

Medical Services Plan

The Medical Services Plan was a topic for discussion in the Conversation on Health. Medical Service Plan coverage, usage and premiums were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of The Medical Services Plan.

Medical Services Plan Coverage

British Columbians presented a long list of services that they felt should be covered by the Medical Services Plan. One of the most common suggestions is restoring and enhancing coverage of alternative and complementary services. Many participants see these services reducing pressures on the health care system through their role in prevention and as a cost-effective treatment option for British Columbians suffering from a variety of conditions. Many recommend including other preventative services such as check-ups, prostate exams, eye exams and counselling for diet, addictions, and mental health in the Medical Services Plan. Many participants suggest that the Medical Services Plan cover some dental care, with most focusing on the needs of children, low-income British Columbians and the elderly. Some express concerns that rural British Columbians are not adequately covered for the additional travel expenses they incur when accessing medical services.

Some British Columbians feel that the Medical Service Plan makes coverage decisions for the wrong reasons, looking only at their costs and not the effect the decision has on patient health and patient costs. Many believe that more information about the reasons behind coverage decisions must be made public and that the decision making process should be more transparent and accountable.

...there is no way... that we can provide first dollar coverage for all of these services across the continuum of care that goes beyond hospital based care and physician care. So how do we deal with that as we move forward, how do we create a rationalization in our system...? How important is that to Canadians to protect that core basket of services? Who makes the decisions about what's in, what's out, what's de-insured... I think that's the fundamental question as we move forward.

– Delivery Models Focus Workshop

Medical Service Plan Usage

Some British Columbians feel that the Medical Services Plan needs to do more to prevent abuse of the health care system by both health care users and health care providers. Participants are concerned that too many British Columbians feel entitled to free health care and that this perception of entitlement leads to abuse of the system. Many participants suggest reducing fraudulent access by including an up to date picture and improving other security features on CareCards. Increased auditing of health professional billing is suggested by some participants as a means of reducing inappropriate practices and reducing costs. Some participants feel that those immigrating to British Columbia from elsewhere in Canada and from outside of the country should be made more responsible for what they cost the health care system through increased premiums or user fees.

Medical Service Plan Premiums

Many British Columbians express concerns about Medical Services Plan premiums. Some feel the equality of access to health care is affected as British Columbia is one of the few provinces to assess premiums for health insurance. Some participants suggest reducing premiums in favour of a payroll deduction or increased taxation to reduce the administration required to adjust, assess and collect premiums. Other participants are concerned that premium rates do not reflect the true cost of health care, as the Medical Services Plan does not consider factors that increase insurance premiums in the private sector. To address this concern they recommend linking premium rates to lifestyle factors and usage of the health care system.

Participants are concerned that the Premium Assistance program is not responsive enough to sudden changes in income and that there is little consideration of exceptional circumstances. Some request that more effort be made to inform the public, especially young people, about the Premium Assistance program to ensure all British Columbians who are eligible are covered.

Can we please put an end to the pointless and costly practise of [Medical Services Plan] premiums? It is expensive to bill everyone a token amount and then collect on the delinquent token amounts.

–Penticton Web Dialogue

Conclusion

Many participants want the Medical Services Plan to offer more choice in health care services and health care providers. They feel the Medical Services Plan should focus more on maintaining health and preventing illness, while still maintaining the principle of protecting British Columbians from the costs of medically necessary treatments. Participants believe British Columbians should have more input in coverage decisions and feel that the Medical Services Plan needs to be more responsive and receptive to advancements in treatment options.

I would appreciate the right to apply whatever premium I pay towards what I deem appropriate to my needs, including alternative therapies. Should my needs change as I age, I would appreciate having a "medical" program that was flexible enough to adjust to my needs. As it stands, I feel it does not.

– Nanoose Bay, Web submission

Medical Services Plan

This chapter includes the following topics:

Medical Services Plan Coverage

Medical Services Plan Policies

Medical Services Plan Administration

Related Electronic Written Submissions

[Presentation to Conversation on Health](#)

Submitted by the Massage Therapists Association of BC

[Smoke Free BC – Healthy People, Healthy Place](#)

Submitted by Dr. Roland Guasparini

[Submission to the Conversation on Health](#)

Submitted by the Society of Specialist Physicians and Surgeons

[Submission to the Conversation on Health](#)

Submitted by the BC Cancer Agency

[Report to the Conversation on Health](#)

Submitted by the British Columbia Medical Association

[Submission to the Conversation on Health](#)

Submitted by the Office of the Representative for Children and Youth

[A Vision for Better Health](#)

Submitted by the British Columbia Dental Association

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: [Complementary and Alternative Medicines](#); [Canada Health Act and its Principles](#); [Health Care Spending](#) and [PharmaCare](#).

Medical Services Plan Coverage

Covering Complementary and Alternative Medicine

Covering Dental Care

Coverage Decisions

- Comments on the coverage of alternate and complementary services under the Medical Services Plan:
 - It seems attractive to include alternative medicine, but we first need to decide what that means, which areas of alternate or complementary medicine we include and how will we pay for it. Will it be higher premiums and taxes or from our limited pot do other areas of health coverage have to be cut? This could lead to an even wider gap between the health care of those with and without resources.
 - Medicine is, and should be based on clinical evidence from large, randomized, clinical trials. Any alternative therapy that is to be funded through universal health care should be held to this same standard. If it meets this standard, absolutely it should be funded, but it has to be proven to be better than a placebo before my tax dollars pay for it.
 - There is no such thing as alternative medicine, simply good, evidence based medicine and bad, unproven medicine. Complementary therapies are just that, complementary, and should only be funded where evidence exists for their efficacy. Non-evidenced based therapies should not be funded from the public purse.
 - Traditional medicine is evidence-based. Alternative medicine is not. That is why it is called alternative. If my tax dollars are going to pay for someone else's medical bill, I believe that I am entitled to insist that the efficacy of the treatment is scientifically demonstrated.
 - I strongly support the inclusion of alternative and complementary medicine in Medicare. I have received tremendous benefits from regular visits to my health care practitioners: naturopathic doctor, chiropractor, and registered massage therapist. I think a set number of appointments per year should be covered in order to support preventative care.
 - I strongly oppose the Medical Services Plan covering alternative, holistic, naturopathic, or complementary medicine. I would be very concerned that if funds are allocated to fund these treatments, the funding of scientifically proven and clinically recognized treatments would suffer.
 - Increasing the complementary medicine funding schedule would reduce pressure on allopathic system.

