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Insurance and business groups urge health minister to protect employer-paid virtual care

Insurers and virtual care platforms warn workplace benefits could be impacted by overly restrictive interpretation of Canada Health Act.

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By **Kenyon Wallace** Business Reporter

The federal government should leave employer-paid virtual care offered through workplace benefit plans alone when it issues a long-anticipated interpretation of the Canada Health Act to address whether primary health-care providers other than doctors, such as nurse practitioners, [can charge for medically necessary care](#).

That's the message coming from business groups, insurance companies and virtual primary care providers to federal Health Minister Mark Holland, warning that a ban on out-of-pocket fees charged to patients seeking primary care could unintentionally impact access to such care through workplace benefit plans.

They say that unless Holland makes it clear in his Canada Health Act interpretation letter that employer-paid virtual care is allowed, these benefits, which include access to physicians, nurse practitioners and other health professionals, are at risk of elimination.

“The federal government should encourage employers to keep investing in the health and well-being of their employees and failing to do so would even accelerate or exacerbate the health-care accessibility crisis that is already going on,” said Marc Robin, medical director of Dialogue, the country's largest employer-funded virtual health-care platform, offering services to some 6.5 million Canadians.

“Our ability to provide timely episodic care really improves access not only for people who don't have a family physician, but also for patients who do have one but can't see them in a timely fashion, complementing the public health-care system.”

The long-simmering debate over whether some health-care providers other than doctors can charge patients out-of-pocket for primary care came to a head last summer when then-health minister Jean-Yves Duclos [warned](#) provinces that they could face clawbacks in federal health funding if they failed to uphold the [Canada Health Act](#). The Act, passed in 1984, stipulates that provincial and territorial health insurance plans must cover medically necessary care offered by doctors and hospitals and that patients cannot be charged out-of-pocket for such care.

The past five years have tested the limits of the Act — and what provincial and territorial governments will tolerate — with the rise of [virtual care companies and private clinics that charge patients for access to medically necessary care](#), whether offered by physicians or nurse practitioners. About [one in five Canadians do not have access to a family doctor](#).

Alex Maheux, director of communications in the office of the federal health minister, said in an email to the Star that private health insurance through employer benefits “plays an important role in the Canadian health-care system” covering supplementary services that are not insured under provincial and territorial health insurance plans.

“It is not meant to allow Canadians with private insurance through an employer benefit plan to jump to receive preferential or faster access to care over those waiting in the public system,” Maheux said, adding that as jurisdictions explore integrating physician-equivalent services and virtual care into their public health insurance systems, the federal government will continue to engage with them “to ensure our health-care system is dynamic, while remaining true to the fundamental principle of Medicare: that access to care is based on need and not ability to pay.”

Almost every employer-paid health benefits plan in the country now offers some type of virtual care, said Susan Murray, vice-president of government relations and policy at the [Canadian Life and Health Insurance Association](#), a trade organization that represents life and health insurers in Canada.

“Employers and their employees want these benefits and we don’t want anything that will take this away,” said Murray, noting that more than 10 million Canadians can access virtual care through their employer-paid health benefits plans, which often eliminates visits to the ER or doctor’s office.

She emphasized that employees who have access to virtual care through their workplace benefit plans do not pay separately for these visits, as they would have to if they chose to see a doctor for a one-off visit through a consumer virtual care platform.

“This is no different really than health benefit programs in general in that employers have been supporting employees’ drug needs, massage therapy and physiotherapy and all these things to try to make sure their team is healthy and productive and at work,” said Graham Young, director of employee benefits for CAPCORP, an independent financial services firm that advises employers on how to set up and manage employee benefits and savings programs.

“Especially when the majority of Canada businesses are small businesses, when you take one person out of the equation for the day (to sit in an ER), that’s challenging,” added Young, who is also chair of the board of Benefits Alliance, an association of independent benefits advisory firms whose members collectively work with more than 13,000 employer plan sponsors.

Brett Belchetz, CEO and co-founder of the virtual care platform Maple, said in an emailed statement that “forcing” Canadians who rely on employer-funded virtual care back into an already overburdened public health-care system “will expose them to the many hidden costs of in-person care, such as lost wages, transportation expenses and lost time.”

Maple charges \$79.99 per month for access to doctors online and has a business-to-business model that supports employer virtual care. It also has a contract with the Nova Scotia provincial government to provide virtual care funded by the public health-care system.

“Employer-funded virtual care reduces strain on our overburdened health-care system at no additional cost to the government,” added Belchetz, an emergency room physician.

Not everyone is convinced these concerns are warranted.

The [Canadian Medical Association](#) recently said the practice of patients being charged membership fees or bundled payments to gain access to primary care covered by universal health care needs to end.

Melanie Bechard, a pediatric emergency physician in Ottawa and chair of [Canadian Doctors for Medicare](#), argued that if the interpretation letter brings virtual or nurse practitioner care under the public umbrella, patients wouldn’t lose coverage.

“There would just be a shift in who pays for the care. And the millions of Canadians without private insurance coverage would gain access to these services without needing to pay out of pocket,” she said. “The only group who stands to have something to lose from the Canada Health Act interpretation letter is the private insurance companies. But we shouldn’t let corporate profits stand in the way of Canadians being able to access necessary medical care.”



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