



– BACKGROUND –

The following is an example of this would could work:

John Doe is a Manitoba patient who was told he would have to wait one year for hip surgery. In the meantime, he is living with chronic pain, can no longer work and is concerned about what taking painkillers every day is doing to his body.

If John waits until next year for surgery, it will cost the Manitoba government approximately [\\$13,173](#) according to CIHI data. On top of that, one can't ignore the fact John will pay the government less in taxes while he's off work and earning less money. There is also the possibility that John may develop health complications from being forced to take painkillers for so long. Alternatively, John's stronger knee could weaken as he spends the next year using it more than his weak knee.

Now consider what would happen if the Manitoba government copied the EU's Cross Border Directive.

John could perhaps travel to Lithuania within the month for surgery. Even if John had to pay a couple thousand dollars for travel costs, or paying a top-up over and above what the government covered for his surgery, he would still get his life back sooner.

Further, the patients behind John on the government's waiting list would move up a spot and receive their surgery sooner once John leaves the queue. For the government, they could reduce waiting lists without additional charges – merely shifting when they pay for the procedure (this year rather than next).

One Manitoba patient calculated that the government could have saved money by [paying for his surgery in Lithuania](#).

Would this policy comply with the Canada Health Act?

Currently in Canada, provincial governments will sometimes reimburse patients for planned surgery and procedures performed in other countries.

For instance, in Alberta, the government has reimbursed patients for a portion of their procedures in the past – ranging from a fraction of the bill to cover a [hip surgery](#) in the United States to “almost the entire cost” for [spinal surgery](#) in India.

If copying the EU policy contravenes the *Canada Health Act*, then it would seem the majority of provincial governments across Canada are currently contravening the Act. Regardless, the federal government does have the ability to allow provincial governments to allow this option without having to worry about financial penalties.

How much would this cost the government?

This policy could be implemented without an increase in costs to taxpayers.

In most cases, this policy merely shifts when the government pays for the procedure. For example, if the Manitoba government gives John Doe \$13,173 after he paid for his knee surgery in, say, Lithuania, then they're not spending \$13,173 to have surgeons and hospital staff provide John with surgery next year. Conversely, if the government reimbursed patients at a rate lower than provincial coverage, then there might be an opportunity for cost savings.

Additional info

For further information, this EU report from May 2022 provides additional information – [click here](#)