Foreign Mothers giving Birth in BC Hospitals (2014/15 to 2018/19)

Filename Foreign Mothers Giving Birth in BC hospitals FY2014-2018 FOI 2019-95056 final.xlsx

Data source 1 Discharge Abstract Data Base

Extract date 2019-08-27

Notes

- 1 Mother case is defined by patient service as Obstetrics (OBS) Delivered (patserv = 51)
- 2 Foreign mother is defined by 'non-Canadian' Health Care Number (HCN) and 'other-self-pay' Responsible for Payment (RFP)
- 3 This is a workload report therefore all cases of birthing mothers treated at BC hospitals have been reported; include non-BC residents. All cases of birthing mothers treated at out-of-province hospitals have been excluded (hosp <> 997)

Summary

This report details the number of foreign mothers, who gave birth per annum at BC hospitals (fiscal years 2014/15-2018/19). A foreign mother is defined as a patient who did not have Canadian healthcare number and self-pay was recorded in the "responsibility for payment" field. In BC, the total number of foreign mother cases grew from 518 (2014/15) to 708 (2018/19). In 2018/19, most of the foreign mother cases were in Richmond Hospital (453 out of 708) and St. Paul's Hospital (138 out of 708). The total number of mothers giving birth in BC hospitals are also provided for reference. The BC totals for all birthing mothers increased until 2016/17 then started to decline for the latter two years of the report, with a gross net decline over the 5 years of 620 cases. The declines was most observed in Northern and Vancouver Coastal Health

PAS 3000.1194

Foreign Mothers giving Birth in BC Hospitals (2014/15 to 2018/19)

Fiscal Years 2014/2015 to 2018/2019

PAS 3000.1194

△ Due to small cell sizes and the risk of re-identification, hospitals are only identified if they had 5 or more foreign mothers giving birth in a given fiscal year. For these hospitals, values are suppressed in years where there were fewer than five foreign mothers giving birth. Total counts for these hospitals, as well as those not identified, are captured in the 'Other hospitals' row.

Case Count of Foreign Mothers giving birth at B.C. Hospitals by Facility and Fiscal Year 2014/ 2015/ 2016/ 2017/ 2018/ Hospital** 2016 2017 2018 2019 2015 5 <5 <5 302 Kelowna General Hospital <5 < 5 <5 <5 401 Royal Inland Hospital < 5 <5 5 116 Surrey Memorial Hospital* 6 < 5 < 5 < 5 < 5 130 Burnaby Hospital* 17 6 14 <5 <5 104 105 132 102 St. Paul's Hospital 96 138 112 Lions Gate Hospital 5 8 12 20 35 329 285 378 468 453 121 Richmond Hospital*

8

8

13

23

518

< 5

<5

13

27

435

5

<5

25

20

559

< 5

<5

12

38

670

< 5

<5

43

34

708

202 Victoria General Hospital

104 B.C. Women's Hospital

Other hospitals

501 Nanaimo Regional General Hospital

N.B. Caution should be exercised when interpreting data; please refer to the Notes tab for important information.

N.B. Cite sources when using these data.

^{*}Facilities of Interest: Burnaby Hospital, Delta Hospital, Richmond Hospital, and Surrey Hospital. No data was available for Delta Hospital.

^{**}Facilities with no data on foreign mothers giving birth are excluded from this report.

Total Births - Mother Case Counts at BC Hospitals

Case count of all mothers at BC hospital Fiscal Years 2014/2015to 2018/2019

PAS 3000.1194

△ Due to small cell sizes and the risk of re-identification, hospitals are only identified if they had 5 or more births in a given fiscal year. For these hospitals, values are suppressed in years where there were fewer than five births. Total counts for these hospitals, as well as those not identified, are captured in the 'Other hospitals' row.

