

THE CANADIAN TRAVELLERS' REPORT CARD

An evaluation of government policy and practice for Canadians who travel



**CANADIAN
SNOWBIRD
ASSOCIATION**

The voice of travelling Canadians

Whether at home or abroad, Canadians have basic rights that should be respected by their governments. In the Fall of 2001, the Canadian Snowbird Association released its Travellers' Bill of Rights to express the fundamental beliefs of the association.

Travellers' Bill of Rights

- You have the right to travel and live the lifestyle of your choice.
- You have the right to travel freely, without restrictions based upon origin, race, age, background or views.
- You have the right to reasonable access to information, and to provincial and federal policies, procedures, guidelines, regulations and laws that affect your life.
- You have the right to voice your approval or disapproval to the Canadian and provincial governments.
- You have the right to be respected and to be treated respectfully.
- You have the right to safe-passage.

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AN OPEN LETTER FROM THE CANADIAN SNOWBIRD ASSOCIATION

In 2004, Canadians made 41.8 million trips to foreign countries, a 6.5% gain over 2003. Over 36 million of these trips were to the United States. Canadians made 175.1 million trips to other provinces in 2004 which represents a 1.6% increase from 2003. As our population ages and the number of travelling Canadians continues to increase, it is important that all levels of government are attentive to travellers' rights and provide clear information that is required for making travel plans.

The Canadian Snowbird Association (CSA) is a national not-for-profit advocacy organization dedicated to actively defending and improving the rights and privileges of travelling Canadians.

In 2002, the CSA undertook a national evaluation of federal, provincial and territorial government policies of importance to travelling Canadians. In order to gauge the levels of improvement from our initial recommendations, the CSA undertook a follow up study during the Summer and Fall of 2005.

We are pleased that many provincial and territorial governments have responded with improvements to service and coverage but we have found there is still much work to be done.

Through this evaluation and over the years, it has become increasingly clear that there is much more our governments can be doing to assist Canadian travellers. It is challenging to obtain clear and accurate descriptions of government policy as it affects travellers. Layers of legislation, regulations and policy statements together make up the approach of each jurisdiction. These approaches change from jurisdiction to jurisdiction and, in some cases, there are even conflicts within a province or territory's own rules.

Furthermore, once policy statements are obtained they reveal a patchwork of approaches that too often fail to meet the needs of travelling Canadians. More leadership from the federal government and more sensitive and consistent standards across the country will help make travelling a pleasant, safe and rewarding experience regardless of what part of the country a person is from.

It is our hope that this report card will encourage clear government policies that respect and support Canadians' love of travel.



Gerry Brissenden
President



Lewis Kehoe
Chair – Government Relations Committee

Grading Chart	A+	100
	A	90
A-	80	
B+	78	
B	75	
B-	72	
C+	68	
C	65	
C-	62	
D+	58	
D	55	
D-	52	
F	40	

Grading The Canadian Travellers' Report Card									
	Improvement	2002 Overall	Overall	Preservation of Health Coverage	Access to Health Coverage	Access to prescription drugs	Access to voting rights	Availability of government info	
Canada	-8.2	72	63.8	55	55	72	62	75	
British Columbia	-4.2	62	57.8	62	40	40	75	72	
Alberta	-6.4	72	65.6	65	52	65	68	78	
Saskatchewan	5.2	65	70.2	72	52	72	90	65	
Manitoba	6.2	68	74.2	62	72	75	72	90	
Ontario	-4.2	65	60.8	65	62	72	40	65	
Quebec	4.4	68	72.4	90	52	68	62	90	
New Brunswick	3.8	58	61.8	65	52	62	65	65	
Nova Scotia	6.2	65	71.2	90	68	75	65	58	
Prince Edward Island	5.4	68	73.4	72	100	65	65	65	
Newfoundland and Labrador	0.8	65	65.8	78	65	52	62	72	
Yukon	7.0	78	85.0	100	100	72	75	78	
Northwest Territories	3.0	72	75.0	62	100	68	80	65	
Nunavut	3.6	78	81.6	100	100	78	78	52	

OVERVIEW

Our *2006 Canadian Travellers' Report Card* examines five areas of importance to travellers. We researched the practice and policies of the federal, provincial and territorial governments, and then gave each government an opportunity to comment. The information gathered, including government feedback, was to grade each jurisdiction based on standards elsewhere in Canada and our view of best practices.

Canadians who embark on long-term travel nonetheless pay a full year of taxes to the federal and their provincial or territorial governments. They must pay for infrastructure and other government services that they do not use for a full year, but one thing they expect and deserve is to have full, equal access to the health care and drug coverage for which they pay taxes. Unfortunately, in many cases these taxpayers are denied the same benefits as those who remain at home. Canadians should not have to choose between exercising their right to travel and having access to the health care they may need.

In 2002 we made a series of recommendations to protect the rights of travelling Canadians. We are pleased that many provincial and territorial governments have responded with improvements to service and coverage. On the other hand, some governments have made little progress at all, and we are disappointed in their apparent lack of concern for travellers.

We examined the following topics:

- Preservation of health coverage for regular travellers
- Access to emergency health coverage when travelling
- Access to prescription drugs for use during travel
- Access to voting rights for travellers
- Availability of government information

THE BEST

Preservation of health coverage for regular travellers	Yukon, Nunavut	A+
Access to emergency health coverage when travelling	Prince Edward Island, Yukon, Northwest Territories, Nunavut	A+
Access to prescription drugs for use during travel	Nunavut	B+
Access to voting rights for travellers	Saskatchewan	A
Availability of government information	Manitoba, Québec	A

OVERVIEW

THE WORST

Preservation of health coverage for regular travellers	Federal Government	D
Access to emergency health coverage when travelling	British Columbia	F
Access to prescription drugs for use during travel	British Columbia	F
Access to voting rights for travellers	Ontario	F
Availability of government information	Nunavut	D-

IMPROVEMENT

A number of governments have shown significant improvement since our last report. This reflects a willingness to change policies and improve services to protect and enhance the rights of travellers.

The greatest improved grades were those of Yukon, Manitoba and Nova Scotia. In addition, Saskatchewan, Québec, New Brunswick, Prince Edward Island, Nunavut and the Northwest Territories all improved their standing.

Alberta, British Columbia, Ontario and the federal government all posted declines. We urge these governments to place greater priority on serving the unique needs of their travellers.

TRENDS

This year we noticed three trends across provincial and territorial governments:

Non-compliance with the *Canada Health Act*: We remain concerned with the extent to which the portability requirements of the *Canada Health Act* are being ignored or violated. There has been some improvement since our 2002 report, but overall not to the extent that travelling Canadians expect, need and deserve. We hope that this year's report will lead to greater action in this important area.

Increased voting rights: It is comforting to see the improvements in voting rights for Canadians who travel. Saskatchewan leads the pack, but advances have been made in several other jurisdictions. The lone exception is Ontario, the only place in North America that makes no provision for special balloting by absentees. Further, travellers would benefit if more jurisdictions followed the lead of British Columbia and Ontario in legislating fixed general election dates.

Inadequate coverage for prescription drug supplies: Most governments will maintain health benefit coverage for a longer period than the period of maximum supply of prescription medication that drug plans will cover. We understand that health coverage and drug coverage are different, but we do not agree, as some governments seemed to suggest in their responses, that we are comparing apples and oranges. There should be harmony between the length of time that the health plan will cover a traveller and the amount of medication for which the traveller's drug plan will pay. Granted, these are often separate government programs, separately administered, but that does not make coordination any less important to the traveller. Governments are responsible for both their health plans and drug plans and should make them work in synch.

Analysis by Jurisdiction

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

D (2002: not graded)

This category does not appear to be covered by the Canada Health Act. The CSA believes it should be in order to protect the health of Canadian travellers. While a grade was not assigned in our last report, the federal government's continued failure to act on behalf of travellers leaves us no choice but to assign a low grade.

The principles of universal and portable health care under the *Canada Health Act* should not be compromised by a Canadian's desire to travel outside of the province/territory or country. Unfortunately, some jurisdictions in Canada restrict their residents' ability to travel by limiting their access to continued health care.

To date, the federal government has not used the *Canada Health Act* or other policies to address the minimum residency requirements necessary for eligibility for insured health care services. This absence of national leadership has resulted in a patchwork of requirements across the country, providing residents of some provinces *much* less freedom to travel than some of their fellow citizens from other provinces and territories. Some jurisdictions permit residents to travel freely for up to 12 consecutive months while others force their residents to be physically in the province for a minimum of six months a year.

It is up to the federal government to enforce the *Canada Health Act* and set national standards for health insurance eligibility. In the absence of national standards, the current patchwork across the country will be allowed to continue.

Change since last report: Not previously graded.

