

## Call For Records

### Request:

**Applicant type:** Individual

**Request Details:** Records of the number of tourist births performed yearly at the Richmond Hospital, including a breakdown of normal deliveries and c-section rates, percentage of payments outstanding, yearly rates of MSP covered births at the same facility.

**Date Range for Record Search:** From 04/01/2008 to 03/31/2018

Additional information provided:

Other Agencies identified:

## Data

What is being provided?

Counts of foreign mothers giving birth at Richmond hospital, total births and the percentage, by delivery type. MSP covered births are also reported.

We do not have data on outstanding payments in the DAD

From what database?

Discharge Abstract Database (DAD)

## Analysis & Context

Percent change

In 2017/18 there were 400 births to foreign mothers at Richmond Hospital, which amounted to 22% of the total births. Foreigner births were below 4% of total births from 2008/09 to 2012/13 and then they began to increase substantially to 22% by 2017/18. Conversely, the rate for MSP-covered births has declined from 97% in 2008 to 77% in 2017, a 20% decrease over the last 10 years. For the past 3 years, the percent of births that are delivered by c-section averaged around 28.5% for both foreigner mothers and resident mothers.

Caveats

Risk/Harms

No personally identifiable data.

What is the data telling us?

Foreign mothers are increasingly going to Richmond Hospital to give birth.

## ADM Advice - Confidential

### Other Divisions

Meeting?

Input?

Harms?

Records?

### Recommendations

Release the data tables.

## Non-Canadian Mothers Giving Birth at Richmond Hospital BC

*Number of Non-Canadian Mothers giving Birth at Richmond Hospital by Delivery Type and Percent of Total Births for Fiscal Years 2008 - 2017*

**Filename** FOI -HLTH 90636 - Richmond\_Non\_Canadian\_Mother\_Births V2.xlsm

**Data source** 1 Discharge Abstract Data Base

**Extract date** 2019-02-06

### Notes

- 1 Mother: by patient service (51 Obstetrics (OBS) Delivered)
- 2 C-section: by diagnosis codes ('Z3869', 'Z3861', 'Z3867', 'Z3865', 'Z3863', 'Z3801', 'Z3831') or intervention code ('5MD60')
- 3 Responsibility for Payment (RFP) is used to determined BC mother and non-Canadian mother:  
01 - Canada BC/MSP  
02, 03, 04, 05, 06, 07 as Canada other  
- this includes: Workers Compensation Board claims, Out of Province Claims, Canadian Federal Payment claims (Veterans, RCMP, correctional, etc), and Canadian-self paying.  
08 - Other Country Self-Pay
- 4 Richmond Hospital defined by Hosp = 121

PAS 3000.1009

# Non-Canadian Mother Births at Richmond Hospital BC, by Delivery Type

For fiscal year 2008/09 to 2017/18

Total Mothers giving Birth at Richmond Hospital by Type of Delivery										
Type of Delivery	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
C-Section	439	490	465	437	566	547	661	582	617	581
Vaginal	1034	1087	1117	1160	1368	1410	1497	1341	1586	1547
<b>Total</b>	<b>1473</b>	<b>1577</b>	<b>1582</b>	<b>1597</b>	<b>1934</b>	<b>1957</b>	<b>2158</b>	<b>1923</b>	<b>2203</b>	<b>2128</b>

Non-Canadian Mothers giving Birth at Richmond Hospital by Delivery Type										
Type of Delivery	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
C-Section	6	5	5	15	22	42	100	95	101	130
Vaginal	18	15	18	48	37	101	235	204	278	340
<b>Total</b>	<b>24</b>	<b>20</b>	<b>23</b>	<b>63</b>	<b>59</b>	<b>143</b>	<b>335</b>	<b>299</b>	<b>379</b>	<b>470</b>

Percentage of Non-Canadian Mothers of Total Mother Count at Richmond Hospital										
Type of Delivery	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
C-Section	1%	1%	1%	3%	4%	8%	15%	16%	16%	22%
Vaginal	2%	1%	2%	4%	3%	7%	16%	15%	18%	22%
<b>Total</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>3%</b>	<b>7%</b>	<b>16%</b>	<b>16%</b>	<b>17%</b>	<b>22%</b>

MSP Covered Births at Richmond Hospital by Delivery Type										
Type of Delivery	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
C-Section	430	479	457	421	534	499	557	481	507	448
Vaginal	997	1051	1083	1100	1317	1297	1244	1120	1296	1191
<b>Total</b>	<b>1427</b>	<b>1530</b>	<b>1540</b>	<b>1521</b>	<b>1851</b>	<b>1796</b>	<b>1801</b>	<b>1601</b>	<b>1803</b>	<b>1639</b>

Percentage of MSP Covered Births at Richmond Hospital by Delivery Type										
Type of Delivery	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
C-Section	98%	98%	98%	96%	94%	91%	84%	83%	82%	77%
Vaginal	96%	97%	97%	95%	96%	92%	83%	84%	82%	77%
<b>Total</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>95%</b>	<b>96%</b>	<b>92%</b>	<b>83%</b>	<b>83%</b>	<b>82%</b>	<b>77%</b>

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.

Note: Mothers from other provinces who are Canadian residents are in the total births, but are not presented in a separate table

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

**Filename** FOI HTH-2019-96537 Foreign Mothers Giving Birth in BC Hospitals.xlsx

**Data source** 1 Discharge Abstract Data Base

**Extract date** 2019-10-30

### 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).

PAS 3000.1194

Fiscal Years 2014/2015 to 2018/2019

PAS 3000.1194

## Case Count of Foreign Mothers giving birth at B.C. Hospitals by Fiscal Year

2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
518	435	559	670	708

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.

## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

Ministry: Health

Date: October 31, 2017, Updated Jan. 2018

Minister Responsible: Adrian Dix

### Non-resident of Canada births

#### BACKGROUND REGARDING THE ISSUE:

- In October 2017, there were several media reports on non-resident of Canada births in B.C., and discussion about possible problems caused by these types of births.
- In addition, two Freedom of Information (FOI) Requests were submitted and responded to that request records confirming the existence of birth houses, as well as statistics, analysis, costs/benefits and overall implications of non-resident births in British Columbia.
- The potential issues discussed in media included:

##### 1) Revenue generation:

- Media are questioning whether the rates charged to non-residents of Canada to give birth in B.C. should be increased to generate revenue for the health care system, or discourage the practice.
- Charges to non-residents of Canada for any medical services in a B.C. hospital are based on rates set annually by the provincial government, with input from the health authorities.
- Non-residents of Canada who present at a Vancouver Coastal, Fraser Health or PHSA hospital are required to make a pre-payment deposit, with deposit rates varying based on individual health authority policy. VCH charges a deposit rate of \$7,500 for a regular birth, or \$13,000 for a C-section, while FHA and PHSA charge a standard deposit rate of \$6,000 and \$15,000 respectively. The Interior Health Authority, Island Health and Northern Health do not require any deposit.
- The total amount charged to non-residents of Canada will vary depending on the complexity of patient care provided and individual procedures performed (e.g. lab tests, x-rays, MRIs).

##### 2) Concerns over “bumping” pregnant British Columbians due to non-resident births:

- Media have reported 15% of births at Richmond Memorial Hospital are to non-residents. This number is no longer accurate, according VCH. It is now at 19.9% (2017/2018 year to date) and also higher than other hospitals in the health authority.
- Vancouver Coastal Health confirms that 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.
- While maternity “diversions” are rare, VCH is looking at ways to reduce such situations altogether by requiring parents-to-be to register for services at Richmond Hospital six to eight weeks in advance. This will enable better

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planning and, hopefully, give VCH an opportunity to identify when bottlenecks may exist.

- In order to ensure patients are safe and well cared for, transfers between hospitals are primarily tracked based on the medical needs of patients, not overcrowding. For example, a transfer would be logged based on whether someone requires a higher level of care or specialized diagnostic testing.

### **3) Anchor babies:**

- Media have also reported on the possibility of non-resident births occurring to secure “anchor babies”. Media have speculated about the future burden on government social systems when these children return to B.C. and support their families (parents) in immigrating.
- A petition has been sponsored by local MP Alice Wong to eliminate birthright citizenship unless one of the parents of the child born to is a Canadian citizen or permanent resident of Canada.
- The federal government explored eliminating birthright citizenship several years ago, however later abandoned the idea.

### **Non Resident Births Overview**

- There are two categories of non-residents of Canada who are giving birth in B.C.:
  - 1) Expectant mothers on temporary permits such as work/study permits or tourist visas who pay their birthing costs up front and have their babies with no MSP coverage. This group is typically associated with baby houses, and the focus of the media. The ministry is aware of 26 so-called “baby houses” in the Lower Mainland. These baby houses provide hospitality services to pregnant women, new mothers and their babies. They do not provide medical care.
  - 2) People who properly obtain MSP but then become ineligible for continued coverage, often by returning to their home country without notifying MSP, later returning to Canada to have their child, only to then return to their country of origin after the birth.
- MSP coverage for a child born in British Columbia, to a non-Canadian:
  - 1) Children born in British Columbia to a non-resident parent are eligible for MSP coverage if the intent is for the child to be a resident of B.C. after completion of the wait period. The wait period is the balance of the month of birth plus two months.
  - 2) Babies get date of birth coverage if a parent is a resident. If a baby is born to parents in their wait period for MSP coverage, the baby is eligible for date of birth coverage.

### **Non-Resident Medical Procedure Tracking:**

- The Medical Beneficiary Branch does not track information for non-residents that have medical procedures done in B.C., and then return to their own country.
- If routine investigations show that non-residents may have been inappropriately accessing MSP coverage, the Eligibility, Compliance and Enforcement Unit of the Ministry investigates and the Ministry and Health Authorities seek to recover any inappropriately billed benefits.



## ADVICE TO MINISTER

### ADVICE AND RECOMMENDED RESPONSE:

- In B.C. we are proud to be home to communities rich in diversity and culture. Canada is a country of immigrants, and we value our role in supporting that.
- More than 44,000 babies are born in B.C. each year, of which non-resident births account for less than 2%.
- The Ministry's priority and the priority of health authorities and health care providers is to make sure that each and every one of those babies and mothers receive the care they need and that those babies are safely welcomed into this world – no matter where they come from.
- Women who live in other countries give birth in British Columbia each year for a variety of reasons, including premature or unexpected labour.
- Non-residents of Canada are required to pay the costs associated with their care – British Columbian 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, VCH requires a deposit of \$7,500 for a regular birth and \$13,000 for a C-section.
- Charges to non-residents of Canada to give birth in a British Columbia hospital are based on rates set annually by the Ministry of Health, and includes input from the health authorities.
- All revenue related to non-resident of Canada births are put back into the health care system.
- The ministry in no way endorses or supports the marketing of maternity tourism.

### If asked about diversions within VCH:

- Maternity cases fluctuate greatly, depending on demand, which makes them very 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. Diversions due to capacity issues do not occur often but when they do, the decision is based on clinical care needs, not citizenship.
- Vancouver Coastal Health is continuing to monitor hospital capacity issues and discuss 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 to are encouraged to pre-register 6-8 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.**

Communications Contact: Alex Peaker                      Reviewer: Kristy Anderson  
Program Area Contact: Bev Sealey/Karen Ryall/Steph Power  
File Created: Aug. 8, 2016  
File Updated: Jan. 2018

Minister's Office	Program Area	Deputy	HLTH Communications

## CONFIDENTIAL ISSUES NOTE

Last updated: Feb. 21, 2019

### Richmond Hospital non-resident births

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.

