Brief to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)

Re: Employment Insurance Parental Leave in Canada

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Introduction

Fertility Matters Canada (FMC) is a national charitable organization representing and supporting Canadians navigating fertility challenges and assisted reproductive pathways to parenthood. FMC advocates for equitable access to fertility care through education, awareness and policy change.

Infertility affects an estimated one in six people over their lifetime. For many of these Canadians, the path to parenthood runs through months or years of medical treatment, and often through pregnancy loss, before a child arrives. Employment Insurance (EI) maternity and parental benefits were designed around a single, linear path: a pregnancy, a birth and a period of care. While maternity and sickness benefits have permitted some flexibility for pregnancy loss, the system is not built to adequately reflect the realities of people who build their families through assisted reproductive technologies (ART), including in vitro fertilization (IVF), donor gametes and surrogacy. These gaps fall most heavily on 2SLGBTQIA+ individuals and couples, single parents by choice, and people who require donor gametes or surrogacy.

FMC welcomes the Committee's study and its goal of hearing concrete proposals for reform. Consistent with FMC's mandate, this brief focuses on fertility treatment, assisted reproduction and surrogacy. Adoption falls outside the organization's scope, although several of the measures below would also benefit adoptive families.

Financial and medical realities of fertility care

The realities of building a family through fertility treatment are often financially and medically demanding, long before a pregnancy or birth occurs. A single cycle of IVF typically costs $20,000. A cycle of IVF using a donor embryo costs about $30,000, while surrogacy costs range from $80,000 to $100,000. Many patients require multiple cycles to achieve a successful pregnancy and live birth, making treatment inaccessible to those without significant financial means. Public funding varies across provinces and territories, creating a patchwork of support in which access often depends on where someone lives rather than their medical needs.

Even where treatment is publicly funded, patients may face substantial additional costs for medication, travel and accommodation, genetic testing, counselling and time away from work. Access to fertility specialists and clinics is also uneven. Some provinces and territories have no fertility clinics or only one, requiring patients outside major urban centres to travel significant distances for consultations, monitoring and procedures. These barriers add costs and delay to time-sensitive treatments.

Summary of recommendations

FMC recommends that the Government of Canada:

1. Bring the 15-week EI benefit for parents through adoption or surrogacy into force by the end of 2026, and publicly confirm the in-force date.
2. Create an EI fertility treatment benefit that does not require a medical certificate of inability to work.
3. Allow fertility treatment benefits to be claimed by the day or half-day, with the one-week waiting period waived.

4. Create a single EI pregnancy loss benefit that covers losses before and after 20 weeks of pregnancy as well as failed embryo transfers, without reducing eligibility for a future claim.
5. Reduce the insured hours required between a parental claim and a new maternity or parental claim.
6. Recognize all family structures in EI maternity and parental benefits.
7. Allow parents to restructure a parental claim after it has been processed when family circumstances change.

Bring the benefit for parents through surrogacy into force

In June 2024, Parliament passed legislation creating a 15-week shareable EI benefit for parents through adoption or surrogacy, with both slated to come into force on a date to be fixed by order of the Governor in Council. More than two years later, the benefit is still not available.

Under current rules, a gestational surrogate can receive EI maternity benefits for her own recovery, but intended parents can receive only parental benefits. As a result, a family formed through surrogacy receives up to 15 fewer weeks of supported time at home than a family formed through birth. The province of Quebec has already recognized this discrepancy, and provides dedicated benefits to intended parents through surrogacy under the Québec Parental Insurance Plan (QPIP).

Surrogacy is a pathway to parenthood for individuals and couples across diverse family structures, gender identities and sexual orientations, including those navigating infertility, medical conditions, cancer survivorship or becoming a parent on their own. Every month of delay means more of these families welcome a child with less support than their neighbours. A firm in-force date, and clear guidance on documentation and how to apply, would let families, employers and clinics plan with confidence.

Support Canadians through fertility treatment

Fertility treatment is demanding on the body and on working life, yet EI offers no benefit designed for it. A single IVF cycle involves hormone injections, frequent early-morning monitoring appointments, an egg retrieval procedure under sedation and an embryo transfer, all timed to the patient's cycle rather than their work schedule. Fertility preservation before cancer treatment follows the same intensive process on an urgent timeline, typically prior to the time when a patient reaches the stage in their treatment where they meet the EI sickness criteria of being unable to work for medical reasons.

