POLICY BRIEF

# Canadian Patients Stuck Paying for Tourists' Health Care

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## Executive Summary

In 2024, SecondStreet.org spoke with a former provincial health care employee who tipped us off to a problem in the health care system that wasn't being discussed publicly – people coming to Canada for travel, work and other reasons, receiving health services during their time here and then leaving without paying their bills. If true, the whistleblower's claim meant tax dollars – provided to the health care system to help patients residing in Canada – were being used to cover the cost of care for non-residents.

SecondStreet.org investigated this tip, focussing on gathering data on the amount that hospitals and other health facilities had written off as bad debt losses (write-offs) across the country. In simple terms, this involves the amount of money a hospital or health region has given up trying to collect from non-resident patients as it has determined they will not, or cannot, pay the bill. It is essentially a loss that must be covered by taxpayers, and results in fewer dollars in the health system to help Canadian patients.

Highlights from this research include:

1. Over $542 million has been written off in losses by health care bodies due to non-residents not paying their bills between 2020-21 and 2025-26. This figure is based on partial data as it does not include figures from all health care providers, including many large health regions in Ontario and Quebec, and the province of Saskatchewan.

2. $542 million is enough to provide over 53,000 knee operations or over 49,000 hip operations for Canadian patients.

3. In addition to reporting $542 million in losses, some health regions indicated their outstanding balance – the amount they are currently owed. Thirteen health bodies noted a combined $274 million as an outstanding balance, $152 million of which is from Vancouver Coastal alone. It is unclear how much of this amount will be recouped in the future.

4. Not included in this research is the amount owed to doctors directly from these patients. When non-resident patients receive care in a hospital, it is common to receive an invoice not just from the hospital but also one from the doctor that treated them. The figures presented in this report are only based on the hospital bill.

While these amounts are relatively small compared to annual health care spending by provincial and territorial governments in Canada as a whole ($264 billion for 2025-26), every dollar that could be used to treat Canadian patients counts.[1] By addressing the problem of non-residential health care debt, the system could potentially provide thousands of surgeries and treatments to patients who live in Canada.

Three possible policy options to address this problem include: hospitals seeking payment up front for non-emergency cases

and improving their collection rates, requiring non-residents to have health insurance coverage prior to entering Canada (like the EU does with some countries) and banning non-residents from returning to Canada if they have refused to pay their outstanding health care bills.

## Introduction

In the summer of 2024, a retired health care employee in Canada recommended to SecondStreet.org that we investigate how much governments are spending each year to cover health care for patients who are non-residents. These are typically people who typically reside in another country and receive health services during their time in Canada (personal trip, business trip, etc.), but do not pay their bills for the services provided.

The issue of health care spending – and debt – involving non-residents is important. According to the federal *Canada Health Act*, "the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of *residents* of Canada…" – an objective that is not being met despite the billions of dollars spent every year.[2] Consider the 3.6 million patients currently on a wait list for care, or that half of Canadian patients avoid using the system due to long wait times.[3, 4] Simply put, every dollar matters. And every dollar a hospital or health region spends on a patient who is *not* a resident of Canada is a dollar unavailable to treat Canadian patients (i.e. residents who actually pay into the system through their tax dollars, and are entitled to universal coverage through their province's insurance plans).

After filing initial Freedom of Information (FOI) requests to probe this issue, we found that while some bills are immediately (or eventually) paid back by non-residents, others are not.[a] We concluded that it was important to focus on the latter (i.e. the amount written off each year by the health care system as a bad debt expense). In simple terms, this refers to the amount of money a health body (hospital, health region, etc.) has given up trying to collect from non-resident patients, as it has determined the patients will not, or cannot pay. It is essentially a loss – a bill that must be covered by Canadian taxpayers.

## Methodology

Following an initial investigation into this issue, SecondStreet.org filed FOI requests with most health regions, provincial health bodies and major health networks across the country in January 2026. We asked for each health body's write-offs (bad debt expense) between the fiscal years 2020-21 and 2024-25. We filed a second round of requests in July 2026 for 2025-26 data.