- De-listing chiropractic, podiatry and optometry has proven to save taxpayers money, even if it contravenes the *Canada Health Act*.
- We should not include traditional Chinese medicine (TCM) and herbs in the Medical Services Plan. Covering TCM would only drive up health spending.
- The current medical system does not support alternative modalities which are the basis for preventative health.
- British Columbians should have a choice as to where their medical coverage may be applied, be it acupuncture, traditional Chinese medicine, homeopathic, chiropractic, or naturopathic care, as they each have their place.
- Chiropractic treatments are a lot less expensive than carpal tunnel and other surgeries, but the patient is charged a fee for saving the health care system money. This does not make any sense.
- I have had chronic back pain since childhood. I have found that the only way to keep the pain under control is to go regularly to the chiropractor, massage therapist and the physiotherapist. Since the cuts to these services, I am only allowed ten visits a year for all three treatment types combined. This adds up to a considerable expense for me. Over the year I have paid over \$1000 to stay pain free. This hardly seems fair to those of us who have a low income yet have to have these treatments for chronic conditions. I would like to see more benefits available to lower income people.
- When I go to a medical doctor, it is free. When I go to the naturopath, I pay. Naturopaths are doctors too, and I think basic health care should cover a wider selection of health practitioners. I would like to have a choice of who I see and not be penalized with large fees.
- Many homeopathic therapies are valueless, but they are promoted by the powerful herb and vitamin lobby.
- Doctors treat diseases; naturopathic doctors prevent diseases. Naturopathic doctors should be paid the same as regular doctors under the Medical Services Plan.
- I like to see my naturopath because she takes the time to listen and explain things to me. If naturopaths were to be covered, I hope they would still be able to offer the same level of service. If the government paid them, I worry that they would become like Medical Doctors and spend less time with patients.
- The substantial improvement in my health over the past 18 months can be attributed to supplements prescribed by a naturopath. None of these helpful

treatments is covered under our health care plan. My naturopath is a medical doctor, so I do not understand why these valuable services would not be covered.

- We can only bill the Medical Services Plan to counsel patients about topics that require discussion, support and advice, such as depression, anxiety and drug addiction for four, 20 minute sessions each year. This is hardly enough time to see a patient through a relationship break-up or job loss, never mind more serious issues. Our medical plan needs to recognize that preventative counseling and education are invaluable for improving the health of the public.
- We have to increase the number of tobacco cessation counselors and remunerate physicians to counsel on this topic. Even limited physician counseling has been shown to reduce smoking prevalence in patient populations by five per cent or more. We should promote this important physician function by introducing a specific fee code for addiction counseling. Dental offices, pharmacies and other public health settings are logical locations where rapid assessments and referrals could also be done.
- Nutrition counseling by a registered dietitian should be covered by the Medical Services Plan.
- There is no fee schedule in the Medical Services Plan for psychotherapy, except for psychiatrists and most of them do not practice it.
- For my annual eye checkup, I am seeing an optometrist. The Medicare supplied eye doctor runs a completely inferior and dangerously inadequate checkup, compared to that of the optometrist.
- The cuts to funding for eye exams have put more pressure on other areas of the health care system.
- Funding for lactation support has been cut, reducing the availability of this needed service to two days per week. This is entirely inadequate for mothers needing assistance. Even waiting a few hours can be excruciating for mothers and a wait of days could have dire consequences for newborns.
- It is a mistake that health promotion is no longer funded.
- People who post surgery can not afford to go to their physiotherapy appointments will have wasted the surgery because rehabilitation is crucial to the success of many procedures.
- I have recently had breast cancer and I am going to physiotherapy for problems with my arm resulting from the surgery. I have been referred by my doctor, so why is this not covered?

- The lack of full coverage for physiotherapy is a barrier to good health for many British Columbians.
- I would like to be able to choose from the full menu of health practices such as chelation, massage, chiropractic, homeopathy, herbal, acupuncture, reiki, reflexology, iridology, pranic healing and healing touch, cranial sacral therapy and, preventative practices, like yoga, Tai Chi, meditation which all have a role in a healthy society.
- The Fraser Institute polled on the use of complementary and alternative medicine in Canada and British Columbia and found that many of people who were using these services did not want them to be covered by the Medical Services Plan system. What they wanted was access to the system so they could do all their primary care with referrals to diagnostic imaging, specialists and pharmaceutical rights. The users of alternate and complementary health care were concerned that if these services were to come under Medical Services Plan coverage, their availability would be restricted.
- **Comments on dental coverage:**
 - Private dental coverage is too expensive for most. There can be serious complications from neglecting dental care that are more costly in the long run than providing basic coverage for all British Columbians.
 - The system will pay hundreds of thousands of dollars to repair or replace a smoker's lungs, an alcoholic's liver, and obesity-caused diabetes or related ailments and will not pay \$1 of any dental examinations or dental work whatsoever until rotting teeth cause disease elsewhere in the body.
 - It does not make sense to cover dental surgery, while office appointments that prevent the need for expensive surgery are not covered.
 - Basic dental services, such as teeth cleaning and checkups, should be covered. The teeth are a part of our body and can cause great discomfort and even illness if not properly cared for.
 - I would like to see a dental plan included in the Medical Services Plan. Dental coverage could be optional. Those who are interested could pay separate premiums for the dental coverage. I really think it is a good idea, as it would help to reduce the inequality in dental health between wealthy and less fortunate people.
 - Change the regulations affecting dental hygiene to allow seniors more access. Good teeth are important, but 75 per cent of home bound seniors do not see a dentist. Dental hygienists should not be restricted by the 365 day rule.

- By increasing access to services provided by dental hygienists the health of British Columbians would improve over all and it in turn would lower health costs to the current health care system.
- Many individuals working for \$8 to \$12 per hour would have to use an average of a full year's savings to afford minimal dental care for just one damaged tooth. Many students and minimum income earners can only sit back and suffer as dental issues can send us through the medical system with not one of the medical professionals able to help or even direct us towards a solution.
- There is no access to dental care without the funds to pay for treatment. This is a concern for low-income people with chronic conditions like diabetes.
- Even those who do receive some coverage through the government for dental care cannot afford the extra billing and so have their teeth pulled instead. The appeals process is too complicated, so people do not fight it.
- The Ministry of Health needs to pay up to the general dentist fee guide for Ministry of Health patients.
- The Healthy Kids Plan, which assists low-income families with some dental coverage for their children, pays at such reduced fee rates that many children still cannot access dental care because the families cannot pay the difference between the Healthy Kids Plan fee rates and the full British Columbia Dental Association Fee Guide rates.
- I suggest that the Healthy Kids Plan keep the same ceiling on how much coverage each child would receive per year, but pay the current full British Columbia Dental Association Fee Guide rate.
- **Comments on coverage decisions:**
 - British Columbians want first dollar coverage for complete home care services, residential care services, glasses, dentures, occupational therapy related items, motorized wheelchairs, scooters, and so on. There is no way that we can provide first dollar coverage for all of these services across the continuum of care that goes beyond hospital based care and physician care. So how do we deal with that as we move forward, how do we create a rationalization in our system? Should physician services and hospital based services continue to be fully funded through the core basket of services? How important is that to Canadians to protect that core basket of services? Who makes the decisions about what is in, what is out, what is de-insured? I think that is the fundamental question as we move forward.