Recommendations: Within the *Canada Health Act*, adopt a national standard guaranteeing access to continued health coverage during extended trips (e.g., up to eight months) and during an unlimited number of short-term trips (less than one month) anywhere in the world. Coverage would be conditional on the traveller maintaining a principal residence within the province or territory. Continued coverage during even longer absences should be permitted subject to government approval. The federal government should then protect and enforce Canadians' freedom to travel by ensuring all provinces and territories adhere to the new standard.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

D (2002: C)

One of the five pillars of the *Canada Health Act* is portability. Sub-paragraph 11(1)(b)(ii) of the Act clearly establishes that portability includes emergency health services provided to Canadian residents while outside the country. The Act states that where emergency health services "are provided out of Canada, payment is made on the basis of the amount that would have been paid by the province for similar services rendered in the province."

The intent and purpose of sub-paragraph 11(1)(b)(ii) are clear. Unfortunately, the federal government has shown an unwillingness to enforce the standard it has set in the Act. Court cases brought by travellers seeking to protect their entitlements under the Act have been told by the courts that it is up to the federal government to decide whether the Act has been contravened and whether to impose a penalty on the provinces. The failure of the federal government to act in this regard is a disappointment to travelling Canadians and undermines the credibility of their own portability principle.

Change since last report: None. The lack of improvement since our last report justifies a downward adjustment of grade.

Recommendations: Take action to ensure the provinces and territories adhere to the portability requirement of the *Canada Health Act*.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B– (2002: not graded)

This category does not appear to be covered by the Canada Health Act. The CSA believes it should be included in order to protect the health of Canadian travellers. While a grade was not assigned in our last report, because of the importance of this issue to travellers the federal government's performance has now been graded.

During the 1997 election campaign, the federal Liberal government “endorse[d] pharmacare as a national long-term objective.” Eight years later that objective has yet to be realized. Most recently the proposal has been scaled back to a national strategy to address “catastrophic” drug expenses, a threshold that would exclude the needs of many travellers.

The federal government claims that, through various programs, it spends \$2.2 billion a year on drug health services. Some of this takes the form of financial assistance to provincial drug programs. The federal government provides this assistance in part to ensure that seniors and those with special needs have access to the prescription drug therapies they require. Unfortunately, the government has failed to take the next step and ensure that Canadians who have access to this program will continue to have their needs protected while they are travelling.

There is currently a patchwork of rules across the country specifying limits on the supply of prescription medication that provincial and territorial drug programs will cover. Some provinces will cover a full six-month supply, matching the amount of continuous out-of-county travel time residents are permitted, while others limit this supply to as few as 30 days. As the protector of national standards in health care and a partner in providing access to drugs for many Canadians, the federal government has an important role to play in ensuring Canadians who need government supported drug benefits continue to have access to the drugs they require when they exercise their right to travel.

Change since last report: There has been limited progress on national pharmacare, but not in a way that is meaningful or useful to travellers.

Recommendations: The government should enact a national pharmacare program, covering all drugs, not just catastrophic expenses. Through the *Canada Health Act*, the federal government should set clear national standards protecting ongoing access to prescription medications for Canadians who choose to travel. In addition, it should use its role as a funding partner to ensure provinces and territories not only allow Canadians the freedom to travel, but also ensure that while travelling they have the same access to their prescriptions as they do when they are at home.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C– (2002: C)

Canadians temporarily outside the country can vote by special ballot. Unfortunately, travellers face more restrictions than Canadian citizens who reside abroad; the latter can apply at any time, even before an election is called (which adds flexibility), but travellers can only apply after the election call. The application form may be requested in person, by mail, telephone, fax, or downloaded from www.elections.ca. The completed forms must be returned by mail, courier, fax, or in person. The deadline for applying is 6:00 p.m., Ottawa time, on the sixth day prior to the election. Marked ballots must be returned by 6:00 p.m., election day.

Change since last report: None. Unfortunately, federal provisions for absentee voting have not kept pace with improvements in various provinces, resulting in a relatively lower grade.

Recommendations: Remove the six-day deadline and replace it with a clear communication of the last day by which an application for a special ballot should be received in order to ensure that a special ballot is delivered to the voter in sufficient time to vote and send it back. Allow applications to be submitted by e-mail. Amend legislation to permit acceptance of any mail-in ballot that has been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

B (2002: A)

For many health care-related matters of interest to travellers, the federal government is responsible for setting standards and transferring resources to the provinces and territories, but not for setting the policy and regulations that directly affect travellers. As such, the federal government does not have the same level of responsibility for providing travellers with policy information on these matters.

Elections Canada has responsibility for providing information to travellers concerning their voting rights. It makes detailed information available on its website and through a 1-800 line. Printable application forms are available on-line. Unfortunately, the information on special-ballot voting, though thorough, is not easy to locate.

Change since last report: None.

Recommendations: Information on special ballot voting is detailed, but not easy to find. An individual must follow the link marked "voters," then a second link called "More information about the electoral process" and then a third link (near the bottom of a long list), "Voting by Special Ballot." The information should be more easily available, including several prominent links including one on the home page. A specific reference to travel or absence would make the content even easier to locate.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C- (2002: C+)

To retain health coverage, British Columbians must be physically present in the province at least six months in a calendar year and continue to maintain their residence in B.C. With prior approval of the Medical Services Commission, a British Columbian may leave the province for up to 12 consecutive months and still receive health coverage. This special approval may be granted only once every five years, and the individual must have been physically present in Canada for at least six of the 12 months preceding departure. A British Columbian who loses coverage must undergo a waiting period of undetermined length before coverage is reinstated.

Change since last report: A recommendation to allow longer absences, subject to government approval, was adopted. Nonetheless, the B.C. policy remains among the most restrictive in Canada and failure to keep pace with improvements elsewhere in Canada leaves British Columbia travellers relatively worse off.

Recommendations: Allow international travel for between six and eight months, in addition to allowing an unlimited number of short-term trips anywhere in the world, while still maintaining access to health benefits.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

F (2002: F)

British Columbia's practice for reimbursing Canadians for health services required while abroad contravenes subparagraph 11(1)(b)(ii) of the *Canada Health Act*. B.C. reimburses only \$75 for emergency in-patient hospital care for adults and children (\$41 for newborns). This is the lowest rate of out-of-country reimbursement in all of Canada. While B.C. would not disclose its per-day rate provided for emergency services required while within B.C., \$75 is well below the average rates paid for in-province services in all other Canadian jurisdictions. B.C. is also one of the few jurisdictions that does not reimburse emergency out-patient hospital services at all.

Change since last report: None.

Recommendation: Reimburse emergency in-patient and out-patient services required by travellers at the same rate per day as that paid for similar services within the province and continue to update these rates to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

F (2002: F)

British Columbia's PharmaCare program only covers 30-day supplies of short-term prescription drugs and first-time prescriptions of maintenance drugs, the smallest permissible supplies in Canada. This is well below the six-month period that B.C.'s own rules allow residents to be out of the country without jeopardizing their eligibility for health coverage. Repeat prescriptions of maintenance drugs are covered up to a 100-day supply, which again is well below the six-month permitted travel period.

Unlike many other jurisdictions, B.C. does not cover prescription drugs obtained outside the province. The government tells us that it is "examining options that may allow vacationing British Columbia residents to continue receiving PharmaCare drug benefits" but nothing has been confirmed.

Change since last report: None.

Recommendation: Amend the PharmaCare program to permit, at the discretion of physicians and pharmacists, travellers to be covered for a supply of prescription medication equal to the permitted travel time out of the province. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside the province at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

B (2002: C+)

British Columbia was the first province in Canada to pass legislation fixing election dates (Ontario has passed similar legislation). General elections are to be held in B.C. every four years on the second Tuesday in May. The next general election will be held on Tuesday, May 12, 2009. The fixed election date should give travellers the ability

to plan their trips or to apply in advance for an absentee voting package. Mail-in absentee voting is permitted in British Columbia. Applications to vote by mail can be submitted by mail, fax, e-mail or telephone. However, distance voters are not clearly warned when an application must be submitted in order to guarantee receipt of a “voting package” including ballot in sufficient time to send back a valid vote. The district electoral officer must receive the package containing marked ballots no later than 8:00 p.m. on General Voting Day. Ballots will not be counted if they arrive late.

Change since last report: Fixed election date.

Recommendation: While not setting a firm deadline, clearly communicate the last day by which a distance voter should apply in order to receive a mail-in ballot kit in sufficient time to vote and send the ballot back. Amend legislation in order to permit acceptance of any mail-in ballots that have been post-marked prior to the close of polls.

AVAILABILITY OF GOVERNMENT INFORMATION

B– (2002: B–)

British Columbia produces a very good pamphlet on issues related to health benefits for travellers entitled *Leaving BC*. The pamphlet is fairly comprehensive, listing information on eligibility, what travellers are covered for and what they are not covered for. There are a number of contact numbers, including 1-800 numbers, for those needing more information. The pamphlet is available at health ministry offices and travel organizations. While it would be helpful to have the entire pamphlet available on-line, the ministry has consolidated most of the information on its Medical Services Plan website (www.healthservices.gov.bc.ca/msp).