In provinces where a central body covered the entire province (e.g. Nova Scotia Health) we filed the requests with that body, whereas in other provinces we filed the requests with health regions or large networks (e.g. Vancouver Coastal Health, Scarborough Health Network, etc.)

Specifically, we asked the following:

> *Please provide data on the amount of write-offs from health services provided to patients who are not residents in Canada as well as the outstanding obligation. Please break out the data by year for these five fiscal years (2020-21 to 2024-25).*

The overall findings are discussed in the next section. Detailed results, by year and health region, are provided in the appendix.

## Findings

From fiscal year 2020-21 through fiscal year 2024-25, SecondStreet.org identified $485 million in bad debt expense write-offs. To date, an additional $102 million in write-offs has been identified for 2025-26, bringing the total identified write-offs to $542 million since April 2020.

a. Merely looking at annual revenue and expenditure figures for services provided to non-residents ignores the fact that some patients pay their bills over time.

**Table 1**

**Losses for Health Care Services for Non-Residents by Year**

| Year | Losses (Write-Offs as Bad Debt Expenses) |
|---|---|
| 2020-21 | $64.5M |
| 2021-22 | $53.3M |
| 2022-23 | $72.7M |
| 2023-24 | $131.9M |
| 2024-25 | $118.9M |
| 2025-26 | $100.0M |

* Note: Many responses from 2025-26 have not been provided by government bodies yet, so the total is significantly lower than expected.

**Table 2**

**Losses for Health Care Services for Non-Residents by Province**

| Province | Losses 2020-21 to 2024-25 (Million $) | Losses 2020-21 to 2025-26* (Million $) |
|---|---|---|
| BC | $159 | $209 |
| AB | $92 | $92 |
| ON | $72 | $90 |
| QC | $37 | $49 |
| MB | $40 | $46 |
| NS | $27 | $37 |
| NB | $7 | $10 |
| NL | $6 | $7 |
| PE | $1 | $2 |
| SK | — Refused — | — Refused — |

* Many health bodies have yet to provide figures on losses for this period

For perspective, the Canadian Institute for Health Information notes the midpoint cost of unilateral knee replacement surgeries for seven provinces is $10,040 while the midpoint cost of a unilateral hip replacement operation cost $10,959.[b, 5] Thus, $542 million could have provided over 53,000 knee operations or over 49,000 hip operations for Canadian patients (unadjusted for inflation).

Overall, policymakers should be concerned that the annual losses for health services provided to non-residents has nearly doubled between 2020-21 and 2024-25 (see Table 1).

As the data is incomplete across Canada, it is difficult to compare losses among provinces. However, it is clear that British Columbia has a serious problem – incurring losses that similar to the combined total of Alberta, Manitoba, Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island between 2020-21 and 2024-25 (the period for which each health body provided responses) (see Table 2).

The losses were particularly concerning from Fraser Health in B.C., which incurred more than $122 million since 2020-21 – the highest total observed in Canada. Fraser Health later indicated through FOI responses to SecondStreet.org that it was unable to provide a breakdown of the nations where the patients that caused the losses reside.

SecondStreet.org later obtained documents from British Columbia's provincial government which noted, "based on recent health authority submissions, approximately 2 percent of out-of-country-patient billings are related to maternity care, 11 percent to emergency care, and 76 percent with inpatient care."[6]

