



March 25, 2026

Honourable Lena Metlege Diab
Minister of Immigration, Refugees and Citizenship
House of Commons
Ottawa, Ontario
Canada
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Re: Imposing Health-care Costs on Refugees and Asylum Seekers

Dear Minister Diab,

On behalf of more than 57,250 registered nurses, nurse practitioners, and nursing students across Ontario, the Registered Nurses' Association of Ontario (RNAO) is deeply concerned regarding the introduction of co-payments for eligible refugee and asylum seeker beneficiaries under the Interim Federal Health Program (IFHP). Budgetary reductions through co-payments shift health-care costs onto individuals through out-of-pocket expenses, compounding existing systemic barriers to accessing care.

Health is a human right. RNAO strongly opposes any measures that impose financial barriers to primary care and other medically necessary services for refugees and asylum seekers – among the most vulnerable populations in Canada, many of whom have been forcibly displaced due to conflict. Programs such as the IFHP are intended to reduce barriers to accessing the health system and support equitable, timely care. Introducing co-payments undermines this purpose.

Canada has been here before. The 2012 cuts to refugee health coverage led to delayed care, increased pressure on emergency services, and significant administrative strain across the health system. In 2014, the Federal Court of Canada ruled that the policy constituted “cruel and unusual treatment” under the Charter. These changes were ultimately reversed. The evidence is clear – policies that create barriers to care for refugees result in harm and higher system costs.

Co-payments, even when modest, deter individuals from seeking early care. This undermines health promotion, prevention, timely diagnosis, and treatment – leading to poorer health outcomes and reduced quality of life, while increasing downstream costs and placing additional strain on emergency departments and hospitals. International evidence demonstrates that even small prescription co-payments reduce medication adherence and are associated with increased hospitalizations, particularly among socioeconomically vulnerable populations. If the goal is cost containment, introducing financial barriers to essential care is counterproductive: short-term savings are often offset by higher downstream costs due to avoidable complications and acute care use. Prevention and timely access to primary care remain among the most cost-effective investments a health system can make.

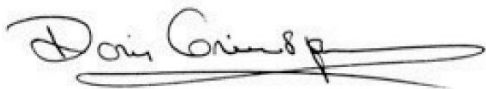
Mental health care is particularly critical for refugees and asylum seekers, many of whom have experienced war, persecution, and trauma. Counselling and psychotherapy in this context are not elective services – they are essential forms of early intervention that reduce symptom severity, prevent long-term functional impairment, and support recovery. Introducing a co-payment will create significant barriers to access, placing this care out of reach for many. The result will be delayed treatment, increased risk of deterioration and crisis presentations, and greater reliance on emergency and hospital-based services.

Newcomers to Canada are disproportionately affected by the social determinants of health and face enduring systemic inequities that negatively impact their health and well-being. Many experience precarious income, housing instability, food insecurity, trauma, and complex health needs. Co-payments will further entrench these inequities and undermine Canada’s commitment to equitable, publicly funded care.

Nurses will see the downstream consequences of this policy across emergency departments, community clinics, public health units, and hospitals throughout Ontario. When access to essential care is delayed or foregone due to cost, patients are more likely to present with advanced and complex conditions, increasing pressure on already strained services and contributing to longer wait times. These measures also risk exacerbating moral distress among health-care providers, who are committed to delivering equitable, evidence-informed care but are constrained by policies that create barriers for the populations they serve.

Minister, RAO urges you to remove co-payments from the IFHP and to ensure equitable, barrier-free access to health-care services for all eligible refugees and asylum seekers. Such action is not only consistent with Canada’s humanitarian commitments, but also with sound health system planning and fiscal responsibility.

Respectfully,



Dr. Doris Grinspun, RN, BScN, MSN, PhD,
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O.ONT.
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