On the other hand, the Elections BC website is poorly designed and provides only a short caption on absentee voting. It is not clear where to find information about absentee voting and it takes some work to find the correct section. “Alternative Absentee Voting” is a subheading in a section called “Voting Opportunities”.

Change since last report: Information in the *Leaving BC* health pamphlet has been consolidated on the Ministry website.

Recommendations: Post the entire *Leaving BC* health pamphlet on-line. Make the Elections BC website more user friendly for travellers by providing a distinct and easily accessible link regarding distance voting.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C (2002: C)

Alberta residents who travel within Canada and return to Alberta within 12 months, or who leave the country and return within six months, retain health coverage. Travellers leaving Alberta for longer may apply to the Alberta Health and Wellness Department for a 24-month extension of coverage.

To remain eligible, an individual must maintain residence in Alberta, which normally means being physically present in the province for at least 183 days in a 12-month period. An individual who is away longer may apply to demonstrate permanent residency by satisfying the government's criteria, such as having maintained economic, personal and social ties in Alberta and not having established permanent residence elsewhere.

Change since last report: A recommendation to allow longer absences, subject to government approval, was adopted. Otherwise, no change, and therefore no change in grading.

Recommendations: Allow international travel for between six and eight months, in addition to allowing an unlimited number of short-term trips anywhere in the world, while still maintaining access to health benefits.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

D- (2002: D-)

Alberta's practice for reimbursing Canadians for emergency health services while abroad contravenes subparagraph 11(1)(b)(ii) of the *Canada Health Act*. The maximum rate paid for hospital in-patient care is \$100 per day, or the amount billed, whichever is less. While Alberta would not disclose its per-day rate provided for emergency services required while within Alberta, \$100 is well below the average rates paid for in-province services elsewhere in Canada. Only one out-patient visit is payable per day at a maximum benefit of \$50. This is also below the average rate per day paid for in-province services in other jurisdictions. Alberta pays out-of-country physician and other practitioner services at the same rate it would pay for the same or similar services in Alberta. Alberta recommends travellers purchase supplementary travel insurance whenever they are outside of the country.

Change since last report: None.

Recommendations: Reimburse emergency in-patient and out-patient services required by travellers at the same rate per day as that paid for similar services within the province and continue to update these rates to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

C (2002: A+)

The Alberta government says that it "places no limitations on the quantities of drugs that may be prescribed." This clouds the real issue: payment. The provincial government ordinarily will not pay benefits for more than a 100-day supply at one time. For drugs obtained abroad, the government will reimburse eligible expenses (for those normally covered under the programs) at Alberta rates for prescriptions written by licensed practitioners.

Change since last report: We last reported that Alberta would cover a six-month supply of medication. A 100-day supply creates hardship for travellers, especially since Albertans can remain out of the country for six months without losing health coverage.

Recommendations: Cover the cost of up to a six-month supply of medication.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C+ (2002: C+)

Alberta general elections must be held at least every five years; the next election must be called by December 2009. Mail-in balloting, or special ballots, are permitted in Alberta for residents who will not be in the province on voting day. The special ballot can be requested from the time the election is called until the polls close on polling day. Special ballot requests are accepted in person, by mail, fax, e-mail or telephone. The returning officer will deliver the application by regular mail, and it is the elector's responsibility to arrange for alternate delivery if the request is received too late in the election period for regular mail to be used. An elector may have the application picked up by a commercial courier, a friend or a family member. However, the special ballot cannot be sent to the elector or returned to the returning officer by fax or other electronic means. The special ballot must be received by the time the polls close on polling day or it will be counted as a rejected ballot.

Change since last report: None.

Recommendations: While not setting a firm deadline, clearly communicate the last day by which an application for a special ballot should be received in order to ensure that a ballot is delivered to the voter in sufficient time to vote and send it back. Amend legislation to permit acceptance of any mail-in ballot that has been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

B+ (2002: A-)

Alberta publishes a good pamphlet on issues related to health benefits for travellers entitled *Travel Health Insurance Matters*. The pamphlet is comprehensive and provides information for travelling within and outside of Canada. The pamphlet contains various telephone numbers, including 1-800 numbers and TDD (Telecommunication Devices for Deaf) numbers, for those who need more information. The information is also available at the Health and Wellness website. The pamphlet can be found relatively easily on-line and is also available at Alberta Health and Wellness offices.

The Elections Alberta website has a fair amount of information on distance voting. The "Frequently Asked Questions" (FAQ) section of the website contains fairly detailed information on voting while abroad, but it is not easy to find. Because the answer is addressed to those "working or studying away from home," travellers might miss it. A section for those who "cannot go to the polls on polling day" does not contain the information. The website also provides a PDF copy of *A Guide for the Use of the Special Ballot Poll* which goes through the required steps for using the Special Ballot. Telephone numbers to call for more information are clearly displayed on the front page of the website.

Change since last report: None. Our recommendation to make the Elections Alberta website more user-friendly was ignored. The special ballot brochure was revised in 2004, but still contains a title that might cause travellers to overlook it. In general, websites have improved and become more user-friendly since our last report, but Elections Alberta has not kept pace.

Recommendation: Create an easily-accessed page on the Elections Alberta website dedicated to distance voting, and create visible links from various places in the website, including the home page.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

B– (2002: B–)

Saskatchewan residents are permitted to be out of the province for up to six months of any year, while still maintaining health coverage. In addition, an individual who is ordinarily physically present in Saskatchewan may leave Saskatchewan on vacation for up to 12 consecutive months and still maintain coverage by proving to the satisfaction of the government that he or she intends to return to Saskatchewan following the absence.

Absences that do not qualify as “long-term” or “extended” will not count toward the six-month ordinary limit on time outside the province. The terms “long-term” and “extended” are not clearly defined. Canadian travellers should be able to understand the rules and know whether their health coverage is at risk. If for example “long-term” and “extended” absences were defined as those of more than one consecutive month, then Saskatchewan’s policy would be among the most travel-friendly in Canada.

Change since last report: None.

Recommendations: Define “long-term” and “extended” so that a resident may take unlimited trips each of one month or less, and make it easier for residents to utilize the special exemption for vacations of up to 12 consecutive months.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

D– (2002: D–)

Saskatchewan’s practice for reimbursing Canadians for emergency health services while abroad contravenes subparagraph 11(1)(b)(ii) of the *Canada Health Act*. The maximum rate paid for hospital in-patient care is \$100 per day. While Saskatchewan would not disclose its per-day rate provided for emergency services required while within the province, \$100 is well below the average rates paid for in-province services elsewhere in Canada and below the out-of-country rates reimbursed by most other jurisdictions. Saskatchewan reimburses emergency out-patient hospital services required by travellers at a rate of \$50 per day, which is again below the average rate per day paid for in-province services in other jurisdictions. Physician fees for emergency services are covered at the same rate as they would be in Saskatchewan.

Change since last report: None.

Recommendations: Reimburse emergency in-patient and out-patient services required by travellers at the same rate per day as that paid for similar services within the province and continue to update these rates to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B– (2002: C–)

The Saskatchewan Drug Plan will reimburse the cost of a six-month supply of prescription drugs, but the method is cumbersome for the patient. The on-line billing system will only process one three-month supply within a 45-day period. A traveller may, however, purchase a six-month supply, then separately submit receipts for two three-month supplies. The result is that the individual can receive payment for the complete six months, but not under a single reimbursement.

Saskatchewan reimburses Drug Plan participants for prescriptions purchased elsewhere in Canada. However, prescription drugs purchased outside of Canada are not benefits under the Drug Plan and therefore will not be covered.

Change since last report: The government has clarified that it will reimburse the cost of a six-month supply of medication, provided that two separate three-month claims are submitted.

Recommendations: Amend the Drug Plan program to cut the red tape requiring separate submissions for three-month supplies of medications and allow travellers, at the discretion of accredited physicians and pharmacists, to obtain a supply of prescription medication equal to the permitted out-of-province travel time. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside the province at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

A (2002: B+)

Since our last report, Saskatchewan has improved the *Election Act* to make it a model of voting rights for travellers. Mail-in balloting is permitted and any voter who presents satisfactory evidence to a returning officer or to the chief electoral officer that he or she will be unable to vote at an advance poll or on polling day will be able to vote by absentee ballot. For the first time an absentee ballot application may be submitted by fax or other means of electronic transmission and must include the applicant voter's signature in a graphical representation. Applications for an absentee ballot, supported by the appropriate proof of identity and residency, may be made at any time between the issue of a writ for an election and eight days before polling day. An absentee voter may vote either for a candidate or a political party; this means that a ballot may be sent before nominations have closed. A photocopy of satisfactory proof of the voter's identity and place of ordinary residence is to be attached to the application. Saskatchewan is also the only province that will accept mail-in ballots received after the close of polls, provided they were post-marked before.

