NORTHWEST TERRITORIES
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From the desk of the MLA for Great Slave

Jurisdictional Scan of Publicly Funded Fertility Programs in Canada

Overview

There is a growing demand for publicly funded fertility programs in Canada. Data from the Canadian Assisted Reproductive Technologies Register indicate that the number of patients receiving fertility treatments increased by 57 percent between 2013 and 2024.[i] This briefing note provides a jurisdictional scan and outlines the evolution of publicly funded fertility programs in Canada.

Jurisdictional Scan

Province	Coverage Description
Alberta	Alberta does not currently provide any publicly funded fertility programs for residents.
British Columbia	Eligible residents may receive up to $19,000 in direct funding through a one-time grant. A variety of services are covered, and funding amounts are determined based on income.[ii]
Manitoba	Eligible residents may receive up to $16,000 per year in reimbursement through a refundable tax credit. A variety of services are covered, and 40 percent of the cost can be claimed up to the maximum of $40,000. There is no limit to the number of times the credit can be claimed.[iii]
New Brunswick	Eligible residents may receive up to $20,000 in reimbursement through a one-time grant. Up to $10,000 for intrauterine insemination (IUI) may be reimbursed, or up to $20,000 for in-vitro fertilization (IVF). [iv]
Newfoundland and Labrador	Eligible residents may receive a lifetime maximum of up to $20,000 in reimbursement through funding that may be staggered over time. A variety of services are covered, and travel may be covered if the subsidy is not exhausted through the cost of treatment. [v]

Nova Scotia	Eligible residents may receive up to $8,000 per year in reimbursement through a refundable tax credit. A variety of services are covered, and 40 percent of the cost can be claimed up to the maximum of $20,000. There is no limit to the number of times the credit can be claimed.[vi]
Ontario	Eligible residents may receive full coverage for a variety of services through a direct funding program. Coverage includes a single cycle of IVF and unlimited cycles of IUI, as well as other services.[vii] In addition, eligible residents may receive up to $5,000 per year in reimbursement through a refundable tax credit. This can be used to cover expenses that are not eligible for direct funding, and 25 percent of the cost can be claimed up to the maximum of $20,000. There is no limit to the number of times the credit can be claimed.[viii]
Prince Edward Island	Eligible residents may receive up to $10,000 per year in reimbursement funding, in each of 3 separate years. A variety of services are covered, and funding amounts are determined based on income.[ix]
Quebec	Eligible residents have access to a variety of provincially insured fertility treatments. Services include a single cycle of IVF, as well as other treatments.[x]
Saskatchewan	Eligible residents may receive up to $10,000 in reimbursement through a one-time refundable tax credit. A variety of services are covered, and 50 percent of the cost can be claimed up to the maximum of $20,000. [xi]
Northwest Territories	The NWT does not currently provide any publicly funded fertility programs for residents.
Nunavut	Nunavut does not currently provide any publicly funded fertility programs for residents.

Yukon	Eligible residents may receive up to $4,000 per year in reimbursement through a refundable tax credit. A variety of services are covered, and 40 percent of the cost can be claimed up to the maximum of $10,000.[xii] In addition, eligible residents have access to travel, accommodations, meals and transportation coverage through the territorial medical travel subsidy.[xiii]

Historical Evolution of Fertility Supports in Canada

Provincially Insured Assisted Reproduction

Historically, only Ontario and Quebec have covered fertility treatments under provincial health insurance. Quebec is now the only province where these services remain insured. In Ontario, provincial health insurance initially covered fertility treatments, including IVF and IUI, until 1994. That year, IVF was removed as an insured service, while IUI coverage remained in place.[xiv] In 2015, IUI was also removed from provincial health insurance coverage and has since been funded through the Ontario Fertility Program.[xv]

In 2010, Quebec designated fertility treatments as provincially insured services under the *Regulation respecting the application of the Health Insurance Act.[xvi]* In November 2015, this coverage was removed and replaced with an income-based refundable tax credit to better control costs.[xvii] In 2021, fertility treatments were re-designated as provincially insured services and have since been administered under the Medically Assisted Reproduction Program, with tighter eligibility criteria.

Single Embryo Transfers and Age Limits

In Canada, the average cost of a single IVF cycle is approximately $20,000, and many patients require more than one cycle to achieve a successful pregnancy.[xviii] To reduce the number of cycles needed, some patients request the transfer of multiple embryos in a single cycle rather than a single-embryo transfer (SET). While this may lower costs for individual patients, it increases the likelihood of multiple births, such as twins or triplets. Multiple births are associated with higher rates of perinatal complications and increased medical costs.

In 2008, Ontario's Expert Panel on Infertility and Adoption reported high rates of multiple births associated with privately funded IVF.[xix] The panel recommended the implementation of a publicly funded IVF program with mandatory SET protocols to reduce multiple births, noting that the resulting reduction in medical costs could potentially offset the cost of administering the program. In 2015, Ontario implemented the Ontario Fertility Program, which includes a requirement for SET.

Following Quebec's designation of fertility treatment as an insured service in 2010, Vélez et al. published a study evaluating outcomes during the first year of implementation.[xx] The study found a significant increase in the use of SET, which led to a decline in multiple births, as well as a reduction in pregnancy rates per transfer. Using a model that accounted for downstream medical costs, the study concluded that the policy was effective in reducing net health care costs.

A few years later, Shaulov et al. evaluated outcomes over the first four years following implementation and reached a different conclusion.[xxi] While the study found a reduction in multiple births, IVF single births continued to have higher rates of perinatal complications than non-IVF births. At the same time, the volume of IVF cycles increased significantly. Although reductions in multiple births generated some savings, these were insufficient to offset the overall costs of administering IVF as an insured service.

In 2015, Quebec's fertility initiative was deemed financially unfeasible, and fertility treatments were delisted from provincially insured coverage. Although SET protocols were in place, a study by Ouledah et al. found that the absence of a maximum age restriction had significant financial implications.[xxii] The study reported that IVF live birth rates declined from 10 percent at age 40 to 4.1 percent at age 43, while the mean cost per live birth increased from $43,153 to $103,994, excluding medication costs. At age 44, the live birth rate fell to 0 percent, with mean costs approaching $600,000. The authors concluded that the absence of age limits resulted in poor outcomes at high cost and recommended the adoption of age restrictions. In 2021, Quebec implemented the Medically Assisted Reproduction Program, which includes both age and SET restrictions. Outside of tax credit programs, most provincial fertility programs apply similar age and SET requirements.

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