- Some coverage decisions seem to only offer short-term savings with higher long term costs for both for the system and the patient. Less control by the government and more competition for the public dollars would be a major step forward.
- It is my opinion that the Medical Services Plan only benefits few and penalizes those who would opt for preventative care through healthy food and food supplements.
- Immunization of children, hospitalization following accidental trauma, and life-threatening diseases are obviously examples of services that should be covered. However, dialysis for an 85 year old person and keeping a premature baby on life support indefinitely are examples of services that probably should not be covered.
- Our health plan needs to re-examine what is covered and what is not covered. Many of the exclusions are archaic.
- Two-tier medical exists here and always has. The most glaring areas we commonly see are for alternative, complementary care, dentists and eye doctors.
- The Medical Services Plan should cover all medical needs. People who cannot afford complementary health care are placed at a disadvantage.
- I do not understand why new procedures that are less invasive and safer are not covered by the Medical Services Plan? My doctor has said the two procedures would cost about the same, but the Medical Services Plan only covers the out-of-date procedure. The decision to only fund the out-of-date procedure will result in me being off work for eight to ten months, sitting at home waiting and recovering.
- When I was a child, all medical services were paid for by the medical system. Now, I am responsible for paying for many services. I believe that the system is no longer offering good service.
- The exorbitant costs for sustaining the present system are due to the universality of the system. 50 years ago the list of medical procedures covered by government comprised only a fraction of what is covered today.
- We need to collectively make decisions about what will be funded and what won't. I believe that coverage decisions should be based on the following questions. What is the probability that the intervention will produce the desired result? If the intervention is successful, what is the individual's prognosis in terms of quality of life? Are there other benefits that would result from funding this intervention? If this intervention is funded, what will be the future requirements for funded interventions? I don't think we can continue to advocate universal care without putting some limits on what that care covers.

- De-listed services increase employer benefit costs.
- Our Provincial Government has removed annual medical checkups from the Medical System Plan, while people who are on social assistance and welfare are enjoying this privilege. Should government's first priority not be to look after the taxpayers of this great nation?
- Those who can afford choices and non-necessary medical services receive them and those that do not have the means do without these services.
- Newer technologies and therapies are not covered by the Medical Services Plan, even when they are proven to be effective and cheaper.
- The current system of paying for medical services is fraught with discrepancies. For our family, dental, hearing and optical care commands a major portion of our family's budget. These services are every bit as important to us as day-care for seniors and prescriptions are for others in our community whose services are supported by the Medical Services Plan.
- It is unfair that men have to pay for prostate blood tests when women do not pay for mammograms and Pap-smear tests.
- I am concerned that some of the population has a sense of entitlement to any medical help that is out there regardless of the cost or what their contribution to society has been. There is no way that any society could afford the endless and expensive procedures, techniques and new drugs that are available.
- I would like to know why the Medical Services Plan pays for injuries that are sustained while doing illegal activities such as skiing out of bounds, drinking and driving or joy riding. If you are doing something that is against the law, you should be held legally responsible. Why are we paying the medical bills for these law breakers?
- If we allow private insurance to cover medically necessary procedures it will escalate the existing inequality in the system. If the Medical Services Plan was providing the service people deserve, there would be no call for private health care. This is an issue of how the public system is managed and the commitment of those in charge to deliver what the public demands.
- We should have a choice where our health care dollars go and be able to purchase individual plans that reflect our distinctive philosophies- rather than one size fits all.
- Government cutbacks to coverage result in the deregulation of parts of our bodies, such as eyes and teeth.

- I am very angry that I pay over \$1,200 a year for Medical Services Plan for my family, yet when we need a doctor we must resort to a walk-in clinic and take whoever we can get.
- Although I pay my premiums, presumably to insure my health care, government has been forced to reduce medical services to the point that little of what I need is covered.
- We need to discuss what changes we need to bring full health care coverage back.
- If you have chronic fatigue, none of the services you require are covered by government.
- Morbid obesity needs to be recognized as a disease and an epidemic that will sooner or later kill those who are suffering from it.
- Many of the costs of acquired brain injuries are not covered, other than through private funding or if services occur in a hospital. The programs offered vary from region to region, but are all underfunded and have long wait lists. Family Doctors do not have the time to devote to these types of injuries.
- Technological innovations can change the lives of many diabetics, but the Medical Services Plan will not pay for them.
- Some people have access in their local facility and it is covered by Medicare. For osteoarthritis I must travel 60 kilometers and pay out of pocket for the service.
- Autism treatment is not covered by Medicare. It should be covered because it is necessary.
- People with diabetes (and other chronic diseases) have to pay fees for preventative care, such as that of a podiatrist. If you beg, sometimes health care providers will waive fees.

Ideas and Suggestions

[Services that Should Be Covered](#)

[Services that Should Not Be Covered](#)

[Coverage Decisions](#)

- British Columbians suggested that the Medical Services Plan should provide coverage for the following services, procedures and equipment:
 - Oxygen;
 - Mobility aides;
 - Personal care in assisted living facilities;

- Adaptive devices to allow seniors to stay in their homes;
- Lifeline services for seniors;
- Appliances for colostomies;
- Glasses and lens replacements when required due to new prescriptions;
- Hand braces;
- Crutches;
- Walkers and canes;
- Wheelchairs;
- Prosthetic legs;
- Prosthesis and assistive devices;
- Hearing aids;
- Dentures;
- Pain management medications and services;
- Alternative stage IV cancer treatments;
- Tinnitus treatments;
- Treatment to prevent the impact of ischemic strokes;
- In-vitro fertilization therapy;
- Lymphatic drainage treatment ;
- Test strips for diabetics;
- Lantus long acting insulin;
- Insulin pumps for diabetics;
- All costs for children with type one diabetes;
- Prostate Specific Antigen (PSA) screening and routine;
- Regular colonoscopies;
- Annual check-ups;
- Physician prescribed elastic compression stockings;
- Dental care for seniors;
- Universal dental care for children under 18 and vulnerable populations;
- Full vision services for children under sixteen;

- Free ambulance rides;
- Lap-band surgery;
- Compensation for those with bursitis;
- Interpreters at hospitals;
- Traditional healer practitioner in communities;
- Chelation treatment;
- All diagnostic testing, including:
 - Tests to detect nutritional imbalances;
 - Hair analysis;
 - Complete examination costs;
 - Positron emission tomography (PET) scans for cancer patients;
 - Open Magnetic Resonance Imaging (MRI) tests;
- Marriage counseling;
- Mental health counseling;
- Medically required travel;
- Smoking cessation treatments;
- Clinical nicotine replacement therapies;
- Herbalists services and natural health products;
- Homeopaths;
- Traditional Chinese Medicine (TCM);
- Chiropractors;
- Massage Therapy;
- Naturopathy;
- Acupuncture;
- Ayurvedic Medicine;
- Osteopathic therapy;
- Energy Healers;
- Athletic therapy;
- Podiatry;