Saskatchewan elections must be held every five years. The next provincial general election must be called by November 2008.

Change since last report: Electronic applications for absentee ballots are now possible. The application deadline for an absentee ballot is now eight days before the polling day instead of 12 days. The absentee ballots have been changed to allow voters to choose either a candidate or simply a political party; the latter means that an individual can vote before candidates are nominated, thereby speeding up the absentee voting process. The requirement to have another voter in the same constituency sign both the application and the envelope containing the marked ballot has been dropped.

Recommendation: The only thing holding Saskatchewan back from an A+ rating is the absence of legislation to fix election dates so that travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

C (2002: C)

Saskatchewan publishes a good pamphlet on issues related to health benefits for travellers entitled *It's For Your Benefit*. The pamphlet is fairly comprehensive and contains information about residency and prescription drugs. Within the pamphlet a 1-800 number is listed for those who need more information. The pamphlet can be found on-line and is also distributed through health ministry offices. Despite having the best absentee voting rights in all of Canada, Saskatchewan does a very poor job of communicating their policies. Elections Saskatchewan now has a website which is an improvement over 2002. However, locating the information on absentee voting is difficult and it is limited to a brief paragraph under a section entitled "2005 Electoral Reform." Contact telephone numbers are also not prominent on the home page and require some digging to find.

Change since last report: While an Elections Saskatchewan website was created, information on absentee voting is so difficult to find that the website makes little difference to travellers.

Recommendation: Create an easily-accessed page on the Elections Saskatchewan website dedicated to distance voting, and create visible links from various places in the website, including the home page.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C– (2002: C–)

Permanent residents of Manitoba retain health coverage if they remain in the province for 183 days (six months) of the calendar year. These days do not have to be consecutive. In addition, policy documents indicate that additional travel of up to 30 days during the remaining six months of the year will not result in the loss of health benefits. Manitobans who wish to be away for more than three months need to inform the government of their expected dates of departure and return. Upon this notification they will receive a term certificate confirming coverage from Manitoba Health.

Change since last report: Clarification of policy concerning travel beyond 183 days.

Recommendations: Permit travellers to be out of the country for up to eight consecutive months, and in addition take an unlimited number of short-term trips to anywhere in the world, and still maintain access to their health benefits. Even longer absences should be permitted subject to government approval. The requirement to notify Manitoba Health of the expected departure and return dates should be eliminated.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

B– (2002: B–)

Manitoba comes close to fulfilling the portability requirements under sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. Depending on the size of the hospital, Manitoba reimburses between \$280 and \$570 a day for emergency in-patient services. While Manitoba would not disclose what it pays on a daily basis for similar emergency services in Manitoba, \$280 and \$570 are somewhat below the average rates paid for in-province emergency services elsewhere in Canada. Emergency out-patient visits are covered at a rate of \$100 a visit, which is close to the average rate paid in other jurisdictions. Out-of-country physician's bills will be covered at the same rates paid to Manitoba physicians.

Change since last report: Clarification of payment rate for out-of-country physicians.

Recommendations: Comply with the *Canada Health Act* by reimbursing emergency in-patient and out-patient services required by travelling Manitobans at the same rate as that paid for services within the province. The province should continue to update these rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B (2002: B)

Manitoba's provincial drug program provides coverage for the first 100-day supply of drugs but will only cover a second 100-day supply upon the approval of the government and confirmation that the patient will be out of the country for more than 100 days. This policy means that Manitobans can obtain more than a six-month supply of drugs (enough to cover the six-month permitted travel time), but the process is cumbersome, requiring government approval.

Manitoba will not reimburse, nor apply toward the deductible, the cost of medication purchased outside of Canada without prior approval. Prior approval is difficult to obtain if the need for medication arises while the traveller is abroad. The provincial government will reimburse the cost of drugs purchased within Canada.

Change since last report: None.

Recommendations: Remove the requirement for government approval of drug plan coverage for a second 100-day supply, relying instead on the discretion of the prescribing physician. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside Canada at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

B– (2002: C)

Mail-in voting is permitted in Manitoba. A very helpful policy allows applications for an absentee ballot to be submitted even before an election has been called; names will be placed on the absentee voters' registry and then, during the election campaign, forwarded to returning officers who will issue absentee blank ballot kits. In order to apply before the election is called a voter must be leaving Manitoba for at least one month.

During an election campaign, a voter must apply directly to the returning officer in his or her home electoral division. Addresses for returning offices will be published in all local newspapers, or can be obtained by contacting Elections Manitoba.

The application form can be downloaded on-line and returned by mail or fax. Applications cannot be made over the phone. Elections Manitoba will then send a ballot kit by mail.

Manitoba general elections are always held on Tuesday and must be held at least every five years; the next provincial general election will be held by June 2008. Elections Manitoba recommends that applications be received 12 days prior to election day in order for the voter to receive the ballot kit in time to send it back. After that date, the *Elections Act* says the voter "is responsible for arranging for the delivery of the ballot to himself or herself." Unfortunately, the Elections Manitoba website does not make this requirement clear, suggesting only that the individual "might want to pay for an alternative delivery method to regular mail." All applications must be received by the Saturday prior to election day. The deadline to return an absentee ballot to the returning officer is 8:00 p.m. on election day.

Change since last report: Applications for an absentee ballot can be made prior to an election call. Materials make the recommended deadline (12th day before the election) more clear.

Recommendations: Remove voter responsibility for delivery of the ballot kit if the application is received between 11 and three days prior to the election; otherwise, ensure that explanatory materials clearly state the voter's responsibility. Allow applications for absentee ballots to be made by phone or e-mail. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

A (2002: B)

Manitobans who travel can make use of a good government pamphlet called the *InfoHealth Guide*. The guide provides great information on residency and portability, along with telephone numbers for more information on items such as allowable drug quantities. Also available is an additional pamphlet, *Leaving Manitoba*, with more condensed information on out-of-province health coverage. Both pamphlets are available through health ministry offices or on-line.

Elections Manitoba has excellent absentee voting information available on-line including clear, stand-alone links, instructions and printable application forms. They also produce a useful pamphlet that summarizes information and provides contact information.

Change since last report: Pamphlets are available on-line and easily accessible.

Recommendation: Elections materials should make clear that the voter is responsible for delivery of the ballot kit if the application is received between 11 and three days prior to the election. Current website content implies this is merely an option.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C (2002: C+)

Ontarians can keep their health benefits and be out of the province for up to 212 days (approximately seven months) in any 12-month period. While this is one of the longest allowable travel periods in Canada, Ontario does not have a policy that allows residents to travel the rest of the year without risk of losing their benefits. The government does, however, have the discretion to approve continued coverage during a longer vacation absence; the limit of this discretionary extension (available in one-year increments) is two years in a lifetime.

Change since last report: Clarification of the discretionary extension for long-term absences.

Recommendations: In addition to allowing travellers to be out of the country for 212 days a year, Ontario should allow for an unlimited number of short-term trips to anywhere in the world, provided that the traveller maintains his or her principal residence in the province. Remove the two-year lifetime limit on government-approved long-term absences.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

C- (2002: C-)

Ontario's practice for reimbursing Canadians for emergency health services while abroad contravenes subparagraph 11(1)(b)(ii) of the *Canada Health Act*. Emergency in-patient hospital services eligible for OHIP coverage will be paid up to a maximum of \$400 per day for complex hospital care. "Complex" is defined as care that takes place in coronary care unit, intensive care unit, neonatal or paediatric special care unit or the operating room of an eligible hospital or health facility. For less intensive emergency in-patient care Ontario reimburses travellers up to \$200 per day. Both these rates are well below the rate of \$851 provided for in-patient hospital services received within the province. Emergency out-patient services, with the exception of dialysis, will be paid to a maximum of \$50 for all out-patient services provided on any one day. Out-of-country dialysis treatment will be paid at a rate of \$210 per treatment. Fifty dollars per day is below the average paid to residents for similar in-province services in other jurisdictions. Out-of-country physician costs will be covered at Ontario rates.

Change since last report: None.

Recommendations: Comply with the *Canada Health Act* by reimbursing emergency in-patient and out-patient services required by travelling Ontarians at the same rate as that paid for services within the province. The province should continue to update these rates over time to match change in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B- (2002: B-)

Ontario's Drug Benefit Program will cover the cost of 200 days worth of prescription drugs, but only in two separate 100-day supplies. In order to obtain the second 100-day supply, the traveller must provide the pharmacist with a letter (written by the individual) or a copy of travel insurance, in either case confirming the planned departure. The second 100-day supply is available only to a patient who has less than a 30-day supply on hand; unfortunately, the explanations on the Ministry of Health and Long-Term Care website fail to make this clear.

As an alternative, the Ontario government suggests that the patient can make arrangements with the physician and pharmacist to receive a second supply, while abroad, by registered mail or courier.

The Ontario government does not reimburse the cost of prescriptions purchased while outside of the province.