	Hospital	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018 2019
	301 Vernon Jubilee Hospital	728	825	794	786	8
	302 Kelowna General Hospital	1,543	1,601	1,541	1,596	1,
	303 Penticton Regional Hospital	504	518	513	565	
	401 Royal Inland Hospital	1,185	1,254	1,210	1,207	1,
	402 Queen Victoria Hospital	66	81	80	85	
	404 Shuswap Lake General Hospital	195	184	197	183	
	406 Cariboo Memorial Hospital	345	302	363	248	
1 Interior	409 Golden and District Hospital	57	57	59	48	
1 iliterioi	417 Lillooet Hospital And Health Centre	17	16	15	10	
	651 Kootenay Lake Hospital	275	301	293	247	
	654 Creston Valley Hospital	48	59	50	53	
	708 100 Mile District General Hospital	27	15	13	5	
	753 Elk Valley Hospital	129	110	108	94	
	755 Invermere and District Hospital	16	24	18	28	
	756 East Kootenay Regional Hospital	461	417	435	386	
	801 Kootenay Boundary Regional Hospital	223	209	210	172	
	109 Royal Columbian Hospital	2,824	2,859	2,828	2,981	2
	115 Langley Memorial Hospital	1,445	1,531	1,482	1,400	1
	116 Surrey Memorial Hospital*	4,071	4,181	4,400	4,531	4
2 Fraser	130 Burnaby Hospital*	1,446	1,426	1,519	1,440	1
Z FI dSEI	131 Peace Arch District Hospital	1,044	1,079	1,055	1,009	1
	601 Chilliwack General Hospital	752	793	810	790	
	604 Ridge Meadows Hospital & Health Care Centre r Information, Analysis Reporting Division	745	770	758	721	

Total Births - Mother Case Counts at BC Hospitals

Case count of all mothers at BC hospital

Fiscal Years 2014/2015to 2018/2019

PAS 3000.1194

△ Due to small cell sizes and the risk of re-identification, hospitals are only identified if they had 5 or more births in a given fiscal year. For these hospitals, values are suppressed in years where there were fewer than five births. Total counts for these hospitals, as well as those not identified, are captured in the 'Other hospitals' row.

	Hospital	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018, 2019
	609 Abbotsford Regional Hospital and Cancer Centre	2,402	2,542	2,600	2,569	2,5
	102 St. Paul's Hospital	1,567	1,552	1,563	1,429	1,3
	111 Powell River General Hospital	119	106	108	112	1
3	112 Lions Gate Hospital	1,429	1,382	1,338	1,377	1,3
Vancouver	113 Sechelt Hospital/shishalh Hospital	156			170	
Coastal	121 Richmond Hospital*	2,158	1,923	2,203	2,128	
	128 Squamish General Hospital	213	223		345	
	202 Victoria General Hospital	3,013	3,041	3,052		2,
	203 Cowichan District Hospital	458	490	480	503	
	206 Lady Minto / Gulf Islands Hospital	15	18	18	20	
4	501 Nanaimo Regional General Hospital	1,227	1,218	1,241	1,219	1,
Vancouver	502 St. Joseph's General Hospital	498	511	453	264	
Island	503 North Island Hospital, Comox Valley				228	
Total	508 North Island Hospital, Campbell River & District	382	375	391	401	
	510 Port Hardy Hospital	<5	<5	5	<5	
	511 Port Mcneill And District Hospital	5	<5	6	<5	
	851 West Coast General Hospital	230	247	217	218	
	701 Fort St. John General Hospital	640	668	627	603	
	702 St. John Hospital	155	124	152	143	
	703 The University Hospital of Northern British Columbia	1,123	1,163	1,149	1,186	1,
	704 Dawson Creek and District Hospital	383	337	348	355	
	705 G.R. Baker Memorial Hospital	169	178	154	183	
5 Northern	717 Stuart Lake Hospital	9		7	<5	
5 NOI LITERIT	901 Wrinch Memorial Hospital	15	15	14	19	
h Health Secto	999-Rainase,Rauperte,BagiignalsiHospital	176	177	198	176	ge 4 of

Total Births - Mother Case Counts at BC Hospitals

Case count of all mothers at BC hospital

Fiscal Years 2014/2015to 2018/2019

PAS 3000.1194

△ Due to small cell sizes and the risk of re-identification, hospitals are only identified if they had 5 or more births in a given fiscal year. For these hospitals, values are suppressed in years where there were fewer than five births. Total counts for these hospitals, as well as those not identified, are captured in the 'Other hospitals' row.