- Weight loss programs;
- Adult stem cell treatment to re-grow knee/hip meniscus;
- All newborns should be screened for 28-30 metabolic disorders;
- Alternate birthing services, such as the South Community Birth Program in Vancouver;
- Midwifery care also needs to be supported, encouraged and promoted;
- Prenatal and perinatal support for all mothers;
- Lactation supports;
- Doula services;
- Speech therapy services;
- Mental health related services;
- Counseling, including lifestyle counseling;
- Primary care doctors compensated for lifestyle counseling;
- Psychiatry;
- Psychologists;
- Repetitive trans-cranial brain stimulation;
- Applied Behavior Analysis (ABA) therapy;
- Health clubs;
- Yoga classes;
- Life skills training;
- Nutrition education;
- Holistic treatments for addictions recovery;
- Harm reduction services;
- Injections with sodium hyaluronate to avoid knee replacement surgery;
- Yearly influenza vaccinations;
- Immunization protection against the human papilloma virus for all girls in the 9 to 18 year age range;
- Operations for hair-lips or correction of other disfigurements such as severe burns;
- Prevention work done by community care nurses;
- Soft lenses for cataract surgeries;

- Hip resurfacing;
 - Home visits for patients with mobility limitations;
 - Free access to recreation centres exercise facilities;
 - Dental hygiene services;
 - All travel costs required to access medical services;
 - All medically necessary costs paid for by the province;
 - Elders and anyone else who identifies finances as a barrier should receive services for chronic illnesses (preventative and maintenance) free of charge; and,
 - Elective procedures should be covered under an optional extended care Medical Services Plan policy.
- Ideas about services which should not be covered:
 - The Medical Services Plan should not provide joint surgeries to people who are excessively overweight.
 - Ultra-sounds during pregnancy should not be covered unless medically necessary. Every parent-to-be wants one of these just so they can have a picture to put into the baby book.
 - Make optional surgeries like hip and knee replacement, and certain heart surgeries subject to user pay.
 - There should be an age limit for expensive surgeries, such as heart bypass.
 - Place limits on heroic treatments. Considerable resources are expended on patients who clearly have only a limited time left to live. Treatment should be limited to palliative care.
 - Physiotherapy should only be covered for extreme cases, like burn victims, broken backs and people who cannot walk. Anyone who can walk should not be included in paid for physiotherapy.
 - I do not think that Medicare should pay for alternative or complementary medicine because so many of these services are either not scientifically proven to be beneficial or are based on religious theories and practices from other cultures. Our medical system would become very costly were all these items to be covered.
 - People who commit crimes and are injured as a result should not be covered.
 - We should not cover extreme sports accidents.
 - Birth control should not be funded. We can and should manage this for ourselves.
 - Gender change surgery should not be funded.

- Abortion is used as birth control by too many women and should not be paid for with tax revenues.
- Abortions used to only be performed when there is a danger to the mother. Now, they are performed as a form of birth control and should not be covered.
- The Medical Services Plan should not cover expensive one of a kind procedures.
- Ideas about coverage decisions:
 - A transparent decision making body is needed to make decisions on coverage.
 - Establish a citizen's assembly for defining the Medicare basket of services to be covered.
 - Insured services as described in the *Canada Health Act* should be determined by the people and not by politicians.
 - British Columbians will have to take this Conversation on Health process to establish what the status quo for service will be, or else face de-listing similar to that of the early 90's of physiotherapy, chiropractic and massage therapy.
 - Let people choose the services that should be publicly funded.
 - Tommy Douglas's original plan for Medicare was simply to pay the hospital and doctors' bills. Canadians are justifiably proud of a medical system that ensures no family is denied treatment or is financially ruined by unexpected crises such as the need for emergency treatment for car accidents or cancer. However, the range of possible treatments and accompanying public expectations has dramatically changed in the decades since Medicare's introduction. Given that no state or person can afford all possible treatments, we have to make hard choices to allocate public health care spending.
 - We do take a very careful look at evidence in terms of trying to make decisions about what does get funded and what does not and that the evidence is constantly being reviewed.
 - The province adequately assesses new procedures and treatments. Considerable testing is required before new procedures are covered.
 - Medically necessary should be defined as: to preserve life; or treat and cure an illness, injury, disease or disorder; or to relieve suffering caused by illness, injury, disease or disorder.
 - How is it right that terrible diseases can be treated with drugs that are not paid for, but I can take a sore arm to a hospital whenever I want? We should not cover the day-to-day and instead pay for essential operations and drugs.

- The Medical Services Plan should not put limits on therapies without a doctor's verification of need.
- Every other insurance system requires a certain amount of personal responsibility for coverage to continue. If I do not replace the brake pads in my car, and get into an accident because of it, the Insurance Corporation of British Columbia (ICBC) is not legally required to cover me. Why should health care insurance be any different?
- There should be information sessions to explain the health benefits system. What is covered, what is not covered; how services are reimbursed in a culturally appropriate manner.
- Supplement the federal compassionate leave provisions, and offer additional support (in terms of extending the eligible period beyond 6 weeks and supplementing federal benefits during the first 6 weeks), to people caring for family members with cancer and other major illnesses.
- A possible solution to the complex dilemma arising from the private urgent care facility opening today in Vancouver, is for the Medical Services Plan to pay the \$199 fee that the facility is charging patients for each visit. This way the integrity of a single-tier, universal, public health system is preserved and patients receive timely service. If the private care facility is able to provide the same care in less time, pressure on hospitals, equipment, doctors and nurses will be relieved while our treasured Medicare system will remain intact. Perhaps public money can be saved through more efficient use of facilities.
- Did you know medical insurance companies in the United States are starting to use alternative medicine as a way to reduce their costs by shortening hospital stays, preventing illness and reducing complications during procedures?
- For services no longer covered, such as massage therapy and chiropractic, create a reimbursement structure to support individuals who take responsibility for their own care.
- Health care should pay for alternative treatments and medicines to decrease demands on hospitals.
- Investigate how private insurers could work with the public system.

Outstanding Questions

- There are no explanations as to why things are or are not covered by basic health care. What is the criteria behind these decisions?
- Who decides what is medically necessary?

- Why does the the Medical Services Plan not offer extended health care as well as the basic insurance?
- Why are mammograms free of charge but men have to pay for a prostate examination?
- Why does the government not fund regional centres modeled on the Centre for Integrated Healing?
- How do we as a society establish what the public's expectations are on eligible services?
- Does broadening the Medical Services Plan coverage for chronic disease management eliminate the possibility of more multidisciplinary involvement?