Change since last report: None.

Recommendations: Expand the drug program to cover the cost of a 212-day supply of prescription drugs instead of the current 200 days. Two hundred and twelve days is the maximum time travellers are permitted to be out of the province while still maintaining their health coverage. In addition, simplify the process for obtaining access to a 212-day supply of prescription drugs. This will allow travellers to meet their medication needs without having to write a letter or make arrangements to have drugs sent from Ontario to the travel destination. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside the province at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

F (2002: D+)

Ontario is the only place in North America that fails to permit absentee mail-in balloting. (Voters enjoy this right in the rest of Canada, all 50 U.S. states and Mexico.) Ontarians absent from the province on election day can only vote at advance polls or by proxy. Proxy voting is a cumbersome, time-consuming process by which a traveller appoints another person in the electoral district to vote on his or her behalf. The traveller's signature on an application to vote by proxy must be witnessed by a third individual who is not the appointed proxy. The proxy must then take the application to the returning officer and be issued a certificate to vote; he or she then must bring the certificate to an advance poll or regular poll and cast a ballot on behalf of the voter.

In 2002 we reported that mail-in voting in Ontario was under consideration. Three years later, we have been assured once again that the matter is being reviewed. The failing grade reflects our disappointment that while absentee voting rights have been improved and extended elsewhere in Canada and around the world, Ontarians are falling relatively behind.

Legislation to set fixed provincial general election dates in Ontario (the first Thursday in October every four years, starting October 4, 2007) was passed on December 15, 2005.

Change since last report: Legislation to fix election dates has been passed. Despite our 2002 recommendation there has been no improvement in absentee voting rights.

Recommendations: Amend the *Elections Act* to join the rest of North America by allowing mail-in voting. Allow electronic application for mail-in votes. While not setting a firm deadline, clearly communicate the last day by which travellers' applications should be received in order to ensure that they obtain their ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of the polls.

AVAILABILITY OF GOVERNMENT INFORMATION

C (2002: B-)

Health-related travel information is extensive but difficult to locate. There are good fact sheets on out-of-country and drug plan coverage but it would be far better if they were in a single, self-contained pamphlet for travellers. All of the current information can be found on-line but it takes some digging and it is not obvious where the information is located. The Elections Ontario website provides comprehensive information on proxy voting including access to printable on-line forms. Information can be found in the "Frequently Asked Questions" section as well as the "Voting" section of the website. Due to the complexity of proxy voting the information is quite detailed.

Change since last report: None. Elsewhere in Canada, websites have improved and become more user-friendly since our last report, but when it comes to information for travellers Ontario's health ministry has not kept pace.

Recommendations: Consolidate health information for travellers into a single pamphlet that is available on-line, at government offices and through travel organizations.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

A (2002: A)

Québec residents may be out of the province for 183 days (or six months), consecutive or not, in a calendar year and still maintain their health coverage. In addition, an unlimited number of short-term trips, each not longer than 21 consecutive days, can be taken without counting toward the 183-day limit. Québec's policy is among the most flexible in Canada.

Change since last report: None.

Recommendations: While permitting six months of travel is a good step, this period should be extended to eight months.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

D- (2002: D-)

Québec's practice for reimbursing Canadians for emergency health services while abroad contravenes subparagraph 11(1)(b)(ii) of the *Canada Health Act*. The maximum rate paid for hospital in-patient services is \$100 per day. While Québec would not disclose its per-day rate provided for emergency services required while within Québec, \$100 is well below the average rates paid for in-province services in other Canadian jurisdictions. Québec reimburses emergency out-patient hospital services required by travellers at a rate of \$50 per day. This is also below the average rate per day paid for in-province services in other jurisdictions. Québec will reimburse up to \$220 for each haemodialysis treatment and the related medication. Québec pays emergency visit fees at Québec rates to out-of country physicians, optometrists and dentists.

Change since last report: None.

Recommendations: Reimburse emergency in-patient and out-patient services required by travellers at the same rate per day as that paid for similar services within the province and continue to update these rates to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

C+ (2002: C+)

Québec has no published plan limiting the quantity of prescription drugs that will be covered by the province's drug program. This would seem to suggest that travellers could receive a six-month supply of prescription drugs to cover the allowable travel time. However the absence of a clear policy creates uncertainty for travellers. Québec will not reimburse plan members for prescriptions purchased while outside the province.

Change since last report: None.

Recommendations: Enact clear legislation or regulations to ensure that travellers can receive coverage for a supply of prescription medication at least equal to the six consecutive months they can be absent while still receiving health care coverage. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside Québec at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C- (2002: C-)

Absentee mail-in voting is permitted in Québec for citizens who will be out of the province at the time of a general election, a by-election or a referendum. An application for an absentee ballot, including photocopies of two pieces of identification, must be either mailed or faxed to the chief electoral officer at least 19 days prior to election day. Applications may not be sent by e-mail. An absentee voting kit will be sent by return mail or courier to ensure that the voter receives it in sufficient time to send back the ballot. Marked ballots must be received by 8:30 p.m. on election day. Provincial general elections must be held at least every five years; the next election must be called by April 2008.

Change since last report: None, though a spokesman for Québec's chief electoral officer did write to us, arguing that our recommendations for further enhancement of absentee voting rights (see below) are "unrealistic."

Recommendations: Allow applications for absentee ballots to be made via e-mail. Extend the deadline for submitting an application for mail-in ballots; alternatively, eliminate the deadline, but clearly communicate the last day by which absentee voters' applications should be received in order to ensure that they receive their ballots in sufficient time to vote. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

A (2002: A-)

Québec publishes a very good pamphlet entitled *Healthcare Services Insured Outside Québec*. The pamphlet includes information about residency, prescription medication and coverage of emergency health services while travelling. Telephone numbers are listed for those requiring additional information. The pamphlet is available on-line although it is somewhat difficult to locate. All of the information however, for out-of-province health coverage contained in the pamphlet is easily accessible on-line. Québec has excellent on-line information for the distance voter, including clear links, instructions and printable forms.

Change since last report: Pamphlet now available on-line.

Recommendations: Ensure pamphlet is available at health ministry and travel offices.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C (2002: F)

New Brunswickers may retain their health coverage so long as they are present in the province at least 183 days (six months) within a 12-month period. The 183 days do not have to be consecutive. A traveller who will be out of the province longer than six months can submit a written request to New Brunswick Medicare asking that his or her eligibility be maintained during the absence. Eligibility can be extended for up to 12 months beyond the original 182 days, but such a request can only be granted once every three years.

Change since last report: The requirement to be present in New Brunswick for at least 183 days per year has been clarified as non-consecutive. The option of applying for extended eligibility was clarified.

Recommendations: While permitting six months of travel is a good step, the regulations should be amended to extend this period to eight months. In addition, New Brunswickers should be permitted to make an unlimited number of short-term trips anywhere in the world without affecting eligibility; this could be accomplished by providing that a trip of less than one month is not counted as time absent from the province. Finally, the restriction on applying for extended coverage (one request every three years) should be lifted.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

D- (2002: D-)

New Brunswick does not reimburse its residents for out-of-country emergency health services at the same rate as in-province services; this contravenes sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. The maximum rate paid for out-of-country hospital in-patient services is \$100 per day. While New Brunswick would not disclose its per-day rate provided for emergency services within New Brunswick, \$100 is well below the average rates paid for in-province services elsewhere in Canada. New Brunswick reimburses emergency out-patient hospital services required by travellers at a rate of \$50 per day. This is also below the average rate per day paid for in-province services in other jurisdictions. Out-of-country emergency physicians' fees are paid at a rate equal to what New Brunswick physicians would receive for a similar service.

Change since last report: None.

Recommendations: Reimburse emergency in-patient and out-patient services required by travellers at the same rate per day as that paid for similar services within the province and continue to update these rates to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

C- (2002: D)

The New Brunswick Provincial Drug Program only directly covers the cost of up to a 100-day supply of drugs. A 100-day supply is insufficient for the six-month trip that a New Brunswicker may take while still maintaining health coverage. A traveller requiring more than a 100-day supply has two options: pay for an additional supply and submit the receipt for reimbursement or make arrangements with the pharmacy to have an additional supply sent abroad. These options create a burden that many other Canadian travellers are not required to bear. Further, New Brunswick will not reimburse the cost of drugs purchased outside the province.

Change since last report: Options for obtaining coverage for more than a 100-day supply.

Recommendations: Amend the drug program to cover a supply of medication equal to the length of the maximum permitted absence from the province. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside New Brunswick at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C (2002: C-)

Absentee mail-in balloting is permitted in New Brunswick. Applications for a special ballot can be downloaded from the chief electoral officer's website and submitted in person, by mail or by fax. According to the chief electoral officer, the special ballot process was not primarily designed for absentee voters but for voters confined to their homes (the process allows a friend or relative to take the marked ballot to the returning office). Thus, there is no deadline to apply for special ballots, but the marked ballot must be returned three days prior to election day. Provincial general elections must be held at least every five years; the next election must be called by June 2008.

