

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff 1120367

PREPARED FOR: Honourable John Horgan, Premier of British Columbia - FOR INFORMATION

TITLE: Non-resident births in British Columbia

PURPOSE: To provide information on concerns related to non-resident mothers giving birth in BC hospitals.

BACKGROUND:

The impact of non-resident births or so-called “birth tourism” in BC has been the subject of several media reports focusing on immigration issues, access to care for BC residents and the health care system in general. These media reports also raise concerns over “baby houses”, businesses providing before and after birth care, being marketed to non-residents.

The majority of non-resident births in BC take place at Richmond Hospital in the Vancouver Coastal Health Authority (VCHA). 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.

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 Medical Services Plan (MSP).

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. A second petition by the same Richmond woman, sponsored by Steveston-Richmond East MP Joe Peschisolido, was initiated in March 2018.

DISCUSSION:

More than 44,000 babies are born in BC each year, of which non-resident births account for less than 2%. 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.

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. Urgent and emergent care is not denied based on ability to pay, and health authorities have systems in place to collect compensation from visitors from Canada who use medical services.

All maternity units find themselves at capacity on occasion and have to divert mothers to other hospitals. Diversions due to capacity issues do not often occur, but when they do the decision is based on clinical need, not citizenship or ability to pay. VCHA has stated that they will continue to monitor the impact of non-resident births at Richmond Hospital and look into ways of better managing the demand.

ADVICE:

While the ministry in no way endorses or supports the marketing of maternity tourism, matters relating to immigration are the responsibility of the federal government. The Ministry of Health's priority continues to be supporting the provision of health care services to those in need.

Program ADM/Division: (enter info in this section unbolded)

Telephone:

Program Contact (for content):

Drafter:

Date:

File Name with Path:

MEETING MATERIAL

Cliff #:1130624

PREPARED FOR: Honourable Adrian Dix, Minister of Health

TITLE: Birth Tourism in British Columbia with a focus on Richmond Memorial Hospital.

MEETING REQUEST/ISSUE: Minister Dix has requested a briefing on birth tourism with David Byres and Ian Rongve.

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes. David Byres and Ian Rongve

BACKGROUND:

- The Ministry of Health (the Ministry) does not endorse or support the marketing of birth tourism. However, the health authorities' role is to provide healthcare services to those who need it regardless of where they are from - no woman will be refused the care she needs during labour and delivery.
- Any individual without MSP coverage would be asked to pay the full non-resident fee for medical service up front, except in emergency cases. The baby of a non-resident of Canada would need to be a resident for three months to qualify for MSP.
- The province's health authorities have responsibility for collecting money owed to them for non-resident medical procedures, including birth.
- Women who are non-residents do give birth in British Columbia (B.C.) each year, for a variety of reasons, including premature or unexpected labour, or potentially to obtain Canadian citizenship for their child.
- B.C.'s Vital Statistics Agency has records of people giving birth here from many other places in the world, such as the United States, Mexico, Korea, China, India, the United Arab Emirates and Saudi Arabia.
- Citizenship for children born in B.C is the responsibility of the federal government and not a provincial matter.
- Richmond Hospital does see a higher number of non-resident births each year than other hospitals within Vancouver Coastal Health (VCH)
- 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.
- 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.
- VCH encourages women intending to use Richmond Hospital's maternity services to pre-register with them 6-8 weeks prior to their due date. This may not reduce demand on services but it assists them in being more proactive in planning.

- The hospital and health authority have not indicated that this affects their capacity to provide services to British Columbians, even though the number of non-resident women giving birth in B.C. has increased.
 - In 2015/16, 299 or 15.5% of total mothers at Richmond Hospital's Birth Centre were non-residents of Canada who paid privately for their care.
 - In 2016/2017 379 or 17% of mothers 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 2017/18 469 or 22.1% of mothers who gave birth at Richmond Hospital's Birth Centre were non-residents who paid privately for their care.
 - From April 1, 2018 to Oct. 18, 2018 there have been 223 non-resident mothers at Richmond Hospital.

Costs for a non-resident to give birth:

- Every pregnancy and labour are different, and the cost of prenatal, labour and delivery care will be different for each woman, dependent on a variety of factors.
- Non-residents of Canada are required to pay the costs associated with their care – BC taxpayers are not being asked to pay these costs.
- Non-residents of Canada who present for birth at a lower mainland hospital are required to make a pre-payment deposit, except in emergencies. For example, Vancouver Coastal Health requires a deposit of \$8,200 for a vaginal birth and \$13,300 for a caesarean section.
- Non-residents are required to pay for any hospital stay costs, including medical care for the mother and baby, including specialized care costs such as Neonatal Intensive Care Unit. Every pregnancy, labour and delivery is different and the costs will be different for each woman.