Medical Services Plan Policies

Comments and Concerns

[Premium Assistance](#)

[Travel Policy](#)

[Differences in Coverage across Canada](#)

[Out of Country Coverage](#)

[Premiums](#)

- [Comments on Medical Services Plan premiums:](#)
 - I am concerned about the premium assessment for the Medical Services Plan. British Columbia, Alberta and Ontario are the only provinces that collect health premiums.
 - Premiums can amounts to almost \$1200 per year, while seniors in Ontario pay nothing and have better health care.
 - I think it is outrageous that British Columbians are expected to pay premiums for health care that they are entitled to receive for free as Canadians. I do not understand it. In Manitoba you get your health card in the mail one day and on you go with your life, here they bill you for it. I think it is time British Columbians demand the free health care they are entitled to.
 - Make it mandatory for employers to cover premiums after three months.
 - British Columbia and Alberta are the only two provinces that pay premiums for their registered and status Indians.
 - Premiums should be the same for all. The current system is too costly for employers to administer.

- The way in which premiums are applied is biased. Single people pay \$54, Couples pay \$48 each. A single parent pays \$48 and another \$48 for the first child. Medical Services Plan premiums are too high in relation to wages and when compared to wages and premiums paid in Europe.
- I really resent having to pay so much for my husband and I to have medical coverage when we have been unable to find a regular family doctor for the past three years.
- The premium system as it stands is a regressive tax since it is the same for everyone regardless of income. The rich pay the same as poor, which is a bargain for the rich and a hardship for the not so rich.
- The present health care premiums are ridiculously low.
- The premium bills do not make sense and appear to be sent out in error more often than not.
- The Medical Services Plan has a lien against the house of a diabetic mother with no income. How can you pay your bill if a bank is unable to refinance your mortgage so you can get the money to repay the Medical Services Plan because the Medical Services Plan has a lien on the house?
- Premiums appear to be based only on healthy lifestyle choices. These amounts are fine for those who comply but not for those who do not.
- All smokers should have to take a stop smoking class every year in order to qualify for regular premium rates, or they should pay extra.
- [Comments on the Premium Assistance program:](#)
 - As premium assistance is currently administered, it denies access to the poor, burdens emergency rooms, and creates large administrative costs.
 - Premium assistance claims can take up to eight months to process. Without this continuous coverage, doctors can charge a fee or turn patients away.
 - I did not have to pay for my health care until my wife's minimal income is added in with mine and I must pay the family amount. This does not seem fair.
 - The premium assistance system is not responsive to income change. If your income drops this year, you can still expect a \$1200 bill based on your income from three years ago when you were making \$40 per hour. Sick people often find that their income drops rapidly. It is not fair that your insurance costs can jump from \$0 to \$100 per month for a family when your income has dropped.
 - There is no process for looking at exceptions to the rule in the premium assistance program.

- Although there is a sliding scale for health care premiums, up to a point, above a very low income level there is a flat fee for health care.
- I have been on disability for the last three years. I was not informed that the Medical Services Plan should have been covering my prescriptions and premiums for those years and now there is no way to be paid back for what I should have never paid for in the first place.
- Many young people are only notified years after they should have started paying their premiums, that they owe large amounts of money. This is not money that these young people owe, as they should have been covered by premium assistance, but they cannot apply retroactively.
- It is reverse discrimination and entrenches the two tiered health care when the Medical Services Plan subsidizes chiropractic services for low income earners. Everyone should pay the same per visit regardless of income.
- **Concerns and comments about the Medical Services Plan travel policies:**
 - Travel expenses for tests and treatments create inequalities among rural British Columbians.
 - Traveling to Vancouver from many parts of British Columbia can cost up to \$500 for a day trip.
 - It seems that patients who need care outside their own area are penalized by having all these expenses to get the needed treatment.
 - Many specialists do not know about the forms that have to be filled out to apply for travel assistance.
 - The policy for claiming assistance does not help people recover all their costs for medical travel which ends up being a barrier.
 - The Medical Services Plan does not adequately cover travel expenses incurred to receive proper medical attention.
 - Inter-Provincial treatment options and agreements are inconsistent.
 - I do not understand why the Medical Services Plan will only pay \$75 for a hospital room if required when visiting my sister in Lethbridge? If I get sick in Langley and need a hospital room it will cost close to \$1,000. Why will they not pay what they would have to pay if I was home? The *Canada Health Act* requires them to cover these expenses.
 - Patients need the ability to phone home or use the internet when they stay at the Cancer Lodge. Right now, they have to pay for these services.

- **Comments on differences in coverage between provinces and regions:**
 - If British Columbians travel to another province they have to purchase travel health insurance. What is universal and portable about that?
 - The provinces all have different standards and different coverage for health care services.
 - I have just moved here from Ontario and the quality of care in British Columbia lags far behind.
 - Magnetic Resonance Imaging (MRI) and emergency services have been opened to private payment in Quebec. Why do we not change our rules to match? I feel like a second class citizen because I live in this province.
 - Some provinces do not charge premiums for health insurance.
 - Portability means that services offered in one part of the country and/or one health region in the province are the same as those offered in another province or Health region. It just does not make sense for one health region to cover some services that an adjacent Health region does not.
 - I should be able to go anywhere in Canada and have the health system treat me as a permanent resident would be treated. Acceptable treatments should be the same in all the provinces.
- **Comments on out-of-country coverage:**
 - There is no coverage to go to out of country for cell replacement surgery for patients with spinal and head injuries. This feels like discrimination.
 - The Canadian Snowbirds Association recommends that the amount of money paid for out-of-country expenses needs to be standardized across Canada. British Columbia has the lowest level of coverage for out-of-country care. This should be increased to a more reasonable amount.
 - Citizens who live and work outside of Canada while continuing to pay taxes and Medical Services Plan Premiums cannot be insured without a three month waiting period when they return to British Columbia.
 - After being out of Canada for more than six months, you cannot leave again without losing Medical Services Plan coverage.
- Immigrants working in British Columbia are not covered by the Medical Services Plan or WorkSafe BC, and if hurt are sent home.
- Reimbursement from the Medical Services Plan can take up to 16 months.
- The difference in fees for residents and non-residents in British Columbia is unjust.

- The department that adjudicates health care claims for those living on disability should not second guess the specialists, doctors and dentists. Those are the people who are dealing with the patient and know whether or not the test or treatment is necessary.
- I think it is disgusting that the Members of the Legislative Assembly and civil servants that have the luxury of a funded health care package are making policy and decisions in this area when they do not understand what it is like to be middle aged, have worked all your life, been laid off and cut off from access to health care insurance at a reasonable cost.
- If you are really poor you get coverage through income assistance. If you are on income assistance at 65 you are lucky because your coverage is paid for. It is those that are not that poor, or did not go onto income assistance that are really struggling.
- Doctors only discuss one item per visit resulting in many unneeded repeat visits.
- There is no routine process for correctly billing either the Medical Services Plan or WorkSafe BC when medical costs arise as a result of a work injury? Currently, many medical costs that should be the responsibility of Worksafe are wrongly being paid by the Medical Services Plan, driving up costs for the public system.
- Seniors do not understand the health insurance plan and often do not have any coverage for this reason.