Change since last report: The deadline for returning special ballots in municipal elections was extended to election day itself.

Recommendations: If necessary, create separate processes that reflect the unique, different needs of absentee voters and home-confined voters. Allow applications for absentee ballots to be made via e-mail. While not setting a firm deadline, clearly communicate the last day by which absentee voters' applications should be received in order to ensure that they receive the ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

C (2002: C+)

New Brunswick produces a brochure entitled *New Brunswick Medicare Plan*, which includes good, but incomplete, information for travellers. Content includes emergency coverage for those travelling outside the country and the residency requirements required to retain health benefits. However, there is no mention of options for travellers who need coverage for more than a 100-day supply of prescription drugs. The province follows the good practice of mailing this brochure to residents along with their Blue Cross notices, but it is not available on-line. New Brunswick's electoral website gives inadequate information for travellers or others who wish to participate in distance voting. Information on special mail-in voting is found in an "Elector FAQ" (Frequently Asked Questions) section of the 2003 Provincial Elections section. The information that is available is minimal at best.

Change since last report: Special ballot applications forms are now printable on-line. In general websites are providing Canadians with more detailed and better information; the lack of change means New Brunswickers are falling relatively behind.

Recommendations: Make the health information brochure easily accessible on-line and produce a dedicated, comprehensive health brochure for travellers. Provide full and user-friendly information for distance voting on the chief electoral officer's website. Create a page dedicated to distance voting and place easily-identified links on the home page and elsewhere.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

A (2002: D)

To remain eligible for health coverage a resident of Nova Scotia must be physically present in Nova Scotia for 183 days (six months) in any calendar year and make his or her principal and permanent home in Nova Scotia. Short absences of less than 30 days are not usually monitored, although if residency is in question the Department of Health has the right to consider all absences. Once every six years residents on vacation are entitled to an extended absence of up to 12 months while still maintaining health coverage. Nova Scotia's policies give their residents some of the greatest freedom in all of Canada.

Change since last report: In 2004 the Department of Health made significant changes to its policy relating to eligibility and coverage, by allowing unlimited short absences and an extended absence of up to 12 months once every six years.

Recommendations: Remove the restriction (one every six years) on extended vacations, permitting coverage subject to government approval.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

C+ (2002: C+)

Nova Scotia fulfills one of the portability requirements under sub-paragraph 11(1)(b)(ii) of the *Canada Health Act* by reimbursing out-of-country emergency in-patient services at a similar per day rate as paid in Nova Scotia. Nova Scotia reimburses \$525 per day for emergency in-patient services outside the province, the same as the rate for services provided in Nova Scotia. Nova Scotia only covers 50 per cent of the cost of any ancillary emergency in-patient hospital charges such as lab and x-ray. Nova Scotia does not reimburse for emergency out-patient care. Coverage for emergency physician fees is covered at Nova Scotia rates.

Change since last report: None.

Recommendations: Comply with the *Canada Health Act* by reimbursing emergency out-patient health services required by travellers at the same rate as that paid for services within the province. The province should continue to update these rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B (2002: B-)

Beneficiaries of the Seniors' Pharmacare Program who will be temporarily away from Nova Scotia may obtain up to a 180-day supply of medication at the discretion of their physician and pharmacist. Pharmacare will only cover prescription drugs that have been dispensed at a Nova Scotia pharmacy, except in the event of a medical emergency. What counts as a "medical emergency" is not defined.

Change since last report: Clarification that the Seniors' Pharmacare Program will cover prescription drugs purchased outside of Nova Scotia in the case of a medical emergency.

Recommendations: Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside Nova Scotia at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C (2002: C)

Nova Scotia permits absentee mail-in balloting. An absentee ballot must be requested from the returning officer 10 days before election day, in order to allow time for the write-in ballot to be mailed to the voter and returned to the returning office before the close of polls on election day. Election rules do not state that an original signature is required for an application for mail-in balloting so faxes are acceptable. The elector must ensure that the write-in ballot is received by the returning office by the time that the polls close on election day. Provincial general elections must occur at least every five years; the next election must be called by August 2008.

Changes since last time: None.

Recommendations: Allow applications for mail-in ballots to be made via e-mail. Eliminate the 10-day deadline and replace it with a clear communication of the last day by which absentee voters' applications should be received in order to ensure that they receive the ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

D+ (2002: C-)

Nova Scotia produces a fact sheet that gives frequent travellers good information on how to maintain health coverage; the fact sheet is available on-line. Nova Scotia also produces *Insured Health Services in Nova Scotia*, a pamphlet containing some basic information for travellers. The publication explains that some coverage will be provided to travellers requiring emergency services, but is vague on the residency requirements necessary to retain access to health benefits. Telephone contact numbers for more information are provided.

The Elections Nova Scotia website offers 70 words on distance voting (confirming that it is an option and listing the deadlines for the request and return of mail-in ballots). The information is not prominently displayed and takes some work to locate. Nonetheless, this is a small improvement from 2002 when there was no information on-line.

Changes since last time: Modest information about mail-in voting can be found on-line. In general, Canadians have access to better and more detailed website information; because their government has not kept pace Nova Scotians are falling relatively behind.

Recommendations: Produce a comprehensive brochure designed for travellers and ensure that this information is readily available in government offices and travel offices and is easily accessible on-line. Provide more information on distance voting on a special page of the Elections Nova Scotia website, with clear and easily-accessed links including from the home page. Include the mail-in ballot application forms on-line.

Note: While governments across Canada cooperated with our efforts to include accurate and up-to-date information in this report, at first P.E.I.'s Department of Health and Social Services declined to participate; an official there dismissed our report card as an attempt to change government policy. The primary purpose of this document, of course, is to provide useful, current information to Canadians who travel. Following a meeting with the CSA, and thanks to the direct intervention of the Minister himself, the Hon. J. Chester Gillan, we were able to obtain up-to-date information about P.E.I.'s policies. However, this incident speaks to the need for government officials at all levels to be more sensitive to the needs and concerns of the travelling public.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

B- (2002: C+)

In order to retain health coverage, Prince Edward Islanders must be present in the province at least six months plus a day each year. This time is not consecutive, meaning that residents may take an unlimited number of trips outside the province, provided that their total time inside the province amounts to six months plus one day. With government approval, health coverage may be maintained despite an absence of more than six months; coverage may be extended for up to one year. While the government's website strongly recommends that travellers notify the Department of Health and Social Services of any absence exceeding one month, the minister confirmed in correspondence that this is not a requirement.

Change since last report: Minister clarified that Islanders are not required to inform the government of any absences that extend beyond 30 days.

Recommendations: While permitting six months of travel is a good step, this period should be extended to eight months. In addition, Prince Edward Islanders should be permitted to make an unlimited number of short-term trips anywhere in the world without affecting eligibility; this could be accomplished by providing that a trip of less than one month is not counted as time absent from the province.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

A+ (2002: B)

Prince Edward Island is the only province to comply with sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*, by reimbursing residents for out-of-country emergency services at provincial rates. P.E.I. reimburses up to \$919 per day (the current ward rate in the province) for emergency in-patient services and \$158 per day (the average per day rate for in-province service in other jurisdictions) for emergency out-patient hospital services. Out-of-country emergency physician visits are covered at P.E.I. rates.

Change since last report: P.E.I. has increased its rates of reimbursement for out-of-country emergency services.

Recommendations: Continue to update rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

C (2002: B)

The province's Senior's Drug Cost Assistance Plan covers only a 30-day supply of drugs (in the case of maintenance medication, a 90-day supply). The 30-day limit is the smallest permissible supply in the country and well below the six months that residents are permitted, by P.E.I.'s own rules, to be absent without jeopardizing their eligibility for health coverage. The provincial health minister suggests that travellers make arrangements with willing pharmacies to obtain the appropriate supply of medication. A pharmacy that provides a longer supply must treat it as a series of smaller, individual refills for which it bills the provincial drug plan at 30-day or 90-day intervals.

On the other hand, Prince Edward Island will reimburse plan members, at provincial rates, for drugs purchased outside the province. This policy somewhat offsets the harsh effects of the 30-day supply limit, though a traveller is required to pay for the out-of-country drug with his or her own funds and then obtain reimbursement later.

Change since last report: None. The new grade reflects the province's failure to take advantage of the opportunity to revise the supply limit; were it not for the policy to reimburse out-of-province purchases, we would have assigned a failing grade.

Recommendation: Extend Seniors Drug Cost Assistance Plan to cover a supply of prescription medication equivalent to length of time a Prince Edward Islander may be absent from the province while maintaining health coverage.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C (2002: C-)

Prince Edward Island permits mail-in, distance voting. Applications for a mail-in ballot must be received, in writing or by fax, by 6:00 p.m. on the 13th day before election day. Applications for a mail-in ballot cannot be sent by e-mail. The marked mail-in ballot must arrive at the office of the chief electoral officer or the returning officer no later than 12 noon on election day. Elections must be held at least every five years; the next provincial election must be called by October 2008.