### Background:

#### General information about birth tourism:

- Birth tourism is when pregnant non-residents come to Canada in order to give birth. Under Canadian law, anyone born on Canadian soil receives citizenship, even if their parents aren't Canadian citizens.
- Most of the births to non-resident mothers in VCH occur at Richmond Hospital.
- 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 later dismissed.
- A second petition by the same Richmond woman, sponsored by Steveston-Richmond East MP Joe Peschisolido, was initiated on March 19, 2018 and closed on July 17, 2018 with 10,930 signatures; 7,842 from BC.
- At Richmond Hospital, non-residents are required to make a pre-payment deposit of \$8,200 for a regular birth and \$13,300 for a caesarean birth. Non-residents are required to pay for any hospital stay costs including medical care for the mother and baby and specialized care such as NICU. Every pregnancy and labour is different and total cost for 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>.
- Need for maternity beds 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; this very rarely happens at Richmond Hospital. Sometimes laboring moms are transferred to other centers when they require a higher level of care. In 2017/18, 469, or 22.1% of women who gave birth at Richmond Hospital's Birth Centre were non-residents who paid privately for their care.
- In 2016/2017 378-379 or 17.2% of women who gave birth at Richmond Hospital's Birth Centre were non-residents who paid privately for their care.
- In 2015/16, 299 or 15.5% of total patients at Richmond Hospital's Birth Centre were non-residents of Canada who paid privately for their care.
- 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.
- A Freedom of Information request made in January 2019 requested the number of babies born to no-resident patients at Richmond Hospital in the fiscal year to date. Figures released under the FOI, taken from April 1, 2018 to Oct. 18, 2018 (the latest date available), showed

**Commented [EL1]:** Ministry data finds 470. We checked with the HA and without a bunch more digging, we can't identify the reason for the difference.

that 223 patients, all residents of other countries, self-paid for delivery of newborns during this period.

Fiscal Year	Total Number of Non-Residents who Delivered at RH	Total Number of Newborns of Non-Residents born at RH	Total Newborns Born at RH	% of Newborns of Non-Resident Parents
2014/15	335	337	2185	15.4%
2015/16	299	299	1935	15.5%
2016/17	378379	383	2228	17.2%
2017/18	469	474	2145	22.1%
<b>Total</b>	<b>14811482</b>	<b>1493</b>	<b>8493</b>	<b>17.6%</b>

#### Unpaid medical bills from non-residents:

- VCH as an organizational entity invoiced non-residents for approximately \$43 million for all non-resident services in 2017 and collected about 80% of that amount.
- For maternity cases at Richmond Hospital, the recovery rates are higher. The majority of 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).

#### April 2018 lawsuit filed by VCH for large unpaid medical bill by non-resident mother:

- In April 2018, a Notice of Civil Claim was filed by VCH against defendant Yan Xia, a non-resident woman with unpaid medical bills from her birth at Richmond Hospital.
- The claim dates back to 2012, at which time the defendant was admitted to Richmond Hospital for the birth of her child.
- Due to complications arising out of the birth, the medical fees reached the amount of \$312,595.
- VCH reserves the right to charge interest but does not usually do so; if the claim goes to a collection agency, the agency will charge interest. In this case VCH has not exercised its right to charge interest nor waived it. The civil claim refers to an implied 2% interest leading many media to report on the "million dollar baby."

#### Key messages:

- VCH will never deny urgent and emergent care based on ability to pay or where a patient is from, 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.
- We encourage women intending to use Richmond Hospital's maternity services to pre-register 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. Most women pre-register.
- Non-residents are required to make a pre-payment deposit of \$8,200 for a vaginal birth and \$13,300 for a caesarean birth. Non-residents are required to pay all hospital costs and medical care for the mother and baby.
- We cannot comment on specific cases due to patient confidentiality.

Contact information			
Contact	Name	Title	Phone
Program	Carole Gillam	Director, Public Health and Primary Care	604-244-5515
	Stella Wong	Decision Support	604-244-5502
Communications	Caeli Turner	Director, Public Affairs	604-708-5312
	Carrie Stefanson	Public Affairs Leader	604-708-5340
Patient involved	N/A		
Creation & revision history			
Date Sept. 20, 2016		Issues note created	
Updated January 10, 2017		Issues note revised	
Updated August 24, 2017		Issues note revised	
Updated October 26, 2017		Issues note revised	
Updated January 29, 2018		Issues note revised	
Updated March 29, 2018		Issues note revised	
Updated June 13, 2018		Issues note revised	
Updated June 15, 2018		Issues note revised to add Lawsuit	
Updated June 28, 2018		Issues noted revised 2017/2018 stats	
Updated July 17, 2018		Issues note revised with petition numbers.	
Updated August 30, 2018		Issues note revised with Conservative vote to end birth tourism.	
Updated January 10, 2019		Issues note revised	
Updated Feb. 21, 2019		Issues note revised	



# Ministry of Health Consolidated Analytics Services

**Title** Birth Tourism  
*Place of residence for non-Canadian birth mothers*

**Completion Date** 2019-07-15

**Client** Carley Skeels

**Program Area** Hospital Services Branch, Provincial, Hospital and Laboratory Health Services Division

**Data Source** Vital Events

**SME Contact** Duane Lecky

SME = Subject Matter Expert

**PAS #** 3000.1270 **Filename** Vital Stats\_Mother's Place of Residence.xlsx

*The information contained in this/these spreadsheet(s) is of a summary nature and may be released in its entirety (Cover Sheet and relevant Tabs) for the purpose for which it was provided. However, as it was prepared to address a specific question, other use or manipulation of the data is not permitted.*