	Total Case Count of All Mothers giving birth at B.C. Hospital	s by Fac	ility and	Fiscal Y	ear	
	Hospital	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
	903 Bulkley Valley District Hospital	241	210	245	224	250
	907 Haida Gwaii Hospital and Health Centre-Xaayda Gwaay Ngaaysdll Naay	11	16	10	15	8
	912 Mills Memorial Hospital	293	289	313	281	277
	917 Kitimat General Hospital	76	66	50	49	47
6 PHSA	104 B.C. Women's Hospital	6,911	6,652	6,876	6,643	6,820
Other Hos	spitals/Hospitals with <5 births Total	17	29	21	28	37
Grand Tot	tal	42,237	42,318	43,049	42,504	41,617

N.B. Caution should be exercised when interpreting data; please refer to the Notes tab for important information.

N.B. Cite sources when using these data.

^{*}Facilities of Interest: Burnaby Hospital, Delta Hospital, Richmond Hospital, and Surrey Hospital.

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

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 (HA), PharmaCare (PC) and MSP. Recovery of ineligible payments is the responsibility of each program. The Health Authories recover approximately 50% of their amount outstanding, PharmaCare and MSP costs are recovered by the Ministry of Finance.

2013/14 Recove	ery 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 30, 2015
Manjit Sidhu, Finance and Corporate Services Division; May 1, 2015
Stephanie Power, Medical Beneficiary and Pharmaceutical Services Division; April 20, 2015
Barbara Walman, Medical Beneficiary and Pharmaceutical Services Division; April 21, 2015

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:
 - o 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.
 - o 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

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.

2014/15 Recovery Br	reakdown
\$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

Birth by Non-BC Residents

ISSUE

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

KEY FACTS

Relevant Legislation:

- Under Section 5(1)(f) of the Medicare Protection Act (the Act) gives the Medical Services
 Commission (the commission) the authority to investigate and determine whether a person is a
 resident of BC and entitled to Medical Services Plan (MSP) benefits.
- The Eligibility Compliance and Enforcement Unit (ECEU) has been delegated the investigative powers and duties of the commission associated with section 5(1)(f) of the Act.
- Section 7.4(1)(b) of the Act provides that the commission may cancel the enrolment of a beneficiary if the commission believes the person has ceased to be a resident.
- Section 30(1.1) of the Act provides that the commission has paid for a medical benefit for a person who was not a resident of BC, the person who received the benefit must repay the amount.
- Section 10(3) of the Hospital Insurance Act provides that payment for hospital services or treatment rendered to a person who is not a beneficiary must be made to the hospital by the person or on the person's behalf.

Audit History:

- ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the Act.
- The ECEU is aware of private residences that provide room and board services to foreign pregnant women who come to BC to give birth. These residences are commonly referred to as "Baby Houses".
- Two groups of individuals use these residences:
 - Individuals who are not enrolled in the BC Medical Services Plan (MSP) who come to BC to deliver a baby. These individuals pay for all medical and hospital charges out of pocket and are not investigated by the ECEU.
 - Individuals who are enrolled in MSP, but at some point, cease to meet the definition of a resident under the Act. All medical and hospital benefits are covered through MSP, even though they have lost eligibility for those benefits.
- Since 2014, ECEU has identified over 500 cases of births by non-residents who were enrolled in MSP but were ineligible. Coverage was retroactively cancelled in these cases.

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Release of Information:

This information may be disclosed to the public.

Next Steps:

 The ECEU will continue to monitor birth-related medical claims and investigate those that exhibit unusual claims patterns.

FINANCIAL IMPLICATIONS

 In the first three-quarters of fiscal 2018/19, the costs relating to non-resident births investigated by the ECEU amounted to a total of \$219,440 identified for recovery by health authorities, PharmaCare and MSP.

2017/18	Recovery Breakdown		
	\$1,470,721*		
HA 89.67%	\$1,318,775		
MSP 10.31%	SP 10.31% \$151,602		
PC 0.02% \$344			

2018/19 YTD Recovery Breakdown				
	\$219,440*			
HA 77.31%	\$169,640			
MSP 22.66%	\$49,740			
PC 0.02%	\$52			

 Of the amounts identified for recovery, it is unknown what proportion is related to "baby houses," but it is thought to be small.

Approved:

March 26, 2019 - Mike Kastelein, Manager, Eligibility, Compliance and Enforcement Unit

March 26, 2019 - Marie Thelisma, Finance and Corporate Services

[date approved] - Peter Pokorny, Assistant Deputy Minister, Finance and Corporate Services

Created on March 18, 2019.