Ideas and Suggestions

[Premiums](#)

[Premium Assistance](#)

[Out of Province and Out of Country Coverage](#)

[Travel Policy](#)

- **Ideas about Medical Services Plan premiums:**
 - Lower premiums for healthy lifestyle choices.
 - Charge smokers higher health premiums.
 - Premiums should to be based on the health of the individual.
 - The premiums for every other type of insurance, whether private or public, are graded according to risk. I see no problem with charging much more to people who refuse to stop doing things that are bad for their health.

- The same factors that increase life insurance premiums should be applied to determine each British Columbian's health insurance rate.
- People who participate in high risk sports or activities should have to pay more for their insurance.
- Factors that increase the Insurance Corporation of British Columbia (ICBC) premiums should equally apply to health insurance, such as speeding, dangerous driving and driving under the influence of alcohol or drugs. The ICBC records should be provided to British Columbia Medical.
- Premium increases should be tied to the inflation rate.
- Phase in the Medical Services Plan Premium increases on a straight 20 per cent per year basis. Provincial tax should be offset in the same amount and a refund offered if someone's income is low. Tax credits should remain fixed at these levels and as Medical Services Plan premiums increase, absorb the premium payers group through increasing premium payments, just like any other group plan operates.
- If you increased health care fees by three dollars per month, you could cover all the costs of these services.
- Insurance premiums paid should relate to the real costs of the health care system, as it should not be funded through general tax revenue.
- The Medical Services Plan must be self funded by premiums. All health care services over and above the Medical Services Plan should move to a partial premium based system whereby premiums are charged to recover 10 per cent of the annual costs.
- The Medical Services Plan must be self funded by premiums to ensure an adequate supply of medical resources and health care services could move to a partial premium based systems to recover 10 per cent of annual costs.
- Medical premiums must be raised to more accurately reflect true costs. Compare British Columbia where a couple pay \$96 per month and Germany where they pay \$350 per month.
- Everyone should pay a bit more monthly to ensure health care remains viable.
- British Columbians would pay higher premiums in order to maintain the public system and would be even happier to pay more if the service improved.
- Premiums should be collected at the time of taxes and scaled according to net taxable income. This could allow more funds to be collected and is based on the same principle of scaled tax structure that pays for other essential services such as fire and police. One should have to pay more if they have a larger income, but

there should be no difference in health coverage. Awards should be used to reduce usage and abuse.

- All working people should pay into health insurance through a payroll deduction, according to income, similar to our Employment Insurance premiums. Self-employed people and all others on fixed income also have to pay into this fund according to their income as long as their income is above the poverty line. The rate of deductions and payments needed could easily be figured out by our financial gurus.
- Look at the Ontario Health Insurance Plan. They use payroll deductions based on monthly income, not annual. This change would eliminate the cost of administering Premium payments and collection of those premiums.
- Premiums should be more closely referenced to salary.
- Eliminate Medical Services Plan premiums. Increase our progressive tax rates to make up the loss in revenues.
- Eliminate the monthly premium payment and instead charged a per visit fee on a sliding scale according to income, on each visit to the doctor, dentist, or other health care provider.
- Reduce health premiums and charge a small user fee.
- Premiums should be reduced or eliminated and each individual asked to pay for their own health care costs up to a maximum annual amount.
- Reduce premium costs for those people who make little use of the health care system. Such a reduction would provide a clear incentive to become healthier.
- The prospects of paying a relatively small monthly premium and funding health care collectively instead of incurring a potentially large doctor's bill when paying for it personally holds a natural attraction for those whose cost of living normally absorbs virtually all of their income.
- If you have been contributing your whole life to the health care system you should have full priority and 100 per cent coverage. If you have just started paying into the system, you should have a lower priority and pay a certain percentage of coverage.
- Extend the graduated payment of medical premiums so that those earning \$100,000 pay more than they are now.
- Health premiums must be reflective of the ability of people with chronic illness to pay.

- The use of health care premiums to generate revenue should also be examined. While there are many points of view about the value of a premium system, the doctors of British Columbia believe that premiums should be retained. Premiums impart a degree of cost consciousness. Currently, premiums cover less than 15 per cent of all health care expenditures. Accountability could be enhanced if premium revenue more closely reflected actual costs. Given that most premiums are presently covered by employers as a benefit, the implications of such an initiative needs to be closely examined.
- Premiums should be per person and not include family groups.
- Ideas about the Premium Assistance program:
 - Premium assistance should be a pay-cheque deductible.
 - Restructure premium assistance to provide vulnerable individuals with better health care and increased access.
 - Eliminate the subsidies to low income people.
 - A notice should be put on every premium bill stating that if your income is below the cut-off to call a number to have it resolved.
 - Premium assistance should not be available to immigrants.
- Ideas about the Medical Services Plan travel policy:
 - Make patient travel expenses part of the health care budget not the Ministry of Human Resources.
 - The ferries should be free to those traveling to access medical services in the lower mainland
 - If residents want coverage for travel outside of the Province, above what is already provided, they should pay an amount dependent on a number of situations, such as age, medical condition and number of days travelled.
- Ideas about out-of-province and out-of-country coverage:
 - Patients should be able to access services outside of the Province and have it covered by British Columbia's insurance plan.
 - In Australia, citizens can travel throughout the country under one medical plan.
 - Canadians should be able to travel within Canada without having to buy travel insurance.
 - Citizens should be able to access any public facility anywhere in Canada for free.

- All health care services should be available in British Columbia. No one should have to leave the Province for treatment.
- No Canadian should be sent to the United States for medical treatment.
- A cost-benefit analysis could be used to determine if a person should leave the Province, or even the country to receive medical care.
- The six month restriction on Medical Services Plan coverage while outside the province, should be extended or eliminated. This change would encourage people to use other insurance plans while outside British Columbia and not burden our health care system.
- The Medical Services Plan should pay the cost of travel and treatment to other countries where the total cost of treatment is less than the cost in British Columbia. India, Malaysia, Thailand and many other countries could offer quality medical care faster for the patient and at a lower cost for tax-payers.
- Out-of-country specialist care needs to be an option for Canadians who can afford to travel and pay for it. An individual who uses approved services over seas should be able to subtract the expenses from their taxable income.
- The Province should not cover the costs of traveling outside Canada for treatment.
- Health care should be covered 100 per cent in neighboring provinces to allow people to access the closest specialized services regardless of provincial borders.
- Instead of the government paying for people to cross the border for services they cannot get here, they should put the money into ensuring services can be provided in British Columbia.
- Snowbirds should be paying more for Medical Services Plan coverage as they do not live here full-time. We cannot afford to subsidize their lifestyles.
- The out-of-country hospital per diem charge should be raised as traveling to the United States assists in keeping the elderly healthy because of the climate.
- Out-of-country coverage should not be increased, but individual cases should be considered for higher payments under special circumstances.
- Change the billing rules to allow physicians and specialists to bill for longer appointments for people with complex needs.
- Put a cap on yearly spending per person to keep people from taking advantage of the system. Children under the age of 12 should not have a cap.
- The Medical Services Plan should accept credit cards for premium payments. Not doing so is costing the government a substantial amount every year as premium

debts are not charged any interest or penalties and medical services cannot be withheld on delinquent accounts. Your collection agent, NCO Financial Services, is so rude and upsetting that nothing short of a court order would convince me to deal with them. If you reward delinquent accounts by allowing them to use their credit cards and collect Air Miles or other bonuses, more people will pay on time.

