

THE 3-MONTH WAIT-PERIOD UNDERMINES A UNIVERSAL HEALTH SYSTEM

What is the three-month wait period?

- A wait-period that consists of the rest of the month of arrival, plus two more months, where new residents to British Columbia are not eligible for health insurance coverage (MSP); many people wait longer depending on their specific situation
- Determined by the Medical Services Commission (committee that manages MSP, often abbreviated as the MSC)
- Is not based in any law and is province specific (only BC and Quebec have maintained this policy)
- It can be changed very easily: This was demonstrated when the province waived this wait period to improve access to health care during COVID-19.

Who is affected?

All new residents to BC, including:

- Permanent Residents,
- Work visa holders,
- Student visa holders,
- Canadian citizens,
- Babies born to parents who don't have formal residency
- People who have been living in BC and their status recently changed to any of the above categories.



March 2020

The BC Medical Services Commission removes the 3-month wait-period for health coverage at the height of the COVID-19 crisis.

July 2020

The wait-period policy was put back into place and COVID-19 infections begin to spike.

NOW!

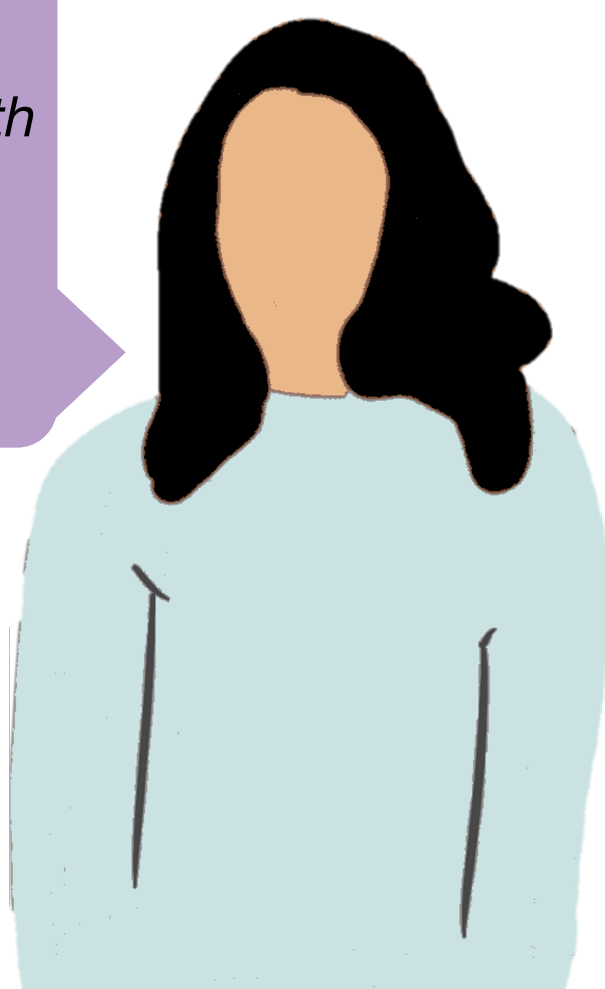
Urgent policy reforms towards ending the three month wait is needed.

It's access... if you don't have status or a precarious status, it's bad and if you just applied for a student visa or work permit you have to wait 3 months. And if during those 3 months you need medical attention, for example me being pregnant, you can't access it. And supposedly health is a right, it's a right that should be given to everyone.

Participant

This waiting period produces discriminatory and inequitable outcomes for im/migrant* women. Findings from interviews with 47 im/migrant women showed:

- Healthcare spaces became a site of xenophobic immigration control, with participants being excluded or questioned about status when trying to access medical treatment.
- Language barriers, complex paperwork, constantly changing rules were all made worse by high costs at every stage.
- Many women had to find other ways to manage their health, and struggled to see their children get sick and be unable to visit a doctor.
- Community-based services helped women get access to care and feel like they were less alone.



*The term *im/migrant* includes all immigrants and migrants, including those who arrive through permanent and temporary pathways or without official status.

Find the full paper here: <https://bmjopen.bmj.com/content/11/8/e047597.full>



About the IRIS Project:

IRIS is a UBC and SFU research project housed at the Centre for Gender and Sexual Health Equity, in partnership with community-based im/migrant-serving organizations across Metro Vancouver. IRIS is a mixed-methods, community-based study which aims to understand patterns and determinants of access to healthcare for im/migrants in British Columbia, including sexual and reproductive healthcare, as well as COVID-19 related care.