^{*}These amounts are expected to increase as cases are pending

Birth by Non-BC Residents

ISSUE

Immigration and birthright citizenship fall under federal jurisdiction. There is concern the impact of non-resident births in BC is adversely affecting access to care by BC residents, Vancouver Coastal Health's capacity to provide hospital care and on the provincial health care system in general.

KEY FACTS

Background

- Under Canadian law, any baby born in Canada is automatically granted Canadian Citizenship, regardless of the citizenship of the parents.
- Health authorities do not refuse service based on an inability to pay. However, non-residents are required to pay for any hospital services they receive, including paying a deposit for natal care.
- Recovery rate by Vancouver Coastal Health for non-residents who pay out of pocket for maternity care totalled 82% (\$6,200,000) for 2017/18.
- Media reported in July 2016 that 15% of births at Richmond Hospital are to non-residents. In their fiscal 2017/18 year, Richmond Hospital reported that the number had increased to 22%.
- 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 3-fold since 2009. The article alluded to passport, birth certificate and Medical Services Cards being obtained for babies.
- 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.
- From April 1, 2016 to June 2017 there were 27 diversions to other maternity hospitals due to overcapacity issues.

Audit Activity

s.15

- The Eligibility Compliance and Enforcement Unit (ECEU) is aware of private residences that provide room and board services to foreign pregnant women who come to BC to give birth. These residences are commonly referred to as "Baby Houses".
- These residences are used by 2 groups of individuals:
 - Individuals who are not enrolled in BC Medical Services Plan (MSP) who come to BC to deliver a baby. These individuals pay for all medical and hospital charges out of pocket and are not investigated by the ECEU.
 - Individuals who are enrolled in MSP, but at some point cease to meet the definition of a resident under the Act. All medical and hospital benefits are covered through MSP, even though they have lost eligibility for those benefits.

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Release of Information

This information may be disclosed to the public.

Next Steps

The ECEU will continue to monitor birth-related medical claims and investigate those that exhibit unusual claims patterns.

Relevant Legislation and Authority

- Through a Minute of the Commission, the ECEU has been delegated the investigative powers of the commission associated with section 5(1)(f).
- Section 5(1)(f) of the Medicare Protection Act gives the Medical Services Commission (MSC) the authority to investigate and determine whether a person is a resident of BC and entitled to MSP benefits.
- Section 7.4(1)(b) of the Act provides that the MSC may cancel the enrolment of a beneficiary if they
 believe the person has ceased to be a resident.
- Section 30(1.1) of the Act provides that if the MSC has paid for a medical benefit for a person who
 was not a resident of BC, the person who received the benefit must repay the amount.
- The ECEU has been delegated authority under Section 5(4)(b) of the Hospital Insurance Act to
 ensure that hospital benefits are only paid for eligible MSP beneficiaries.
- Section 10(3) of the Hospital Insurance Act provides that payment for hospital services or treatment rendered to a person who is not a beneficiary must be made to the hospital by the person or on the person's behalf.

FINANCIAL IMPLICATIONS

- In the first three quarters of fiscal 2018/19, the costs relating to non-resident births investigated by the ECEU totaled \$219,440 identified for recovery by health authorities, PharmaCare and MSP.
- Health authorities are responsible for collecting money owed to them for non-resident births, while the Ministry of Finance is responsible for the recovery of MSP and Pharmacare benefits.
- Of the amounts identified for recovery, it is unknown what proportion is related to "baby houses" but is thought to be small.

	Costs ide	ntified for recovery	
	2017/18	20:	18/19YTD***
	\$1,470,721		\$219,440
HA 89.67%	\$1,318,775	HA 77.31%	\$169,640
MSP 10.31%	\$151,602	MSP 22.66%	\$49,740
PC 0.02%	\$344	PC 0.02%	\$52

^{***}The reduced costs identified for recovery are due to a shift in focus to BC Services Card investigations.

Approved by:

April 18, 2019 - Mike Kastelein, Manager, Eligibility, Compliance and Enforcement Unit

April 18, 2019 - Marie Thelisma, Executive Director, Audit and Investigations Branch

April 18, 2019 - Peter Pokorny, Assistant Deputy Minister, Finance and Corporate Services



CONFIDENTIAL ISSUES NOTE

January 22, 2018

Richmond Hospital non-resident births

The impact of non-resident births or so-called "birth tourism" at Richmond Hospital has been the subject of multiple news stories focusing on immigration issues, access to care for Richmond residents and the costs to individual mothers and the health care system in general.