<b>NOB_COUNTRY</b>	<b>REG_COUNTRY</b>	<b>TOT</b>
CHINA	CANADA	180
CHINA	CHINA	17
INDIA	CANADA	6
Other	Other	22
		<b>225 total</b>

*For notices of birth received Nov 21, 2018 through May 21, 2019 (6 months)*  
*Registered events only*

HA_CD	HA_DESCR	NOB_COUNTRY	REG_COUNTRY	TOT
2	Fraser	CHINA	CANADA	6
3	Vancouver Coastal	CHINA	CANADA	174
3	Vancouver Coastal	CHINA	CHINA	15
	Other	Other	Other	30
				<b>225 total</b>

*For notices of birth received Nov 21, 2018 through May 21, 2019 (6 months)*  
*Registered events only*



HA_CD	HA_DESCR	PLC_NM	NOB_COUNTRY	REG_COUNTRY	TOT
3	Vancouver Coastal	RICHMOND HOSPITAL	CHINA	CANADA	174
3	Vancouver Coastal	RICHMOND HOSPITAL	CHINA	CHINA	14
	Other	Other	Other	Other	37
					<b>225 total</b>

*For notices of birth received Nov 21, 2018 through May 21, 2019 (6 months)*  
*Registered events only*

PLC_NM	NOB_COUNTRY	REG_COUNTRY	TOT
RICHMOND HOSPITAL	CHINA	CANADA	174
RICHMOND HOSPITAL	CHINA	CHINA	14
Other	Other	Other	37
			<b>225 total</b>

*For notices of birth received Nov 21, 2018 through May 21, 2019 (6 months)*  
*Registered events only*

## 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

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Fiscal Years 2014/2015 to 2018/2019

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⚠ 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					
Hospital**	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
302 Kelowna General Hospital	5	<5	<5	<5	<5
401 Royal Inland Hospital	<5	<5	<5	<5	5
116 Surrey Memorial Hospital*	6	<5	<5	<5	<5
130 Burnaby Hospital*	17	6	14	<5	<5
102 St. Paul's Hospital	104	96	105	132	138
112 Lions Gate Hospital	5	8	12	20	35
121 Richmond Hospital*	329	285	378	468	453
202 Victoria General Hospital	8	<5	5	<5	<5
501 Nanaimo Regional General Hospital	8	<5	<5	<5	<5
104 B.C. Women's Hospital	13	13	25	12	43
<b>Other hospitals</b>	<b>23</b>	<b>27</b>	<b>20</b>	<b>38</b>	<b>34</b>
	<b>518</b>	<b>435</b>	<b>559</b>	<b>670</b>	<b>708</b>

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 2014/2015 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 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. Hospitals by Facility and Fiscal Year						
	Hospital	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
<b>1 Interior</b>	301 Vernon Jubilee Hospital	728	825	794	786	800
	302 Kelowna General Hospital	1,543	1,601	1,541	1,596	1,526
	303 Penticton Regional Hospital	504	518	513	565	503
	401 Royal Inland Hospital	1,185	1,254	1,210	1,207	1,247
	402 Queen Victoria Hospital	66	81	80	85	70
	404 Shuswap Lake General Hospital	195	184	197	183	169
	406 Cariboo Memorial Hospital	345	302	363	248	292
	409 Golden and District Hospital	57	57	59	48	44
	417 Lillooet Hospital And Health Centre	17	16	15	10	<5
	651 Kootenay Lake Hospital	275	301	293	247	291
	654 Creston Valley Hospital	48	59	50	53	49
	708 100 Mile District General Hospital	27	15	13	5	<5
	753 Elk Valley Hospital	129	110	108	94	90
	755 Invermere and District Hospital	16	24	18	28	22
	756 East Kootenay Regional Hospital	461	417	435	386	420
	801 Kootenay Boundary Regional Hospital	223	209	210	172	212
<b>2 Fraser</b>	109 Royal Columbian Hospital	2,824	2,859	2,828	2,981	2,834
	115 Langley Memorial Hospital	1,445	1,531	1,482	1,400	1,372
	116 Surrey Memorial Hospital*	4,071	4,181	4,400	4,531	4,781
	130 Burnaby Hospital*	1,446	1,426	1,519	1,440	1,245
	131 Peace Arch District Hospital	1,044	1,079	1,055	1,009	1,004
	601 Chilliwack General Hospital	752	793	810	790	726
	604 Ridge Meadows Hospital & Health Care Centre	745	770	758	721	757
	609 Abbotsford Regional Hospital and Cancer Centre	2,402	2,542	2,600	2,569	2,566
<b>3 Vancouver Coastal</b>	102 St. Paul's Hospital	1,567	1,552	1,563	1,429	1,353
	111 Powell River General Hospital	119	106	108	112	101
	112 Lions Gate Hospital	1,429	1,382	1,338	1,377	1,238
	113 Sechelt Hospital/shishalh Hospital	156	154	154	170	191
	121 Richmond Hospital*	2,158	1,923	2,203	2,128	1,967
	128 Squamish General Hospital	213	223	305	345	314

