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***** UPDATE *****

To: **Berezowski Business Immigration Law Clients**
From: **Nan Berezowski, Barrister & Solicitor**
Date: **April 30, 2018**
Re: **New Medical Admissibility Assessment**

Immigration Refugees & Citizenship Canada (IRCC) recently announced changes to its medical inadmissibility assessment process that I expect will significantly reduce the number of clients and their families denied due to medical admissibility when applying for Canadian permanent residence. This is good news for potential immigrants to Canada.

The changes are the result of societal pressure that cumulated in a parliamentary committee. Numerous advocacy groups, including the Canadian Bar Association (CBA), argued for change on the basis that the existing restrictions discriminate against those with disabilities, and their families, and are out of touch with modern Canadian values.

By way of background, people determined to be inadmissible to Canada on medical grounds are often caught by the 'excess demand' provision of the *Immigration and Refugee Protection Act*. That is, IRCC determines that the cost of treating an applicant or family member's medical condition will in the future result in 'excessive demand' to Canada's health care system and as such the family cannot be permitted to immigrate to this country. However, according to a recent IRRC Press Release this will soon change. Specifically:

- The present threshold for 'excessive demand' is set at $6,655 per year; this threshold will be raised to three times the current limit. As such, based on the 2017 threshold, the new upper limit will be approximately $20,000 a year; and
- The definition of 'social services' will be amended to remove special education, and certain social and vocational rehabilitation and home care services. In short, the cost of various services that an applicant or family member is likely to receive will no longer be counted against the family in assessing excessive demand.

The end result of these changes to the legislation and regulations, which IRCC acknowledges will take time, is that the number of cases denied due to medical inadmissibility should drop to approximately 1/3 of the present number. Moreover I was at a recent CBA function where IRCC clarified that it intends to assess cases using the new guidelines as early as June 2018. It seems that the department will invoke its discretionary powers to this end and that until the law is amended policy will facilitate IRCC's new assessment approach.

I also learned from IRCC that it intends to implement administrative changes, prove further training to officers, use plain-language to better explain the process to applicants and centralize medical admissibility matters in a single office. As such, it seems that the IRCC approach to medical inadmissibility, and particularly 'excess demand', has undergone a truly re-thinking.