Change since last report: Deadline for return of the mail-in ballot was moved to 12 noon on election day (previously three days prior to election day). Unfortunately, the Elections P.E.I. website has not been updated to include this information.

Recommendations: Allow e-mail applications for mail-in ballots. Eliminate the 13-day deadline and replace it with a clear communication of the last day by which absentee voters' applications should be received in order to ensure that they receive the ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

C (2002: C+)

Prince Edward Island produces a pamphlet entitled *Hospital and Medical Services Insurance on Prince Edward Island*, which contains some basic information for travellers among other general health information. P.E.I. provides general information on temporary absences on-line but does not provide information on emergency health coverage rates or allowable quantities of prescription drugs. Telephone numbers to call for more information are provided. The brochure is available in Department of Health offices and on-line.

Prince Edward Island provides useful information for travellers who wish to participate in distance voting. A specific question in the "Frequently Asked Question" section is linked to a page dedicated to distant voting. However, the stated deadline to return mail-in ballots does not reflect recent changes to the *Election Act*. Also, while the application form for mail-in voting is displayed on the website and the website is one of the listed sources for the application, there is no printable version on-line.

Change since last report: Pamphlet is now available on-line. Changes to the *Election Act* are not reflected on-line.

Recommendations: Produce a comprehensive health brochure designed for travellers and ensure all information is readily available in travel offices and easily accessible on-line. Update Elections P.E.I. website. Provide a printable distance voting application form on-line.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

B+ (2002: B-)

Newfoundlanders and Labradorians must reside in the province for at least four consecutive months in each 12-month period to maintain health benefits. A provincial resident may retain coverage while absent from the province for up to 12 consecutive months by obtaining an Out-of-Province Coverage Certificate from the Medical Care Plan. Immediately following the return from this 12-month trip, the traveller must remain in Newfoundland and Labrador for four consecutive months. Subsequent Out-of-Province Coverage Certificates will only be issued for up to eight months. This provides a maximum of twelve months' out-of-province coverage to eligible beneficiaries. Travellers leaving for vacation purposes may receive an initial Out-of-Province Coverage Certificate for up to twelve months coverage, however the normal four-month residency requirement must be met immediately following their return to Newfoundland and Labrador. Additional Out-of-Province Coverage Certificates will only be issued to provide up to eight months' coverage.

Change since last report: Our last report cited an overly-bureaucratic requirement to seek government approval of trips as short as 31 days.

Recommendations: While the four-month consecutive residency requirement is the shortest in Canada, it could benefit from additional flexibility. Specifically, Newfoundlanders and Labradorians should be permitted to make an unlimited number of short-term trips anywhere in the world without affecting eligibility; this could be accomplished by providing that a trip of less than one month is not counted as time absent from the province. The limitation on Out-of-Province Coverage Certificates (only one for 12 months, any subsequent certificates for eight months) should be lifted.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

C (2002: C)

Newfoundland and Labrador does not reimburse emergency health services obtained abroad at the same rate as in-province services. This contravenes sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. The province reimburses emergency in-patient care to a maximum \$350 per day in a community or regional hospital and a maximum \$465 per day in a tertiary or specialized hospital, while it pays \$705 for the same services at home. In addition, Newfoundland and Labrador reimburses emergency out-patient hospital services at a rate of \$62 per day, below the average per day rate paid for similar in-province services in other jurisdictions. Haemodialysis is reimbursed at a rate of \$220 per day. Out-of-country emergency physician care is paid at Newfoundland and Labrador rates.

Change since last report: None.

Recommendations: Comply with the *Canada Health Act* by reimbursing emergency in-patient and out-patient services required by travellers at the same rate as that paid for services within the province. The province should continue to update these rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

D- (2002: D-)

Newfoundland and Labrador's provincial drug program will only cover the cost of a 90-day supply of prescription medication. This does not provide travellers with the supply necessary to cover an eight-month absence from the province. Unlike many other jurisdictions, the province will not reimburse residents for the cost of medication purchased outside of the province.

Change since last report: None.

Recommendations: Provide drug program coverage for a supply of medication sufficient for the length of time that an individual may be absent from the province without losing health coverage. Reimburse the cost of medication prescribed by appropriately accredited physicians and dispensed outside the province at the same rate as if purchased in the province.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

C– (2002: C–)

Absentee balloting is permitted in Newfoundland and Labrador, but the statutory basis for it is vague. The *Elections Act, 1991*, says that the chief electoral officer determines what methods of voting are acceptable, how a voter applies, and what the deadlines are.

The process lacks consistency. During the 2003 general election, special ballot applications could only be submitted by mail or in person. During a 2002 by-election, however, fax applications were also accepted. In 2003 the deadline to apply for a special ballot was four days prior to the election and the deadline to vote by special ballot was three days prior.

General elections must be held at least every five years; the next one must be called by October 2008.

Change since last report: There was no change in the legislation, but the chief electoral officer did issue rules for the 2003 general election.

Recommendations: Place in the legislation clear, consistent rules for mail-in ballots. Allow e-mailed and faxed applications for special ballots. Set no deadline for application, but instead clearly communicate the last day by which absentee voters' applications should be received in order to ensure that they receive the special ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

B– (2002: B–)

Newfoundland and Labrador produces a pamphlet, entitled *Newfoundland Medical Care Plan*, which contains some basic information for travellers among other general health information. The publication explains that some coverage will be provided to travellers requiring emergency services and outlines the residency requirements necessary to retain access to health benefits. There is no mention of coverage for drugs needed by travellers, nor is there a listing of a telephone number to call for more information. The brochure is only available on-line and is largely unchanged from 2002. Newfoundland and Labrador provides very good information for absentee voters on the Elections Newfoundland and Labrador website. On the home page a separate section is devoted to "Special Ballots" with links to separate pages. A printable version of the application kit can be found on-line.

Change since last report: None.

Recommendations: Produce a comprehensive brochure designed for travellers and ensure all information is readily available in travel offices and easily accessible on-line.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

A+ (2002: A+)

Yukon legislation requires residents to be ordinarily present in the territory to qualify for health benefits. Residents must not be absent for longer than 12 consecutive months and must be able to demonstrate that they are considered to “make their home and be normally present” in the Yukon. Residents of the Yukon who will be away for more than two months are asked to indicate their intentions by completing a “Temporary Absence” form to ensure ongoing health coverage. This policy provides residents of the Yukon with greater freedom to travel than residents anywhere else in Canada (except Nunavut, which has an equivalent rule).

Change since last report: None.

Recommendations: None.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

A+ (2002: A+)

Yukon is one of the few jurisdictions that fulfills the portability requirements under sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. The territory reimburses \$1,297 per day for emergency in-patient services required by travellers while out of the country. In addition, the Yukon reimburses emergency out-patient hospital services at a rate of \$158 per day (the average daily rate for in-province service in other jurisdictions). Emergency physician services are reimbursed at Yukon rates.

Change since last report: None.

Recommendations: Continue to update rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B– (2002: B–)

Drug program participants in the Yukon may only be absent from the territory for six consecutive months. Absences for a period of longer than six consecutive months will result in the loss of benefits under the Yukon’s drug program. Yukon will cover a 90-day supply of prescription drugs, which is well below the 12 months that residents may be absent from the territory without losing their health benefits and below the six-month absence permitted by the drug program itself. However, the Yukon may reimburse plan members for drugs purchased outside the territory once travel is complete if original receipts are retained.

Change since last report: None.

Recommendations: Provide drug program coverage for a supply of medication sufficient for the length of time that an individual may be absent from the territory without losing health coverage.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

B (2002: B-)

The Yukon allows special balloting for all residents. Individuals unable to vote at an advance poll or regular poll may apply for a special ballot at any time after the election is called. Applications must be mailed, delivered or made in person. A special ballot must be received by the returning officer in the individual's electoral district by 2:00 p.m. on election day. The Yukon also permits proxy voting, but this process often is cumbersome for travellers to use; the proxy application is available only after the election is called and both the voter and proxy must sign it. Territorial general elections must be held at least every five years; the next one must be called by November 2007.

Change since last report: Vacationers' access to distance voting has been improved. Previously, only certain categories of Yukoners (such as those absent because of employment) had all election campaign to apply for special ballots; others, including vacationers, could only apply during the last week of the campaign, making it virtually impossible for someone outside the territory to apply, receive a special ballot and return it in time.

Recommendations: Allow e-mailed and faxed applications for special ballots. Set no deadline for application, but instead clearly communicate the last day by which absentee voters' applications should be received in order to ensure that they receive the special ballots in sufficient time to send them back. Accept mail-in ballots that have been post-marked prior to the close of polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

B+ (2002: B)

The Yukon publishes fairly detailed health related information for travellers in a single pamphlet. The information provides a good overview of the type of emergency coverage the territory will provide and tips for travellers before they leave the Yukon. This information is available at medical offices, travel agencies and is available on-line. The Yukon provides useful information on proxy voting and distance voting. Printable application forms for proxies and special ballots are available on-line.