## Total Births - Mother Case Counts at BC Hospitals

Case count of all mothers at BC hospital

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 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. Hospitals by Facility and Fiscal Year						
	Hospital	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
<b>4 Vancouver Island Total</b>	202 Victoria General Hospital	3,013	3,041	3,052	3,031	2,814
	203 Cowichan District Hospital	458	490	480	503	488
	206 Lady Minto / Gulf Islands Hospital	15	18	18	20	16
	501 Nanaimo Regional General Hospital	1,227	1,218	1,241	1,219	1,184
	502 St. Joseph's General Hospital	498	511	453	264	
	503 North Island Hospital, Comox Valley				228	469
	508 North Island Hospital, Campbell River & District	382	375	391	401	354
	510 Port Hardy Hospital	<5	<5	5	<5	<5
	511 Port McNeill And District Hospital	5	<5	6	<5	<5
	851 West Coast General Hospital	230	247	217	218	207
<b>5 Northern</b>	701 Fort St. John General Hospital	640	668	627	603	550
	702 St. John Hospital	155	124	152	143	127
	703 The University Hospital of Northern British Columbia	1,123	1,163	1,149	1,186	1,101
	704 Dawson Creek and District Hospital	383	337	348	355	340
	705 G.R. Baker Memorial Hospital	169	178	154	183	153
	717 Stuart Lake Hospital	9		7	<5	<5
	901 Wrinch Memorial Hospital	15	15	14	19	14
	902 Prince Rupert Regional Hospital	176	177	198	176	177
	903 Bulkley Valley District Hospital	241	210	245	224	250
	907 Haida Gwaii Hospital and Health Centre-Xaayda Gwaay NgaaysdII Naay	11	16	10	15	8
	912 Mills Memorial Hospital	293	289	313	281	277
	917 Kitimat General Hospital	76	66	50	49	47
<b>6 PHSA</b>	104 B.C. Women's Hospital	6,911	6,652	6,876	6,643	6,820
<b>Other Hospitals/Hospitals with &lt;5 births Total</b>		<b>17</b>	<b>29</b>	<b>21</b>	<b>28</b>	<b>37</b>
<b>Grand Total</b>		<b>42,237</b>	<b>42,318</b>	<b>43,049</b>	<b>42,504</b>	<b>41,617</b>

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.

# FACT SHEET

## Birth Tourism in BC

### ISSUE

Birth tourism continues to be a topic that appears in the media. Concerns have been raised regarding the availability of hospital services for BC residents, cost recovery for services provided to non-residents, and future access to publicly funded health and social services by children born to non-residents of Canada.

### KEY FACTS

- In Canada under the *Citizenship Act*, a person has the right to citizenship if they are born in Canada, regardless of the citizenship of their parents.
- Women who are non-residents of Canada give birth in British Columbia each year for a variety of reasons, including premature/unexpected labour, or to obtain citizenship for their child.
- Currently, Richmond Hospital (RH) experiences the highest volume of non-resident births in BC. In 2018/19, 454 non-resident women gave birth at RH (23% of women who gave birth at RH)<sup>1</sup>. This is an increase of 1% from the number of non-resident birth mothers in 2017/18 and a 5.8% increase from 2016/17.
- St. Paul's Hospital experiences the second highest volume of non-resident births. In 2018/19, 139 non-resident women gave birth at St. Paul's Hospital (10.3% of women who gave birth).
- Despite the growing number of non-resident births, the total number of births at RH has remained relatively stable. In the first three months of 2018, RH saw the largest increase in non-resident births and a slight decrease in resident births.<sup>2</sup>
- Diversions of patients to other hospitals occur occasionally at Richmond Hospital's Birth Centre due to capacity issues or reasons relating to level of care. In 2018/19, RH diverted seven women who required a higher level of care. In 2019/20, during the first fiscal period, a mother was diverted when four non-resident mothers were occupying maternity beds.<sup>3</sup>
- RH experienced a slightly higher caesarean rate for non-resident mothers in 2018/19 at 32% per annum compared to the overall caesarean rate of 29.85%. This could impact RH's operating rooms, reducing resource availability and therefore ability to meet surgical targets.<sup>4</sup>

Table 1. Non-resident births at Richmond Hospital from 2014/15 to 2018/19

Fiscal Year	Number of Non-Residents who Delivered at RH	Total Number of Women who Delivered at RH	% of Women who were Non-Residents and Delivered at RH	Total Number of Diversions Per Fiscal Year	Total Numbers of Non-Residents Occupying a Bed when Birth Centre was on Diversion or RH NICU at Full Capacity
2014/15	329	2,158	15.4%	18	2
2015/16	285	1,923	15.5%	14	1
2016/17	378	2,203	17.2%	20	7
2017/18	468	2,128	22.1%	10	8
2018/19	454	1,977	23%	7	0
<b>Total</b>	<b>1,914</b>	<b>10,389</b>	<b>18.6%</b>	<b>69</b>	<b>18</b>

<sup>1</sup> VCH briefing note, May 2019 (Also found in media reports from CIHI)

<sup>2</sup> VCH briefing note, May 2019

<sup>3</sup> VCH briefing note, May 2019

<sup>4</sup> VCH briefing note, May 2019

# FACT SHEET

## Hospital Fees Incurred by Non-residents:

- Non-residents are required to pay for any hospital stay costs, including medical care for the mother and baby, as well as any specialized care costs. Any additional clinical service costs incurred at RH by the non-resident (i.e. obstetrician, anesthetist for epidural, pediatrician, etc.) are billed directly to the non-resident patient by a physician.
- Non-residents who present for birth at a BC hospital are required to make a pre-payment deposit, except in emergencies. These non-resident deposits vary based on the health authority<sup>5</sup>:
  - VCH requires a deposit of \$10,000 for a vaginal birth and \$15,000 for a caesarean birth.
  - VIHA requires a deposit of \$5,000 for both vaginal or caesarean births.
  - Fraser Health requires a deposit of \$9,000 for vaginal births and \$15,000 for caesarean births.
  - PHSA requires a deposit of \$15,000 for both vaginal or caesarean births.
  - Interior Health and Northern Health do not require a deposit.
- In 2018/19, VCH invoiced non-residents approximately \$5.3 million in maternity services at RH and recovered approximately 95% of that amount<sup>6</sup>. In 2017/18, non-residents were invoiced approximately \$6.2 million in maternity services at RH and VCH recovered approximately 82%.<sup>7</sup> The majority of non-residents pay the invoiced bills for services they receive at RH. Births requiring a higher level of care with payments not paid in full can skew the cost recovery rate.
- In April 2018, VCH filed a lawsuit against a non-resident mother for unpaid medical bills from October 2012 (\$312,595).