One other noteworthy response came from the Saskatchewan Health Authority, which refused to provide details of their write-offs. Their rationale – given to SecondStreet.org during a January 16 phone call – was a concern that releasing the details could lead to people believing they could come to Saskatchewan, use the health care system and leave without

b. The Canadian Institute for Health Information's Patient Cost Estimator notes "total cost estimates" for unilateral knee replacements and unilateral hip replacements for seven provinces. Knee replacement costs: Alberta ($12,101), Saskatchewan ($10,767), Manitoba ($10,689), British Columbia ($10,040), Nova Scotia ($9,590), Newfoundland and Labrador ($8,954) and Ontario ($8,821). Hip replacement costs: Alberta ($13,043), Saskatchewan ($11,656), Manitoba ($11,638), British Columbia ($10,959), Nova Scotia ($10,314), Newfoundland and Labrador ($9,990) and Ontario ($9,723). All figures represent the "Estimated Total Cost" for patients in the 60-79 age bracket. British Columbia's figure was used for both calculations as their estimate represented the midpoint of the seven data points.

paying their bills. SecondStreet.org has since filed a challenge with the province's information commissioner, noting that other provinces had no problem providing the data. Second, we noted that unless people talk about a problem, it is unlikely to get resolved.

While the aforementioned data examines amounts health bodies have written off as bad debt expenses, some health bodies provided data on their "outstanding balance." This refers to the value of services provided for which non-resident patients have yet to pay their bill, and the health region has not written-off their account. Across 13 health bodies that provided data on their outstanding balances, the total was $274 million; $152 million of which came from Vancouver Coastal Health alone.

Readers should note that when non-residents do not pay their health care bills it not only affects the government's health care system, but doctors are also personally impacted.

When a non-resident patient visits a hospital for an emergency or urgent health matter, it is common for them to receive two bills: one from the hospital and one from the doctor that helps them. For instance, the *Winnipeg Free Press* noted the following after SecondStreet.org released data showing Manitoba's Shared Health had written-off $40 million in losses from unpaid bills from non-residents:

> A spokesperson for Doctors Manitoba said the amount of money unpaid likely exceeds $40 million because the numbers provided by Shared Health do not account for the cost of physician services.
>
> While hospitals in Manitoba are funded by provincial health authorities, physicians are paid directly by Manitoba Health for each insured service they provided.

This means physicians are responsible for billing non-Canadian patients or their insurers and following up on outstanding accounts. Doctors Manitoba has raised concerns about this process with the province, their statement says."[7]

Doctors from Alberta and British Columbia have also raised this concern with SecondStreet.org via email although it is not clear how much this problem costs Canadian doctors each year.

## Policy Options

It is entirely understandable that visitors to Canada sometimes require health care services due to emergencies or unforeseen circumstances. The same is true for some Canadians when they travel abroad.

However, not only should governments seek to minimize losses to the health care system when treating non-residents, but it is also in the best interest of visitors to ensure they are adequately protected against any medical emergencies. SecondStreet.org identified three policy solutions that are worth exploring:

1. First, the federal government could require non-residents to have adequate travel health insurance before entering Canada if they are from select countries/regions. This policy would bring Canada in line with the 29 European countries who are part of the Schengen Area, a border-free zone which nevertheless requires visitors from most parts of the world to have at least €30,000 of coverage before entering.[8]

2. Second, provincial governments could require health bodies to obtain payment from non-resident patients prior to providing treatment for non-emergency services. While B.C.'s government insists this is the current practice, their total was higher than Alberta, Manitoba, and Nova Scotia combined between 2020-21 and 2024-25 – an amount suggesting the practice is currently not followed. It also suggests some provincial health bodies could learn from other health bodies with higher success rates of receiving payment.

3. Third, the federal government could ban non-residents from entering the country if they have outstanding health care bills. This could help encourage payments while discouraging non-compliance in the first place.

## Conclusion

As previously noted, the $542 million in losses from health services to non-residents may seem like a relatively minor problem compared with the $263 billion in government spending forecast for health care this year in Canada. However, addressing the write-off problem, along with other minor changes, could pay for thousands of surgeries or other treatments for Canadian patients.

Again, $542 million is enough to provide more than 53,000 knee operations for Canadians. Needless to say, readers can think of other ways the system could use the funds to benefit Canadian patients.

Fortunately, addressing the problem is entirely within the government's control – particularly if Canada replicates the model currently used in Europe.

