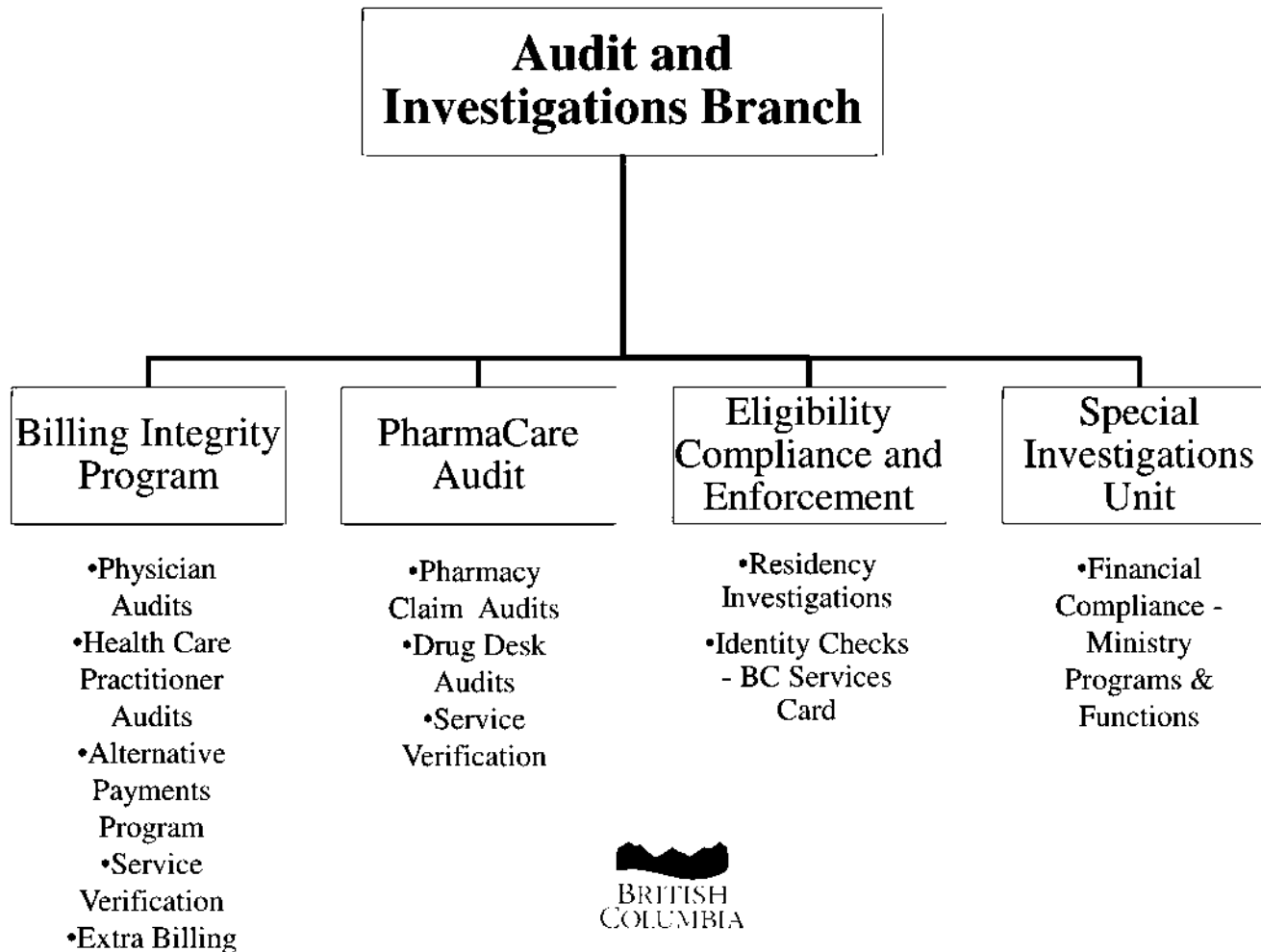
Who is doing what?

Use of Analytics

Audit Results



Audit and Investigations Branch – what do we do?



What is Birth Tourism

The Center for Disease Control and Prevention states:

"Medical tourism" refers to traveling to another country for medical care

If we apply that definition one can say that "Birth Tourism" refers to traveling to another country for the purpose of giving birth



Where is this happening?

<http://ktla.com/2015/03/03/feds-raid-20-social-locations-in-alleged-chinese-birthing-house-maternity-tourism-schemes/>



Newspaper Headlines on Maternity Tourism in BC

“Birth Tourism on the rise in Vancouver and Richmond?” (Vancouver Sun Jan 9, 2015)

“Baby Business Booming in Canada” (Vancouver Sun Sept 8, 2015)

“Foreign buyers flocking to Canada to find surrogate mothers after Asian countries crack down” (National Post Sept 2, 2015)

“Birth Tourism - crackdown gets frosty reception from B.C” (Vancouver Sun Sept 15, 2014)



What do we know?