ADVICE: The Ministry will continue to work with VCH to monitor the issue.

JOINT MINISTER MEETING: N

IF SO, CAN THIS MATERIAL BE SHARED: Y/N

Program ED/Branch/Division: Acute and Provincial Services Branch

Date: March 12, 2019

Korchinski, John HLTH:EX

From: Davidson, Heather A HLTH:EX
Sent: August 29, 2018 2:23 PM
To: Rains, Derek HLTH:EX
Subject: RE: Briefing with Premier re Birth Tourism Tomorrow
Attachments: 1120367- IBN non-resident births in BC.docx

Here's a first draft. I wasn't able to reach Sue, and GCPE could not find any info on "baby houses", so I only briefly mentioned that aspect.

From: Rains, Derek HLTH:EX
Sent: Wednesday, August 29, 2018 1:27 PM
To: Patterson, Catherine M HLTH:EX
Cc: Abbott, Brendan HLTH:EX; Rongve, Ian HLTH:EX; Davidson, Heather A HLTH:EX
Subject: Re: Briefing with Premier re Birth Tourism Tomorrow

No problem.

Thx

Sent from my iPhone

On Aug 29, 2018, at 1:22 PM, Patterson, Catherine M HLTH:EX <Catherine.Patterson@gov.bc.ca> wrote:

I've just sent through eApprovals directly to Heather. It's due end of day today to DMO, so would appreciate receiving no later than 4pm.

From: Abbott, Brendan HLTH:EX
Sent: Wednesday, August 29, 2018 12:07 PM
To: Patterson, Catherine M HLTH:EX
Cc: Rongve, Ian HLTH:EX; Rains, Derek HLTH:EX; Davidson, Heather A HLTH:EX
Subject: RE: Briefing with Premier re Birth Tourism Tomorrow

Hi,

Heather on Derek's team can take the lead on this one...

We will reach out to GCPE as well as going back to our previous Fact Sheets, etc.

Thanks,
Brendan

From: Patterson, Catherine M HLTH:EX
Sent: Wednesday, August 29, 2018 11:57 AM
To: Abbott, Brendan HLTH:EX
Cc: Rongve, Ian HLTH:EX
Subject: Briefing with Premier re Birth Tourism Tomorrow
Importance: High

Heads up.....just had a call from DMO. Premier has asked for a briefing tomorrow so materials need to be prepared. Will be coming shortly through eApps. Who should I direct to?

Have yet to receive confirmation who will be attending with Manjit (as DM). It's possible both Ian and you are required, but haven't heard on timing.

Catherine

Catherine Patterson Manager, Divisional Operations Hospital, Diagnostic and Clinical Services Division Ministry of Health PO Box 9639 Stn Prov Govt, Victoria BC V8W 9P1 Tel: 778 698-1749 Email: Catherine.Patterson@gov.bc.ca
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Korchinski, John HLTH:EX

From: Abbott, Brendan HLTH:EX
Sent: March 12, 2019 12:21 PM
To: Murphy, Carrie E HLTH:EX
Subject: Fwd: IN RH
Attachments: IN_Richmond Hospital birth tourism Jan 2018 (002).doc; ATT00001.htm

Begin forwarded message:

From: "Paul, Ruth C HLTH:EX" <Ruth.Paul@gov.bc.ca>
Date: March 12, 2019 at 12:14:51 PM PDT
To: "Abbott, Brendan HLTH:EX" <Brendan.Abbott@gov.bc.ca>
Cc: "Rains, Derek HLTH:EX" <Derek.Rains@gov.bc.ca>
Subject: IN RH

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Victoria BC V8W 3C8

INTERNAL QUESTIONS AND ANSWERS

BIRTH TOURISM

March 2019

The issue of “birth tourism” may be brought up by the opposition during the spring session at the legislature. Jas Johal, MLA for Richmond-Queensborough will be presenting a petition and requesting to work with the Ministry of Health to look at ways to curtail the practice.

The impact of non-resident births or so-called “birth tourism” at Richmond Hospital has been the subject of media and political discussion regarding immigration issues, access to care for Richmond residents and the costs to individual mothers and the health care system in general. An April 2018 lawsuit against a non-resident mother for unpaid medical bills sparked further media interest. In August 2018, the federal Conservative Party passed a resolution to end birthright citizenship in Canada.

Q1. What is birth tourism?

- Birth tourism is when pregnant non-residents come to Canada to give birth with the purpose of their baby gaining Canadian citizenship.