## About the Authors

**Colin Craig** is President of SecondStreet.org. He has an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada,* a book that examines how governments could be more cost-effective and prepare for the nation's aging population. Most recently, Colin authored several chapters for the eBooks, *Life After COVID: What's next for Canada?* and *Healthcare Choice in Canada.* He has contributed to public policy changes at the federal, provincial and municipal levels in Canada. In 2022, he was awarded the Queen Elizabeth II's Platinum Jubilee medal for his work on improving public policy in Canada.

**Bacchus Barua** is Research Director for SecondStreet.org. He is a Canadian economist with over 15 years of experience in the think tank world. As the former Director of Health Policy Studies at the Fraser Institute, Bacchus researched a range of key health care topics and has helped shape public discourse in the field through frequent commentary on radio and television – including appearances on CBC, Global News, CTV, BNN and articles featured in the *Wall Street Journal, National Post, Globe and Mail, Maclean's* and *Forbes*. He was also invited to provide testimony for the House of Commons Standing Committee on Health [HESA] in 2022. Bacchus currently also serves as an affiliate scholar with the Canadian Health Policy Institute [CHPI].

## References

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(2) *Canada Health Act*. Government of Canada. https://laws-lois.justice.gc.ca/eng/acts/c-6/page-1.html

(3) "New Data Shows Health Care Waitlist Numbers Remain Stubbornly High." SecondStreet.org News Release issued October 21, 2026. https://secondstreet.org/2026/10/21/new-data-shows-health-care-waitlist-numbers-remain-stubbornly-high/

(4) "Poll: Half of Canadians have avoided seeking medical attention for a health issue because of wait times." SecondStreet.org, Montreal Economic Institute, and Canadian Constitution Foundation, News Release, October 29, 2026. The news release cites public opinion research conducted by Leger. https://secondstreet.org/2026/10/29/half-of-canadians-have-avoided-seeking-medical-attention-for-a-health-issue-because-of-wait-times-poll/

(5) *Patient Cost Calculator*. Canadian Institute for Health Information. https://www.cihi.ca/en/patient-cost-estimator

(6) Freedom of Information response from B.C.'s Ministry of Health, September 22, 2026.

(7) Searle, Tyler. "Manitobans on hook for $40M in unpaid medical bills racked up by non-Canadians." *Winnipeg Free Press*, July 14, 2026. https://www.winnipegfreepress.com/breakingnews/2026/07/14/unpaid-medical-bills-by-non-canadians-top-40m-in-manitoba-over-last-5-years.

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APPENDIX

## Write-Offs for Health Care Services Provided to Non-Residents, by Year and Health Region (all figures in millions $)

### British Columbia

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Fraser Health | 15,892 | 9,625 | 19,525 | 23,999 | 25,554 | 27,666 | **122,261** |
| Interior Health* | $1,893 | $3,822 | $2,186 | $1,523 | $1,244 | $2,470 | **$13,138** |
| Island Health | $4,720 | $370 | $6,610 | $4,780 | $4,420 | $7,440 | **$28,340** |
| Vancouver Coastal | $7,110 | $6,674 | $2,053 | $4,930 | $10,215 | $12,403 | **$43,385** |
| Northern Health | $427 | $89 | $263 | $266 | $591 | N/A | **$1,636** |
| | | | | | | | $208,760 |

* Note: A previously released SecondStreet.org report inadvertently categorized uncollected funds data from this health region as write-offs.