- There should be a residency requirement of 20 years to qualify for coverage.
- The Medical Services Plan should be run as a group health insurance.
- We should have the option of an alternative insurance provider to the Medical Services Plan.
- Any insurance policy exists to protect the policy holder from devastating financial costs. Health insurance should be no different. The Medical Services Plan should pay for the big bills and have the policy holder pay for the lesser costs. This could be in the form of a deductible, user fee or a more unique approach. The system needs to return the payment for services rendered feature back into health care. It would change public perception that the system is free, while still protecting those who cannot afford to pay.
- Offer an optional Enhanced Medical Services Plan where subscribers may pay an extra monthly fee. The enhanced plan could include a routine eye exam every two years, subsidized prescription drugs, limited extended medical coverage, an enhanced extended travel medical coverage as well as limited dental procedures.
- Institute a system of points whereby people could choose to use their allotted points at the chiropractor, physiotherapist, acupuncturist or other provider that can treat their condition.
- Patients should be asked if they are a Worksafe BC or Insurance Corporation of British Columbia (ICBC) claim before the Medical Services Plan is billed.

Outstanding Questions

- Why are there not "Healthstars" similar to "Roadstars" for auto insurance?
- What percentage of British Columbians pay premiums?
- Why are premiums not part of the income tax system?
- Why do we subsidize international students on our medical?
- Why do some provinces charge a premium and others not?
- How do the other provinces finance their health care systems?

- Should we support those who have chosen to travel elsewhere for medical treatment?

Medical Services Plan Administration

Comments and Concerns

CareCard Usage

Health Professional Conduct

Health Care Usage

Visitors, Temporary Residents and Dual Citizens

Seniors Moving to British Columbia

Immigration

- **Comments on use of CareCards**
 - CareCards have no security features and can be shared and counterfeited very easily.
 - Family members can share CareCards, creating a potentially dangerous situation.
 - There is a discrepancy between the number of British Columbians and the number of CareCards in circulation.
 - Each person who accesses health care in British Columbia has a unique personal health number which can be used to access medical services, even after the number is no longer valid.
- **Comments on health professional conduct:**
 - Doctors billing for services such as telephone consultations is an abuse of the system.
 - Some doctors refuse to take telephone calls but insist the patient come in for an office visit.
 - When doctors see other doctors commit fraud and/or malpractice they do not report them.
 - Duplicate and unnecessary billing of services by health care providers is a major concern.
 - Some physicians book patients for unnecessary visits.
 - Physicians who bill patients when they do nothing more than say hello to them in the waiting room are abusing the system.
 - It is fraud when doctors and clinicians bill for services not provided.

- Some doctors refuse to see patients but still charge the Medical Services Plan.
- Some health care professionals bill the Medical Services Plan and private clinics simultaneously.
- Theft of equipment, supplies and patient's personal belongings is a serious problem.
- **Comments on health care system usage:**
 - Funding the health care system out of tax revenue removes accountability from the patient or user thereby allowing overuse of the health care system.
 - The belief that the health care system is free leads to abuse.
 - It is too easy to take advantage of the current health care system.
 - There is no incentive for an individual to limit their use the health care system.
 - People can go to multiple walk-in clinics in a day until they get the answer they are looking for from a doctor.
 - Many British Columbians do not understand the cost difference between the services of the emergency room and those of a walk in clinic.
 - The Medical Services Plan is the only insurance plan that does not use investigators or recognize the extensive amount of fraud committed by policy holders.
 - The health care system has been abused for years.
 - If the situation involving abuse of the health care system is left unchecked, instead of a free-for-use system it will become a pay-for-all system.
 - Frequent abusers of the system should be identified by their personal health number and subjected to additional scrutiny when accessing services.
 - Many seniors go to their doctor because they are lonely; this is a waste of money.
 - There is considerable abuse of the system by our aged population.
 - It is an abuse of the health care system to go to the doctor just because you are uncomfortable.
 - Women may put more pressure on the health care system than men do.
 - It is an abuse of the system for people to go to their doctor to obtain a note for their employer.

- **Comments on visitors, temporary residents and dual citizens:**
 - Many non-residents use the British Columbian health care system and do not pay the whole bill before leaving the Province.
 - The Ministry of Health lacks the resources to go after individuals who do not pay before leaving the Province or country.
 - Visitors and students often come to Canada with insufficient health insurance and do not reimburse the health care system for bills that their insurance does not cover.
 - Some citizens not living or paying taxes in Canada, use the health care system.
 - Part-time residents spending six months of the year outside Canada can still retain their health care coverage.
 - Canadians living in the USA come across the border to use our Medicare.
 - Many citizens not living or working in Canada obtain premium assistance as they do not have to declare any income in Canada.
 - People from all over the world use our health care system but we need to look after Canadians first.
 - People from other provinces or countries put additional pressures on our health care system.
- **Comments on seniors moving to British Columbia:**
 - American seniors move to British Columbia to take advantage of our cheap health care.
 - Many seniors move here from elsewhere in Canada and have not contributed to our health care system or paid taxes in British Columbia yet their most expensive years of health care usage are paid for by British Columbians.
- **Comments on immigration:**
 - Elderly people immigrating to Canada to join their families do not contribute to the tax base, yet access British Columbia's social services.
 - Many immigrants to Canada may use relatives' CareCards to access the health system.
 - Immigrants may increase the pressures on our health care system.
 - Immigrants arriving to British Columbia from the third world may have medical conditions which can negatively impact the health care system.

- Mental illnesses are often overlooked in the immigration process.
- Immigrants should speak English before being allowed to immigrate to Canada as it is difficult and expensive when a translator is required for them to receive medical treatment.
- It is not right that older people can immigrate to British Columbia needing the medical system and they don't have to wait three months for coverage.
- In some cases, non working family members remain in Canada and continue to receive health care benefits while the wage earner returns to work in their country of origin.
- Immigrants and BC residents should receive equal treatment. New residents to British Columbia, without a family physician, must use the emergency departments for non-emergency health care.

