

Ref: 162639

Kasari Govender, Legal Director

West Coast Women's Legal Education and Action Fund

Dear Kasari Govender:

Thank you for your email regarding the recent changes to income assistance programs.

At a time when the economy is placing greater demands on the province's income assistance programs, it is important to provide service in an efficient and cost-effective manner. To ensure programs for low-income British Columbians are sustainable and provide benefits to as many as possible, the province has recently updated several of these programs and policies.

It is important to note that income assistance is not a medical program. The changes will allow us to continue to focus resources on providing some of the highest levels income support in the country.

The provincial Medical Services Plan (MSP) ensures that British Columbians are covered for medically required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures. The PharmaCare program helps eligible British Columbia residents with the expense of eligible prescription drugs and designated medical supplies. Income and disability assistance clients do not pay premiums or deductibles for MSP and PharmaCare.

I appreciate your concern for protecting the reproductive options of women with disabilities, and I assure you that a variety of contraceptive options remain available to low-income women in British Columbia through PharmaCare and public health clinics.

PharmaCare is one of the most comprehensive drug programs in Canada. For low-income earners, it includes coverage for oral contraceptives, intrauterine devices when there is a medical need, and diabetic supplies such as insulin, needles, syringes, blood glucose monitoring strips, and insulin pump supplies, as well as insulin pumps for children aged 18 or younger who require insulin. Glucometers are provided free of charge from glucose testing companies and can also be obtained through community pharmacies. Non-oral contraceptives such as condoms are available for free at many public health clinics and other venues.

Several health supplement programs have been enhanced, including adding new diet supplements, increasing the limit for basic dental services for children and

disability clients under general anaesthetic in a hospital or an approved facility to \$1,000 from \$500 per year, and providing an additional \$100 to eligible clients for dentures.

Some program changes also provide greater flexibility. Income assistance and disability assistance clients, as well as children in low-income families, now have a \$1,400 limit for dental services every two years instead of a \$700 limit every year. This will eliminate out-of-pocket costs for major procedures that cost over \$700.

Eliminating the minimum shelter rate ensures that all clients receive funds for their actual shelter costs up to the maximum allowed by regulation. Clients who receive the minimum shelter rate can receive a higher shelter amount by providing proof of their rent and/or utility costs. Therefore, in most cases these clients will receive more income support than they did previously.

British Columbia's total income assistance rates are the third-highest in Canada for employable singles and the fourth-highest for persons with disabilities. Approximately 177,500 British Columbians are currently receiving income assistance, and the 2010/2011 budget for income assistance programs is \$1.5 billion. The recent policy changes will be implemented in a manner that is fair to all British Columbians.

Sincerely yours,

Original Signed By

Rich Coleman

Minister of Housing and Social Development

pc: Honourable Gordon Campbell

Premier