

## Cuts to Interim Federal Health Program: What providers can do

Effective May 1, 2026, the [Interim Federal Health Program](#) is imposing co-payments on prescriptions and supplemental benefits.

- A \$4 co-payment on every prescription, including pediatric vitamin D 400IU, diabetic supplies and medical formula.
- A 30% co-payment on all supplemental benefits, including but not limited to:
  - Assistive devices (ie. wheelchairs, hearing aids, mobility aids, cochlear implants)
  - Respiratory support (ie. BIPAP, CPAP, suction machines and catheters)
  - Feeding supplies (ie. G/GJ tubes, pumps and supplies, ostomy tubing and supplies)
  - Urinary supplies (ie. catheters)
  - Allied healthcare (ie. speech therapy, occupational therapy, physiotherapy)
  - Psychotherapy, with maximum 10 sessions per year
  - Vision care and dental care

These co-payments apply to **all** IFHP beneficiaries, with **no exceptions at this time**. Government-assisted refugees may be eligible to apply for reimbursement when co-payments exceed \$1000 cumulatively or a single cost of \$500. However, this will not extend to privately sponsored or refugee claimants.

### Report consequences of cuts

Pediatric providers across Canada will see many children and youth deeply impacted by these cuts. It is imperative that as providers, we spotlight the negative consequences of these cuts as we continue to advocate for all children to have access to high quality and timely healthcare. Providers are encouraged to share their stories with this [reporting tool](#), ensuring that confidentiality is maintained.

### Mitigation strategies

While no strategy can fully reduce the impact of these cuts, providers can explore ways to support their patients while working within the constraints of their particular system. Providers should work together to further develop local strategies to support affected patients. For example:

- Write prescriptions for longer durations when appropriate (ie. a 90-day supply instead of 30-day supplies with 3 refills) to reduce the co-payments.
- Develop a bank of unused, clean supplies when patients no longer need them. For example, a child may no longer need NG tube feeds and has several unopened supplies they are no longer using.
- Provide adequate supplies on discharge from inpatient care.
- Develop a network of providers that may be willing to reduce or waive copayments.
- Build relationships with organizations and agencies supporting IFHP beneficiaries to work together.

### Continued advocacy is essential

We must continue our advocacy to reverse this decision. Providers can share concerns with [ircc.ifhpcopayments-pfsicopaiement.ircc@cic.gc.ca](mailto:ircc.ifhpcopayments-pfsicopaiement.ircc@cic.gc.ca) and continue to advocate with policymakers with [our action tool](#).