## Birth Houses in Richmond:

- A "Birth House" is a term used to refer to a place where pregnant non-resident women stay before giving birth and return to after leaving hospital, prior to their return home (upon receiving their baby's documentation).
- Birth houses are currently not regulated under any health specific legislation or municipal business licensing program. VCH is aware of organized services in the community who assist in housing and supporting the pregnant women in the pre and post natal phases of the birth process but has no connection with these organizations.<sup>8</sup>
- Several years ago, visits by VCH inspectors to presumed birth houses found that there was no licensable care being provided at the Richmond residences, as defined under the *Community Care and Assisted Living Act*.

## FINANCIAL IMPLICATIONS

N/A

### Approved:

October 10, 2019 - Ian Rongve, ADM, Provincial, Hospital and Laboratory Health Services Division

October 16, 2019 - Eric Larson obo Martin Wright, ADM, Health Sector Information, Analysis & Reporting Division

[date approved] - Finance and Corporate Services Division

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<sup>5</sup> GCPE issues note, March 2019

<sup>6</sup> VCH briefing note, May 2019

<sup>7</sup> GCPE issues note, March 2019

<sup>8</sup> VCH briefing note, May 2019



## **Richmond Hospital Non Resident Births Briefing Note**

<b>Date</b>	<b>May 31, 2019</b>
<b>Prepared for</b>	<b>Dr. Penny Ballem, VCH Board Chair</b>
<b>Prepared by</b>	<b>Carole Gillam, Director Women's and Children's Health, VCH Richmond</b>

### **Background**

Non-resident births, also known as birth tourism, occurs when pregnant non-residents come to Canada in order to give birth. Under Canadian law, anyone born on Canadian soil receives citizenship, even if their parents aren't Canadian citizens. s.22

s.22

s.22 The vast majority of the births to non-resident mothers in VCH occurs at the Richmond Hospital (Of note as a tertiary facility Women's Hospital does not accept non-resident births except when a clinical need arises). There are organized services in the community who assist in housing and supporting the pregnant women in the pre and postnatal phases of the birth process. VCH has no connection with such organizations, or their staff, formally or informally.

### **Current Status**

The women intending to use Richmond Hospital's maternity services are requested, through their intended G.P., to pre-register 6-8 weeks prior to their due date. The majority of women do pre-register. At Richmond Hospital, non-residents are required to make a pre-payment deposit of \$10,000 for a regular birth and \$15,000 for a caesarean birth. Non-residents are required to pay for any hospital stay costs including medical care for the mother and baby and specialized care such as NICU or ICU. We have been told that this is explained to the prospective mother, and advance warning is given that in exceptional cases the financial cost of stay can be significant. Any additional clinical service costs incurred by the non-resident i.e. obstetrician, anesthetist for epidural, pediatrician etc., the physician bills the patient directly.

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 (see table 1). In the first 3 months of 2018, which saw the largest increase in non-resident births, the number of resident births decreased slightly. As in most communities the need for maternity beds fluctuate depending on demand. All maternity units find themselves at capacity occasionally and may have a need divert mothers to another hospital. In total 7 diversions occurred in the 2018/19 fiscal year at Richmond Hospital the 7 diversions were based on Antepartum moms requiring Higher Level of Care for pre-term labour. In fiscal period 1 2019/20, however, one labouring mom was diverted at a time when 4 non-residents were occupying maternity beds.

VCH Richmond does not provide focused post-natal care to these families after discharge, their primary care physician provides these services. Some moms and babes do, however, attend advertised public health drop in classes and immunizations are provided when requested.

Table 1. Non-resident births 2014/15 to 2018/19

	Total Number of Non-Residents who Delivered at RH	Total Number of Newborns of Non-Residents born at RH	Total Newborns Born at RH	Total Number of Resident Births at RH	% of Newborns of Non-Resident Parents	Total Number of Diversions per fiscal year
2014/15	335	337	2185	1848	15.4%	n/a
2015/16	299	299	1935	1636	15.5%	n/a
2016/17	379	383	2229	1846	17.2%	n/a
2017/18	469	474	2145	1671	22.1%	3
2018/19	454	458	1981	1523	23.1%	7
<b>Total</b>	<b>1936</b>	<b>1951</b>	<b>10475</b>	<b>8524</b>	<b>18.6%</b>	<b>10</b>

### Private Pay Non-Resident Revenue

Revenue from the private-pay non-resident services is accounted for in the VCH Richmond income statements. For maternity cases at Richmond Hospital, the recovery rates are higher. The majority of non-residents pay their bills in full. Table 2 shows the income for the previous two years and reflects and reflects normal deliveries and complicated births requiring a higher level of care for Mom or baby.

	2017/2018	2018/2019
Annual Revenue	\$6,227,199	\$5,358,460
Collection Experience	79.2%	95.1%

### Issues

- 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. A petition by the sponsored by Steveston-Richmond East MP Joe Peschisolido, was initiated on March 19, 2018 and closed on July 17, 2018 with 10,930 signatures; 7,842 from BC.
- s.22
- s.22

- The C Section rate for non-resident birthing moms is slightly higher than resident C Sections at 32% per annum in 2018/19 versus overall C Section rate of 29.85%. This does have the potential to impact Richmond's Operating Rooms reducing resource availability for surgical targets.