Q2. Jas Johal, MLA for Richmond-Queensborough says it is up to the Ministry of Health to stop birth tourism? Can the Ministry do this?

- Matters of immigration are the responsibility of the federal government and for them to address.
- The Ministry’s role is to make sure that our hospitals deliver the best care to all patients who need their care and services.
- We are not going to turn doctors and nurses and health care workers into immigration officers.

Q3. Will the Ministry implement a ban on tourist birth’s in B.C.’s hospitals as requested by Jas Johal?

- We are not going to turn doctors and nurses and health care workers into immigration officers.
- If someone needs care our hospitals will provide that – doing otherwise would not be consistent with our core values.

Q4. What percentage of births in BC are foreign births?

INTERNAL QUESTIONS AND ANSWERS

- In 2017/2018 469, or 22.1% of women who gave birth at Richmond Hospital's Birth Centre were non-residents. This is up from 2015/16 where 299 or 15.5% were non-residents.
- Provincially, less than 2% of women who gave birth are non-residents.

Q5. Where do most of the non-resident births in B.C. occur?

- Most births of non-resident mothers in British Columbia occur at Richmond Hospital.

Q6. What is BC's stance on birthright citizenship?

- Matters relating to immigration and citizenship are the responsibility of the federal government - the Ministry of Health's priority is to support the provision of health care services to those in need.
- For concerns around immigration and citizenship, individuals must engage in those discussions with the federal government

Q7. Are there tax dollar implications for British Columbians?

- Non-residents of Canada are required to pay for any hospital stay costs, including medical care for the mother and baby, including specialized care such as neonatal intensive care unit (NICU).
- VCH, as an organizational entity invoiced non-residents for approximately \$45 million for all non-resident services in 2017/18 and collected about 80% of that amount.
- For maternity cases at Richmond Hospital, the recovery rates are higher. Most non-residents pay their bills in full.
- In 2017, VCH has invoiced non-residents for approximately \$6.2 million in maternity services at Richmond Hospital, and recovered approximately 82% of that amount. (The larger value maternity cases arising from complications and not paid in full, skew the VCH recovery statistics).
- Non-residents were required to make a pre-payment deposit of \$8,200 for a vaginal birth and \$13,300 for a caesarean birth at VCH facilities. Effective November 1, 2018, the deposit amounts at VCH were increased to \$10,000 for a vaginal birth and \$15,000 for a caesarean birth. Non-residents are required to pay all hospital costs and medical care for the mother and baby.

Q8. Are British Columbians being bumped or re-directed because of non-resident births?

INTERNAL QUESTIONS AND ANSWERS

- To date, the Birth Centre at Richmond Hospital is able to meet the growing number of non-resident births because the overall number of births at Richmond Hospital has remained consistent since 2014. In the first 3 months of 2018, which saw the largest increase in non-resident births, the number of resident births decreased slightly.
- Diversions due to capacity issues do not occur often but when they do, the decision is based on clinical care needs, not citizenship.
- Maternity cases fluctuate greatly, depending on demand, which makes them very different than other hospital units.
- Diversions due to capacity issues do not occur often but when they do, the decision is based on clinical care needs, not citizenship. Sometimes, diversions are for care reasons.
- Vancouver Coastal Health is continuing to monitor hospital capacity issues and discussing better ways of managing the demand.
- 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.
- Women intending to use Richmond Hospital's maternity services are encouraged to pre-register six to eight weeks prior to their due date. This may not reduce demand on services, but it will help the health authority be more proactive in its planning.

Q9. What is BC's stance on Birth Houses? Private care provided to patients?

- A "Birth House" often refers to a space (often a residential house) where pregnant non-Canadian resident women stay leading up to the birth of their child and return to prior to their return home.
- Any facility providing a certain level of health care services is required to be licensed under the Community Care and Assisted Living Act to ensure patient care and safety.
- The Ministry is not aware of any of these facilities providing that level of care. Previous visits by Vancouver Coastal to expected birth houses by inspectors found that there was no licensable care as defined under the Community Care and Assisted Living Act being provided at Richmond residences.
- Whether these residences have business licenses is a municipal responsibility, and not something the Ministry of Health has authority over.
- The ministry in no way endorses or supports the marketing of birth tourism.

INTERNAL QUESTIONS AND ANSWERS

Q10. Why are the numbers being reported by Stats Canada, the provincial government and the federal governments different?

- The Ministry of Health is aware of the data discrepancy and is considering possibilities as why this is so.
- The Ministry of Health relies on our provincial data.

Q11. Can government stop the marketing of birth tourism?

- The ministry in no way endorses or supports the marketing of birth tourism.
- This is a larger conversation however that must involve the federal government if there is to be proper enforcement.