Incident: Non-resident parents give up child at Richmond Hospital

- On s.22 a non-resident from s.22 s.22
- During ongoing conversations about the baby and with the family, the baby met discharge criteria and was released from hospital on s.22 with a plan to follow-up with family by pediatrician and social worker. A series of conversations about thes.22 s.22
- Ons.22 , s.22 appeared at Richmond Hospital's Birth Centre and informed staff of their intent to give away the baby.
- Ons.22 , meeting with family, MCFD and Richmond hospital staff to discuss private
 adoption or foster care (via relinquishing the family's parental rights to the government of
 Canada), it was determined that a private adoption would not work.
- MCFD attempted to apprehend the baby from the family's listed place of resident but could not locate the infant at that time.
- s.22 met with MCFD, Richmond Hospital staff and a s.22
 s.2 at Richmond Hospital, with the family insisting they s.22
 s.22 wanted a private adoption. During that conversation, MCFD learned where the baby was and left to apprehend the infant.
- The baby was taken to BC Children's Hospital and her care will be covered by British Columbia.
- s.22 and, in accordance with non-resident protocols, is required to cover the costs of the child's care for its first three months in Canada.
- However, given the circumstances following the birth, Richmond Hospital is not confident it
 will receive complete payment from the family. If that is case, it will take the usual steps to
 recover all costs associated with the baby's care.
- It is not clear at this time what the future costs or prognosis for the infant will be in BC (follow up to come). It is also unclear what future steps MCFD will take.

Background:

- Most of the babies born to non-resident mothers in VCH are at Richmond Hospital.
- Non-resident mothers can give birth at BC Women's Hospital if they have a Vancouver address and are approved at time of pre-admission. Richmond is an urban community hospital, and the maternity services provided there can be provided at many other community hospitals in the Lower Mainland.
- A petition spearheaded by a Richmond woman and sponsored by Richmond Centre Conservative MP Alice Wong that opposed birth tourism was presented to the House of Commons on Oct. 19, 2016, but dismissed.
- At Richmond Hospital, non-residents are required to make a pre-payment deposit of \$7,500 for a regular birth and \$13,000 for a caesarean birth. Non-residents are required to pay for any hospital stay costs, including medical care, for the mother and baby, including

- specialized care such as NICU. Every pregnancy and labour is different and the cost of prenatal, labour and delivery care will be different for each woman.
- Tourists and visitors to BC are not eligible for provincial health care benefits. The baby of a non-resident of Canada would need to be a resident for three months to qualify for MSP. http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/are-you-eligible.
- Richmond Hospital serves a community where over 60% of the residents are immigrants, some of whom are at different stages of their immigration/residency process. Some have a second home here and choose to give birth here rather than at their primary residence in China.
- Maternity cases fluctuate greatly, depending on demand, which makes them different than
 other hospital units. All maternity units find themselves full from time to time and have to
 divert mothers to another hospital. Sometimes diversions are for care reasons.
- In 2017/18 so far, 187, or 19.9%, of women who gave birth at Richmond Hospital's Birth Centre were non-residents who paid privately for their care.
- In 2016/2017 378 or 17% of women who gave birth at Richmond Hospital's Birth Centre were non-residents who paid privately for their care. The vast majority gave a permanent address in China.
- In 2015/16, 299 or 15.5% of total patients at Richmond Hospital's Birth Centre were nonresidents of Canada who paid privately for their care.
- From April 1, 2016 to June 2017 there were 27 diversions to other maternity hospitals due to overcapacity issues 14 of the diversions were related to capacity issues in either Maternity or the NICU.