Change since last report: Information on health care coverage outside of the Yukon is available on-line.

Recommendations: Consolidate health information for travellers into a single pamphlet that is available on-line as well as at government offices and through travel and medical organizations.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

C- (2002: C-)

According to policy statements and Ministry of Health literature, residents of the Northwest Territories must “ordinarily” remain in the territory for six months of the year in order to maintain health coverage. Residents who leave the N.W.T. for 90 days or more must notify the N.W.T. Health Care Plan by completing a temporary absence form. Upon return to the Northwest Territories, they must remain in the N.W.T. for six cumulative months in order to maintain their health benefits. Legislation contradicts this information and creates confusion for travellers. *The Hospital Insurance and Health and Social Services Administration Act* states that “the insured person is entitled to in-patient and out-patient insured services outside the Territories during a period of 12 months of continuous absence from the Territories.”

Change since last report: None.

Recommendations: Maintain current legislative requirements and remove the confusion created by the contradictory policy statement.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

A+ (2002: A+)

The Northwest Territories satisfies the portability requirements under sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. The territory reimburses \$1,283 per day for emergency in-patient services required by travellers while out of the country. In addition, the N.W.T. reimburses emergency out-patient hospital services at a rate of \$158 per day, which matches the out-patient rate per day paid by the territory for in-territory services. Emergency physician services are reimbursed at N.W.T. rates.

Change since last report: None.

Recommendations: Continue to update rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

C+ (2002: C+)

The Northwest Territories will only cover a one-month supply of prescription drugs, well below the 12 months that residents are permitted, by the territory’s own rules, to be out of the territory without jeopardizing their eligibility for health coverage. However, the plan will reimburse plan members for drugs purchased outside the territory once travel is complete.

Change since last report: None.

Recommendations: Cover the cost of a supply of prescription medication equal to the permitted absence from the territory.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

A- (2002: B-)

Absentee mail-in voting is allowed in the Northwest Territories, having replaced proxy voting.

Special ballots are available from the first day of the election period until 4:00 p.m. on the Saturday before polling day (polling day is always on a Monday). Voters may request a special ballot from their returning officer in person, by telephone (collect calls will be accepted), fax or mail. The ballot is sent to the voter, which then must be completed and sent back to the returning officer. The returning officer must receive special ballots by the close of polls (8:00 p.m.) on election day. Territorial general elections must be held at least every four years; the next election must be called by November 2007.

Change since last report: N.W.T. has switched to a special ballot. Applications can be made for the special ballot by telephone and fax and the deadlines for submitting the applications have been extended.

Recommendations: Set no deadline for application, but instead clearly communicate the last day by which special ballot applications should be received in order to ensure that they receive the special ballots in sufficient time to send them back. Allow e-mail applications for special ballots. Accept mail-in ballots that have been post-marked prior to the close of the polls. Fix election dates so travellers can plan accordingly (also recommended by the N.W.T. chief electoral officer).

AVAILABILITY OF GOVERNMENT INFORMATION

C (2002: C+)

The Northwest Territories publishes limited health information for travellers in two separate documents. One publication, *Travelling? What you Should Know*, only discusses the territorial coverage for out of country health emergencies. This brochure could benefit from being more comprehensive by including some of the residency information contained in the brochure *Your Health Care Benefits*. Neither of these documents mentions the territory's policy on prescription medication or the fact that the territory will reimburse drug plan members for prescriptions required while abroad. Both of these publications are now available on-line in PDF format. Elections NWT makes good information on the special ballot available on-line but there should be a clear link from the home page. Further, no printable application form is available.

Change since last report: Health brochures are now available online.

Recommendations: Create a comprehensive brochure of medical information for travellers by merging both pamphlets and including information for users of the territory's drug program. Better identify the location of information on special-ballot voting and include a printable online application.

PRESERVATION OF HEALTH COVERAGE FOR FREQUENT TRAVELLERS

A+ (2002: A+)

Nunavut requires no minimum period of presence within the territory in order to qualify for health benefits. The only restriction is that a resident must not be absent for longer than 12 consecutive months. This policy provides residents of Nunavut, along with the residents of the Yukon, with greater freedom to travel than residents from any other Canadian jurisdiction.

Change since last report: None.

Recommendations: None.

ACCESS TO EMERGENCY HEALTH COVERAGE WHEN TRAVELLING

A+ (2002: A+)

Nunavut satisfies the portability requirements under sub-paragraph 11(1)(b)(ii) of the *Canada Health Act*. The territory reimburses \$1,269 per day for emergency in-patient services required by travellers while out of the country. In addition, Nunavut reimburses emergency out-patient hospital services at a rate of \$153 per day, which matches the out-patient rate per day paid by the territory for in-territory services. Emergency physician services are reimbursed at Nunavut rates.

Change since last report: None.

Recommendations: Continue to update rates over time to match changes in real costs.

ACCESS TO PRESCRIPTION DRUGS FOR USE DURING TRAVEL

B+ (2002: B)

There is no published policy regarding the quantity of prescription drugs that will be covered by Nunavut's drug program. While the absence of policy suggests that obtaining a supply equal to the permitted absence from the territory is possible, there should be a clearly stated policy to inform travellers what they may request of their physicians and the coverage they can expect. Travellers can take comfort, however, knowing that the territory will reimburse plan members for drugs purchased outside the territory.

Change since last report: None.

Recommendations: Confirm that the drug plan covers a supply of prescription medication sufficient for the permitted absence from the territory.

ACCESS TO VOTING RIGHTS FOR TRAVELLERS

B+ (2002: B-)

Nunavut permits voting by special ballot and proxy. "Emergency voting" by radio or satellite phone is available to voters in remote locations but the restrictions (for example, the only means of telecommunication at the voter's location must be radio or satellite phone) suggest that this method will not usually help travellers. The law requires that special-ballot application forms be available over the Internet and by toll-free telephone. The form can be mailed or faxed back and a brochure from Elections Nunavut suggests that the application can be submitted on-line but the website does not appear to support on-line application. The traveller is solely responsible for ensuring that the special ballot is received by the chief electoral officer prior to 5 p.m. on Friday, the third day before election day; Elections Nunavut recommends that it be mailed back by Monday of the same week.

To vote by proxy, a voter must apply to the returning officer for a proxy certificate. Proxy applications can only be made starting five days before election day and prior to 3:00 p.m. on election day. Territorial general elections must be held at least every five years; the next election must be called by November 2009.

Change since last report: Applications for special ballots no longer have to be made 21 days before the election.

Recommendations: Remove the current deadline (third day before election day) and accept mail-in ballots that have been post-marked prior to the close of the polls. Allow e-mail applications for special ballots and confirm that applications may be submitted on-line. Accept mail-in ballots that have been post-marked prior to the close of the polls. Fix election dates so travellers can plan accordingly.

AVAILABILITY OF GOVERNMENT INFORMATION

D- (2002: C-)

The website of the Nunavut Department of Health and Social Services offers the least information of all government health websites in Canada. Some very general health information is available on-line. Travellers will have difficulty finding any information about drug coverage, reimbursement rates (emergency care/drugs) or residency requirements for coverage. By comparison, the website of Elections Nunavut (which is independent of the Nunavut Government) is quite comprehensive and informative. There is very good, on-line information on proxy and absentee special ballot voting. Printable application forms and descriptions of each process are available on-line.

Change since last report: Application forms for special ballots and proxy voting are available online. Websites and electronic access to information have improved in most places, but the lack of improvement to the Nunavut Health and Social Services website means territorial residents are falling relatively behind.

Recommendations: Create a comprehensive brochure of medical information for travellers and ensure this information is available on-line, as well as at medical offices and travel agencies.

Independent Consultant

To help the Canadian Snowbird Association analyse, evaluate, report on and grade the applicable laws and policies of the federal, provincial and territorial governments, the association retained the national law firm Fasken Martineau DuMoulin LLP.

The Canadian Snowbird Association

The Canadian Snowbird Association is a non-profit, non-partisan organization representing Canadian travellers of all ages from across the country. We work in partnership with government and business to educate and advocate on behalf of all travelling Canadians, helping to ensure access to safe, healthy travel with no restrictions on freedom of movement.

For many years the CSA has been protecting the interests of Canadian travellers. Past successes include protecting travellers' rights to vote through amendments to the *Canada Elections Act*, and obtaining an Ontario government reversal on reductions of out-of-province health coverage. Most recently, through appeals to the United States Congress, the CSA obtained a commitment from the U.S. Immigration and Naturalization Service (INS) that Canadians, eligible to cross the border, would not be hindered in their desire to spend six months in the south.

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