Ideas and Suggestions

[CareCard Usage](#)

[Health Professional Conduct](#)

[Health Care Usage](#)

[Visitors, Temporary Residents and Dual Citizens](#)

[Seniors Moving to British Columbia](#)

[Immigration](#)

- Ideas about the use of CareCards
 - Having the subscriber's picture on their CareCard could prevent fraud.
 - Encode biometrics on CareCards. Personal information such as retinal scan, photo, blood type, thumb print and height and weight should be on CareCards.
 - The Medical Services Plan should issue new CareCards with more security features to those entitled to health care coverage to eliminate the illegal and fraudulent use of our health care system.
 - CareCards could be issued and renewed by the Insurance Corporation of British Columbia (ICBC) along with driver's licenses using the same photo and information.
 - CareCards should have subscribers' home addresses on them.
 - CareCards should be reissued every ten years with up to date personal information.
 - Put an expiry date on CareCards.

- CareCards could have a PIN number like a bank card to minimize fraud.
 - If a CareCard is lost or stolen, the new card should have a new number to ensure that the old card is not usable.
 - Everyone should have to present their CareCard before receiving health care.
 - Individuals lending CareCards to non-residents and those borrowing cards should have to face legal consequences.
 - Patients not presenting CareCards or phoning the number in after receiving medical services, should be screened to ensure there is no fraud or illegal usage occurring.
 - The Medical Services Plan must make it more difficult to obtain a CareCard as documents and cards are easily falsified.
- Ideas about health professional conduct:
 - Patients should be required to sign their bill to certify they received the service before the doctor is paid by the Medical Services Plan.
 - Patients should receive a printout of services used to check for fraud and improper billing.
 - Patients should have the regular opportunity to review costs paid on their behalf, to ensure that the charges are correct.
 - Send patients a list of the doctors billing their CareCard.
 - Random audits of doctor's billings to the Medical Services Plan and health authorities would catch and help deter fraud.
 - The health authorities should do random checks on doctor's billings.
 - Doctors whose billing profiles raise concerns with the Medical Services Plan should be audited on an individual basis.
 - Doctors caught fraudulently billing should have their billing number revoked.
 - There should be a monitoring body that advocates for patients and holds health professionals accountable for their billings.
 - Doctors' billing should be more transparent.
 - If patients can receive a bill from dentists and eye doctors then doctors should also have to send patients a statement or receipt of the cost of the procedures being billed.
 - Doctors should supervise their peers to ensure they are practicing and billing appropriately

- A new smart CareCard should be issued that could be swiped, like a credit card, displaying all the services the doctor charges for.
- Ideas about health care system usage:
 - Incentives need to be in place to ensure users of the health care system value and appreciate it more, while reducing abuse.
 - The public must be made aware of the financial drain on the health care system that results from abuse and over use.
 - British Columbians should have to pay directly for abusing the system.
 - Penalties should be used to discourage abuse of the system by patients.
 - Medical billing statements should be sent to all users informing them of their incurred costs to the health care system.
 - Make the public aware of the cost of basic services by publishing a list.
 - Patients should be required to present photo identification before obtaining medical services.
 - Charging a user fee would reduce abuse and overuse of the health care system.
 - Triple the Ministry of Health staff so abuse of the system can be investigated.
 - There should be a toll free telephone number to call to report fraud, with rewards given for good tips.
- Ideas about visitors, temporary residents and dual citizens:
 - Non-residents should have to pay up front for health care services.
 - Only residents of British Columbia should be covered by the Medical Services Plan.
 - Non-citizens should not be eligible for health care coverage.
 - Dual citizens should not be covered by our health care system.
 - Spot checks should be done to ensure that residency rules are being respected.
 - The Medical Services Plan should require proof of residency before granting coverage.
 - Only those who pay Medical Services Plan premiums and file taxes in British Columbia should be given coverage.
 - Those not paying taxes in Canada should not be covered for health care.
 - You should not receive Medical Services Plan coverage until you start to pay into the system.

- New residents should not be allowed to access the health care system until they have paid premiums for a period of time.
- New residents should pay premiums on a sliding scale until sufficient funds are paid before being allowed access to the same services as British Columbians.
- There needs to be a measurement of how much a new resident to British Columbia has contributed to the economy, before they can be covered by the Medical Services Plan.
- We need to have tighter limitations on what we give away to people who are not really Canadians.
- Immigration Canada should be notified that a visitor to British Columbia has sought medical attention but not paid the bill in full so that efforts can be made to recover monies before they leave the country.
- The Health Authorities should send Immigration Canada a list of all visitors to the country with outstanding medical bills to prevent them from re-entering Canada before this debt is paid.
- The federal government should monitor landed immigrants not residing in Canada, who return to receive expensive health care services.
- If you are a citizen and leave the country you should be required to purchase private insurance or pay out of pocket for health care coverage upon returning to British Columbia.
- We must ensure that those using the Health Care system are actually Canadians and not just here to take advantage of our system.
- Visitors and students should not be allowed to enter Canada unless they have adequate health insurance.
- Ideas about seniors moving to British Columbia:
 - Residents who have not contributed to the Medical Services Plan for an extended period of time should pay higher premiums.
 - Start charging seniors retiring to British Columbia from out of the province for medical services.
 - New residents should pay a one time deductible of \$2,500 to the health region they reside in.
 - Establish an inter-provincial fund which follows senior Canadians when they move from province to province.

- Seniors who relocate to British Columbia should pay a surcharge to enjoy the same benefits as those who have been paying premiums for many years.
- **Ideas about immigration:**
 - New immigrants and visitors should agree to pay all their medical expenses or be denied entry to Canada.
 - People who immigrate to Canada should not be covered by our health care system.
 - All immigration must stop until all British Columbians are well cared for.
 - After reviewing their medical history and conducting a physical examination, immigrants discovered to have chronic conditions, should pay a premium to cover additional costs of treatment.
 - Immigrants who arrive in Canada with a chronic condition should have a portion of their medical expenses covered by their home country.
 - New immigrants should have to purchase private insurance.
 - Sponsors of new immigrants should be required to obtain a bond for each person sponsored in an amount sufficient to cover their estimated health costs.
 - Immigration laws concerning reunification of elderly parents should make the sponsor liable for the health care costs their parents incur.
 - Immigration policies should ensure that new residents do not burden the health care system.
 - British Columbia should bill the federal government for all expenses elderly immigrants incur.
 - There should be limitations on which services are immediately covered for new immigrants.
 - Those working their whole lives in another country and retiring to British Columbia should not qualify for the Medical Services Plan after only three months.

Outstanding Questions

- Once a card holder dies or leaves BC what safeguards or steps are in place to ensure that their card is not used by someone else?
- Do we have insurance investigators who investigate allegations of fraudulent billing by doctors?
- What systems do we have in place to monitor employee theft in medical facilities?

- At what point do we draw the line to indicate allocation of resources to an individual must be finite?
- Should we focus attention on extremely heavy users or is it more efficient to focus on the larger group that moderately over use the system?