Media says that birth tourism is on the rise

Media claims that mothers are flocking to BC to give birth to “Anchor” babies

The ECEU is aware of a number of private residences in BC that provide room and board to pregnant women. These residences are referred to as “Baby Houses”



[http://www.microsofttranslator.com/bv.aspx
?ref=SERP&br=ro&mkt=en-
CA&dl=en&lp=ZH-
CHS EN&a=http%3a%2f%2fpost.iask.ca%
2fcanadameet%2ftopic%2f388495](http://www.microsofttranslator.com/bv.aspx?ref=SERP&br=ro&mkt=en-CA&dl=en&lp=ZH-CHS_EN&a=http%3a%2f%2fpost.iask.ca%2fcanadameet%2ftopic%2f388495)



What do we know?

Baby Houses are utilized by two groups of people

Individuals on Temporary Resident Permits

Self Pay: do not access funded benefits

Permanent Residents who have ceased to meet eligibility requirements under the *Medicare Protection Act*

Individuals who leave the country and fail to notify MSP of their departure

Upon return, use MSP benefits – often not eligible



Who is interested in Baby Houses

The Federal Government

Passport Babies

Provincial Governments

Need to detect non residents accessing funded programs

The local municipalities

Bylaw infractions

My Unit – ECEU



Use of Analytics

One dedicated Analyst

Review medical claims for^{s.15}

s.15

Identify cases for investigations using^{s.15}

s.15

Investigate more than just birth tourist (but that is for the afternoon session)



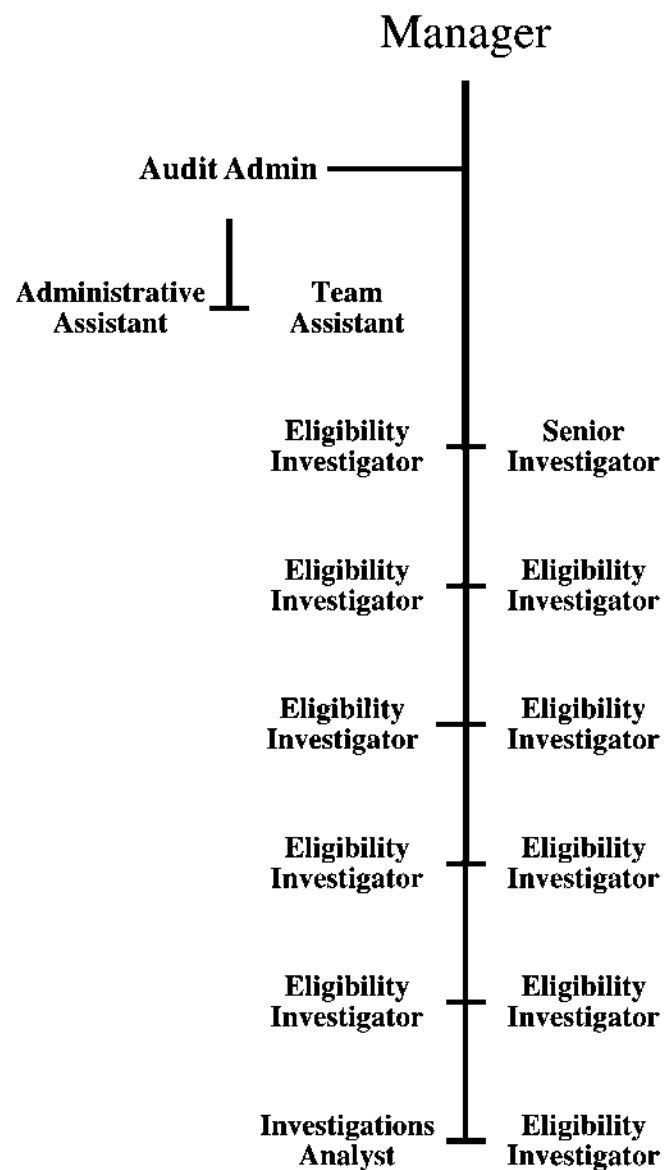
Audit Results

Cases selected for investigation confirm a positive success rate

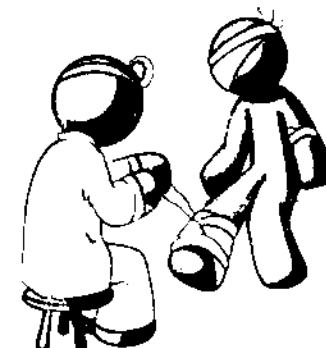
Ineligible beneficiaries are responsible for repayment of medical claims, hospital benefits and PharmaCare benefits

Babies keep their Citizenship but lose their Medical Services Plan coverage





16 FTE's



Questions

Thank you