Page 06 of 14 to/à Page 07 of 14

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s.12; s.13

Page 08 of 14

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s.13; s.12

Page 09 of 14

Withheld pursuant to/removed as

s.12; s.13

# 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

#### 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.

#### Results Were:

	2014/15	2015/16	2016/17	2017/18	2018/19*
No maternity care	44	69	68	44	120
No newborn care	28	57	65	9	0**
Total	72	126	133	53	120

\*To Dec. 31, 2018

\*\*Database search scheduled for Feb. 2019

# FACT SHEET

## **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.

s.17

## **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.



# FACT SHEET

## 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

- 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.
- ECEU conducts regular reviews of individuals who cease to meet the definition of a resident under the Act. 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.
- ECEU conducts data mining and identifies claims where no maternity care was provided to the mother for the first 6 months of the pregnancy or no newborn care for the first 3 months. Cases identified include:

	2016/17	2017/18	2018/19*
No maternity care (0-6mos) pre-birth	68	44	120
No newborn care (3mos) post-birth	65	9	0**
Total	133	53	120

\*To Dec. 31, 2018

\*\*Database search scheduled for Feb. 2019

## FACT SHEET

### 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.

s.17

### **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

## UPDATE ON BIRTH TOURISM – ELIGIBILITY, COMPLIANCE, & ENFORCEMENT

### BACKGROUND:

- The most recent media report from the Vancouver Sun dated May 15, 2019 list the non-residency 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 non-resident 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.
- There have been no new residential addresses (aka 'baby houses') identified so far this fiscal.

s.17

## Leonard, Christopher J HLTH:EX

---

**From:** Webster, Glenys HLTH:EX  
**Sent:** November 18, 2019 3:20 PM  
**To:** HLTH PPHFOI HLTH:EX  
**Cc:** Leonard, Christopher J HLTH:EX  
**Subject:** RE: \*\*SENT TO GLENYS\*\*FW: Call for Records HTH-2019-96989 Due November 20, 2019  
**Attachments:** FW: Birth Tourism

Same docs as the other one – see attached!

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### Glenys Webster, PhD

Director, Women's, Maternal and Early Childhood Health  
Public Health Services Branch  
Population and Public Health Division  
BC Ministry of Health  
Office: 250 952-1004 / Cell: 250 812-1314  
Pronouns: She / her

---

**From:** HLTH PPHFOI HLTH:EX <Hlth.PPHFOI@gov.bc.ca>  
**Sent:** November 18, 2019 2:59 PM  
**To:** Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>  
**Cc:** Leonard, Christopher J HLTH:EX <Christopher.Leonard@gov.bc.ca>; HLTH PPHFOI HLTH:EX <Hlth.PPHFOI@gov.bc.ca>  
**Subject:** FW: \*\*SENT TO GLENYS\*\*FW: Call for Records HTH-2019-96989 Due November 20, 2019

Sorry, this one is due on Wednesday as well-  
same scope; different date range: **Date Range for Record Search:** *From 11/01/2018 To 10/30/2019*  
Thx  
Teresa

---

**From:** HLTH PPHFOI HLTH:EX  
**Sent:** Thursday, November 7, 2019 4:11 PM  
**To:** Webster, Glenys HLTH:EX  
**Cc:** Leonard, Christopher J HLTH:EX; HLTH PPHFOI HLTH:EX  
**Subject:** \*\*SENT TO GLENYS\*\*FW: Call for Records HTH-2019-96989 Due November 20, 2019

Hi Glenys,

We have received another FOI with the same scope as the one sent to you this morning- Please note that the date range is different.

Let me know if you have any questions,  
Teresa

---

**From:** HLTH FOI Operations HLTH:EX  
**Sent:** Thursday, November 7, 2019 2:29 PM  
**To:** van Baarsen, Amanda HLTH:EX; Moulton, Holly HLTH:EX; HLTH PPHFOI HLTH:EX; HLTH HSIARDocs Processing

HLTH:EX; HLTH FCS FOI General HLTH:EX

**Cc:** Ranta, Michelle HLTH:EX; HLTH FOI Operations HLTH:EX; FOI Health Education CITZ:EX

**Subject:** NEW: Call for Records HTH-2019-96989 Due November 20, 2019

Hi everyone (MO, DMO, PPH, HSIAR & FCS),

1. **\*\* Does this FOI need to go to another area/division? Please advise ASAP!! \*\***

Please note similar to HTH-2019-96992 but different requester and date range.

Please find attached the Call for Records for FOI request described below. Records are due by: November 20, 2019.

**Applicant type:** *Media*

**Request Details:** *Briefing notes and reports regarding statistics, analysis, costs/benefits and overall implications of non-resident births in British Columbia, particularly so-called "birth tourism" and "maternity houses" related to visitors from China, which may be held at the level of the Minister, Deputy Minister and Assistant Deputy Minister, as well as senior executives in the offices of Population and Public Health, Health Sector Information Analysis and Reporting, and Health Audit and Investigations Branch.*

**Date Range for Record Search:** *From 11/01/2018 To 10/30/2019*

2. Please send in your completed CFR and records (pdf) to the Health FOI Inbox at [HLTH.FOIOperations@gov.bc.ca](mailto:HLTH.FOIOperations@gov.bc.ca) - **1 clean** copy and **1 harms** copy indicating specific harms recommendations.
3. Should a fee estimate be necessary, please:
  1. fill out the attached Fee Estimate Questionnaire,
  2. update your email subject line to include 'Fee Estimate HTH-2019-XXXXXX', and
  3. please send to [HLth.FOIOperations@gov.bc.ca](mailto:HLth.FOIOperations@gov.bc.ca) by November 13, 2019.
4. If your search produces a **No Records Response (NRR)** please have your **Executive Director or ADM approve** before sending as it will not be coming back for final sign-off.