Fiscal Year	Total Number of Non-Residents who Delivered at RH	Total Number of Newborns of Non-Residents born at RH	Total Newborns	% of Newborns of Non-Resident Parents
2014/15	335	337	2185	15.4%
2015/16	299	299	1935	15.5%
2016/17	378	383	2228	17.2%
2017/18 YTD*	187	189	949	19.9%
Total	1119	1208	7297	16.6%

Fiscal Year 2017/18 YTD includes April 1, 2017 - September 7, 2017

Key messages:

- Due to privacy, we are unable to discuss the specifics of a recent situation where a nonresident gave up their baby following birth.
- VCH will never deny urgent and emergent care based on ability to pay, but we do expect to be compensated as we are accountable to BC residents for hospital and health care services.
 We are committed to collecting compensation from non-residents who use our medical services.
- VCH does not endorse or support marketing of maternity tourism and are concerned about the impact it is having on our ability to provide quality services to every resident maternity patients. However, at the same time, we must provide care to those in need regardless of where they're from.
- Diversions due to capacity issues do not occur often but when they do, the decision is based on clinical care needs, not citizenship.
- We encourage women intending to use Richmond Hospital's maternity services to preregister with us 6-8 weeks prior to their due date. This may not reduce demand on our services but it will help us be more proactive in our planning.

Contact	Name	Title	Phone
Program	Gail Malenstyn	Director, Surgical Program and Medical Administration	604-244-5539
	Stella Wong	Decision Support	604-244-5502
Communications	Matt Kieltyka	Public Affairs Specialist	604-708-5338
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Patient involved	N/A		<u> </u>
Patient involved Greation & revisio Date Sept. 20, 201	n history	Issues note created	
Creation & revision	n history 6	Issues note created Issues note revised	
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UPDATE ON BIRTH TOURISM - ELIGIBILITY, COMPLIANCE, & ENFORCEMENT

BACKGROUND:

- The most recent media report from the Vancouver Sun dated May 15, 2019 list the nonresidency birth rate in BC to be approximately 2 percent.
- The most recent yearly statistics available appear to be from 2017/18 fiscal year where birthright citizenship appears to be on the rise from previous years.
- Vancouver Coastal Health (VCH) appears to be responsible for the highest percentage of nonresident births with the following data available from VCH and Providence Health Care for fiscal 2017/18:
 - 474 babies born to non-residents of BC at Richmond Hospital;
 - 132 babies born to non-residents of BC at St. Paul's Hospital and Mount Saint Joseph Hospital.
- There are no updated numbers that would speak to the number of diversions to other maternity wards occurring as a result of overcapacity issues.
- Birthright citizenship could be a hot button issue following this fall's federal election as the Conservatives have plans to introduce legislation that would withhold citizenship unless one of the child's parents is a Citizen or Permanent Resident.

AUDIT ACTIVITY

- The Eligibility, Compliance and Enforcement Unit (ECEU) continues to conduct eligibility reviews on suspected non-residents who have enrolled in MSP but are believed to have ceased meeting the residency requirements.
- The ECEU identifies claim patterns that suggests non-residency and 12 files have been assigned to investigators in the first 3 months of fiscal (April to June 2019).
- The low number of maternity files can be attributed to the hire of 3 new investigators in April 2019 and the backlog of ICBC referrals stemming from the implementation of the BC Services Card.
- The Unit has noted an increase in maternity clients on MSP who remain in BC for just above 6 months to meet the residency criteria for coverage. However, the Unit will continue to work with its partners, including HIBC, to educate the public and applicants alike on the requirement for making one's home in BC.
- o There have been no new residential addresses (aka 'baby houses') identified so far this fiscal.

FINANCIAL IMPLICATIONS

- In the first quarter of fiscal 2019/20, the ECEU has identified \$375,059 in costs related to nonresidents births. This includes recovery by health authorities, MSP, and PharmaCare.
- In comparison, the total amount identified in ineligible benefits by MSP enrollees in the first quarter totalled \$855,363. Therefore, the maternity files concluded so far have accounted for 43% of the total amount identified for recovery.

		Total Costs Id	entified for Recove	ery
	April	May	June	Total
MSP	\$46,356	\$55,188	\$28,868	\$130,412
PharmaCare	\$8,395	\$91,753	\$4,860	\$105,088
Hospital	\$251,077	\$260,596	\$108,270	\$619,943
Vancouver Coastal (%)	28%	12%	52%	

Richmond Hospital leads the way as birth tourism continues to rise

22.1 per cent of all babies born at Richmond Hospital for the last fiscal year were delivered by non-residents of B.C.

PAMELA FAYERMAN (HTTPS://VANCOUVERSUN.COM/AUTHOR/PAMELA7878) Updated: May 15, 2019

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