### Alberta

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Alberta Health Services | $8,921 | $9,699 | $16,509 | $26,043 | $31,132 | N/A | $92,304 |

### Saskatchewan

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Saskatchewan Health Authority | – | – | – | REFUSED | – | – | – |

### Manitoba

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Shared Health Services | $3,775 | $8,182 | $4,463 | $18,651 | $4,549 | $6,044 | $45,664 |

### Ontario

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Trillium Health Partners | $1,206 | $1,070 | $573 | $9,394 | $3,918 | $2,581 | **$18,742** |
| Kingston Health Sciences | $401 | $434 | $267 | $578 | $1,009 | $640 | **$3,329** |
| Mackenzie Health | $5 | $405 | $4 | $340 | $297 | $80 | **$1,131** |
| Unity Health | N/A | N/A | $74 | $388 | $332 | N/A | **$794** |
| Sinai Health | $1,039 | -$5 | $58 | $978 | $2,404 | $1,054 | **$5,528** |
| Sunnybrook | $929 | $891 | $1,556 | $8,744 | $7,588 | $5,925 | **$25,633** |
| Scarborough Health Network | N/A | $69 | $488 | $2,711 | $2,016 | $5,925 | **$11,209** |
| William Osler Health System | $5,158 | $1,822 | $2,862 | $3,219 | $7,158 | N/A | **$20,219** |
| Saint Joseph's Healthcare Hamilton | $61 | $108 | $308 | $16 | $8 | N/A | **$501** |
| Southlake Health | N/A | $94 | $216 | $504 | $429 | $1,601 | **$2,844** |
| | | | | | | | $89,930 |

## Quebec

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| CISS Monteregie West | $191 | $299 | $146 | N/A | $143 | $1,119 | **$1,898** |
| CISS Monteregie Est | $513 | $246 | $143 | $246 | $640 | $378 | **$2,166** |
| CISSS Lanaudiere | $309 | $184 | $133 | $403 | $1,418 | $1,788 | **$4,235** |
| CIUSS Montreal Centre South Island | $112 | $256 | $508 | $932 | $289 | $1,230 | **$3,327** |
| CISS Montreal East | $1,706 | $900 | $700 | $138 | $50 | $1,052 | **$4,546** |
| CISS Centre of the Laurentians | $46 | $316 | $311 | $528 | $176 | N/A | **$1,377** |
| Centre Hopital Sainte-Justine | $1,557 | $840 | $1,260 | $2,367 | $1,851 | $2,295 | **$10,170** |
| CISSS Monteregie-Centre | $8 | $1,637 | $838 | $299 | $905 | $2,309 | **$5,996** |
| CIUSSS West Montreal Island | N/A | $701 | $1,162 | $4,648 | $5,706 | N/A | **$12,217** |
| Sante Quebec Laurentians | N/A | N/A | N/A | $574 | $853 | $1,360 | **$2,787** |
| CIUSSS Centre-West Montreal Island | N/A | N/A | N/A | N/A | N/A | N/A | **N/A** |
| CHUM ° Centre Hospital, University of Montreal | N/A | N/A | N/A | N/A | N/A | N/A | **N/A** |
| CHU de Quebec – Universite Laval | N/A | N/A | N/A | N/A | N/A | N/A | **N/A** |
| | | | | | | | $48,719 |

## New Brunswick

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Horizon Health Network | $579 | $109 | $599 | $1,977 | $951 | $2,145 | **$6,361** |
| Vitalite Health Network | $314 | $238 | $1,293 | $422 | $325 | $1,170 | **$3,762** |
| | | | | | | | $10,123 |

## Newfoundland and Labrador

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Central Zone | $41 | $64 | $74 | $21 | $13 | $32 | **$245** |
| Eastern Zone | $795 | $333 | $772 | $337 | $367 | 662 | **$3,266** |
| Lab-Grenfell Zone | $384 | $30 | $597 | $125 | $1,892 | $57 | **$3,085** |
| Western Zone | $10 | $39 | $47 | $27 | $40 | $35 | **$198** |
| | | | | | | | $6,794 |

## Prince Edward Island

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Health PEI | – | – | $1,169 | $240 | – | $1,077 | $2,486 |

## Nova Scotia

| Health Body | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|---|---|---|---|---|---|---|---|
| Nova Scotia Health | $6,446 | $3,672 | $4,654 | $11,632 | $794 | $9,537 | $36,735 |