Thank you,

Darlene Grieve | FOI Coordinator

FOI, Litigation and Reporting | Corporate Issues and Client Relations Branch

Ministry of Health | phone: 250 952 1509 | email: [HLTH.FOIOperations@gov.bc.ca](mailto:HLTH.FOIOperations@gov.bc.ca)

 Please consider the environment before printing this email

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**From:** Andres, Sasha <[Sasha.Andres@gov.bc.ca](mailto:Sasha.Andres@gov.bc.ca)>

**Sent:** November 5, 2019 12:42 PM

**To:** HLTH FOI Operations HLTH:EX <[HLTH.FOIOperations@gov.bc.ca](mailto:HLTH.FOIOperations@gov.bc.ca)>

**Subject:** Call for Records HTH-2019-96989 Due November 20, 2019

Hello

Please find attached a formal request made under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Your analyst for the attached request will be Laura Cameron

Please send the records to [FOI.Health.Education@gov.bc.ca](mailto:FOI.Health.Education@gov.bc.ca) by November 20, 2019.

Request Due Date: December 12, 2019

**If search and retrieval time is anticipated to exceed 3 hours; or volume of hard-copies records is anticipated to exceed 200 pages; or preparation time can reasonably be expected to exceed 15 minutes or more,** complete only sections 1 and 2 of the Call for Records Form as we may be in a position to issue a fee estimate. If you need assistance in completing your estimate, please ask your FOI Coordinator for assistance. Return the form to [FOI.Health.education@gov.bc.ca](mailto:FOI.Health.education@gov.bc.ca) by November 13, 2019. Please await further instruction from IAO as the records will not be required until the fee estimate process has been completed. Once fees have been paid or waived, you will be contacted to continue the call for records process. You will also be advised you if the request is abandoned and/or closed.

**If no fees apply,** then proceed with the call for records process. Please complete the attached Call for Records Form and return it to by November 20, 2019

Send records via email in PDF format. One PDF document is preferable. If email is not possible, please send the records in electronic format (CD, memory stick) via house mail with a copy of this note.

You should be aware that FOIPPA obligates us to assist the applicant and to respond without delay, openly, accurately, and completely. In the event that the ministry must defend the adequacy of its search to the Information and Privacy Commissioner at Inquiry, those involved in searching for records may be required to sign affidavits to prove that they have conducted an adequate search for relevant records.

Please do not hesitate to contact your analyst to discuss: whether the records may be routinely releasable; whether the information is being prepared for public release or is already publicly available; whether staff would be available to discuss the request with the applicant, if the applicant is agreeable; ways in which an applicant may want to narrow/focus their request to reduce potential fees; and/or any other questions or concerns relating to this request.

Thank you,

Sasha Andres, Junior FOI Analyst  
Health / Education Team  
Information Access Operations

## Leonard, Christopher J HLTH:EX

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**From:** Wootton, Amanda HLTH:EX  
**Sent:** May 6, 2019 11:27 AM  
**To:** Webster, Glenys HLTH:EX; Martin, Cheryl HLTH:EX  
**Subject:** FW: Birth Tourism  
**Attachments:** 1130624 - Birth Tourism - Updated Meeting Material.docx; ATT00001.htm; VCH IN - Richmond Hospital Birth Tourism Jan 2018.doc; ATT00002.htm

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Here you go Glenys.

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**From:** Martin, Cheryl HLTH:EX  
**Sent:** May 6, 2019 10:52 AM  
**To:** Wootton, Amanda HLTH:EX <Amanda.Wootton@gov.bc.ca>  
**Subject:** Fwd: Birth Tourism

Here you go

Sent from my iPhone

Begin forwarded message:

**From:** "Skeels, Carley HLTH:EX" <Carley.Skeels@gov.bc.ca>  
**Date:** May 6, 2019 at 10:50:22 AM PDT  
**To:** "Martin, Cheryl HLTH:EX" <Cheryl.Martin@gov.bc.ca>  
**Cc:** "Rains, Derek HLTH:EX" <Derek.Rains@gov.bc.ca>, "Murphy, Carrie E HLTH:EX" <Carrie.Murphy@gov.bc.ca>, "Paul, Ruth C HLTH:EX" <Ruth.Paul@gov.bc.ca>  
**Subject:** Birth Tourism

Hi Cheryl,

I've attached our meeting materials and VCH's IN on birth tourism for you.

Thanks,

Carley

Carley Skeels  
Policy Analyst | Hospital Services Branch  
Provincial, Hospital and Laboratory Health Services Division  
Ministry of Health | PH: 250-952-1938

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## **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% 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 \$7,500 for a regular birth and \$13,000 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

## CONFIDENTIAL ISSUES NOTE

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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**

s.22

#### 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 non-residents 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%
<b>Total</b>	<b>1119</b>	<b>1208</b>	<b>7297</b>	<b>16.6%</b>

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 non-resident 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 pre-register 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 information			
Contact	Name	Title	Phone
Program	Gail Malenstyn	Director, Surgical Program and	604-244-5539
	Stella Wong	Medical Administration Decision Support	604-244-5502
Communications	Matt Kieltyka	Public Affairs Specialist	604-708-5338
Patient involved	N/A		
Creation & revision history			
Date Sept. 20, 2016		Issues note created	
Updated January 10, 2017		Issues note revised	
Updated August 24, 2017		Issues note revised	
Updated October 26, 2017		Issues note revised	
Updated January 22, 2018		Issues note revised	