The workplace impact is significant. In a 2026 Mount Royal University and Fertility Alberta survey, 82% of respondents took time off work for fertility treatment, an average of 18.7 days, drawing on sick days, vacation, unpaid leave and banked hours. Sixty-five percent said their fertility journey had a negative impact on their employment.[1] In an international survey of more than 3,600 employees, 39% of those who had undergone treatment left or considered leaving their job, and 17% used sick leave to attend treatment.[2] The psychological symptoms

[1] Fertility Alberta Advocacy & Outreach Association & Mount Royal University. (2026).
[2] Ferring Pharmaceuticals. (2025, November 26).

associated with infertility are comparable to those of patients with cancer, cardiac conditions and hypertension.[3]

Current EI benefits do not fit

EI sickness benefits are the only option currently available, and they are a poor fit. Claimants must be unable to work for medical reasons and must obtain a medical certificate attesting to that incapacity. Most fertility treatment does not make a person medically unable to work in this sense, even when it requires them to be absent. Partners and intended parents who must attend appointments are not eligible for sickness benefits at all.

EI is also paid in full weeks, generally after a one-week unpaid waiting period. Fertility treatment instead requires many short, often last-minute absences: a two-hour monitoring visit, a day or two for a retrieval, and a transfer. A weekly benefit with a waiting week cannot respond to this pattern. Patients are left to use vacation, take unpaid time off or keep their treatment hidden from their employer, all while undergoing fertility treatment that is already incredibly stressful and costly.

A dedicated, flexible benefit

FMC recommends a dedicated EI fertility treatment benefit providing a set number of days per treatment cycle. The benefit should be available to the person undergoing treatment and to their partner or co-intended parent, where applicable. Eligibility should also extend to individuals undergoing fertility preservation, including the freezing of eggs, sperm, embryos or reproductive tissue to protect future reproductive options due to medical conditions, cancer treatment, gender-affirming care, age-related fertility decline or other personal or reproductive circumstances.

Eligibility should rest on confirmation of treatment from the clinic, not a certificate of inability to work. Benefits should be claimable by the day or half-day, with the waiting week waived for treatment-related claims.

Create a single EI pregnancy loss benefit

Pregnancy loss is common, and it is a frequent part of the path to parenthood for people undergoing fertility treatment. An estimated 15.3% of recognized pregnancies end in miscarriage, and the psychological consequences include increased risk of anxiety, depression and post-traumatic stress.[4]

EI support after a loss depends on the week in which the pregnancy ended. A pregnancy that ends at 20 weeks or later may qualify for maternity benefits. A pregnancy that ends before 20 weeks may qualify only for sickness benefits, with a medical certificate. Parental benefits are not available in either case. A failed embryo transfer, which can carry a similar physical and emotional toll for intended parents, is not recognized at all. Partners and intended parents through surrogacy have no clear route for income support.

While the existing rules do, on their face, cover pregnancy loss, asking intended parents to navigate a system that requires them to determine which benefit they qualify for based on the

[3] Domar, A. D., Zuttermeister, P. C., & Friedman, R. (1993).
[4] Quenby, S., Gallos, I. D., Dhillon-Smith, R. K., et al. (2021).

precise details associated with a fresh and devastating loss, and in many cases requiring a medical certificate prior to receiving benefits, places undue hardship on an individual at an already difficult time.

FMC recommends replacing the current patchwork with a single EI pregnancy loss benefit. It should:

- cover losses before and after 20 weeks, and failed embryo transfers;
- be available to the person who was pregnant, their partner and intended parents through surrogacy;
- not immediately require a medical certificate of inability to work; and
- not count against a future claim, so that a parent who becomes pregnant again soon after a loss is not left without enough insured hours for maternity and parental benefits.

Remove the penalty on closely spaced children

To qualify for maternity or parental benefits, a claimant needs 600 insured hours in the 52 weeks before the claim or since the start of their last claim, whichever is shorter. A parent who returns to work after a year of leave and becomes pregnant again may not accumulate 600 new hours before their second child arrives, even after years of paying premiums.

This rule weighs heavily on fertility patients. Many begin treatment later in life, when the chance of a live birth from IVF declines with age. Patients often have frozen embryos remaining from an earlier cycle and are advised by their physicians to proceed with a transfer without delay. The current rule forces a choice between medical advice and income security, and can push families to delay treatment at the cost of their chances of success.

Quebec offers a more inclusive model. QPIP requires only $2,000 in insurable earnings during the qualifying period, regardless of hours worked. In 2023, QPIP covered 90% of births in Quebec, compared with 78% under federal EI.[5] FMC recommends reducing the hours required between a parental claim and a new maternity or parental claim, so that parents are not penalized for having children close together.

Recognize all families

Assisted reproduction has made Canadian families more diverse, but EI parental benefits still assume two parents in a shared household. Single parents by choice, 2SLGBTQIA+ families and families with more than two legal parents often rely on ART, and the rules do not always fit them.

Single parents. Families that share parental benefits receive 5 extra weeks under the standard option or 8 extra weeks under the extended option, but one parent cannot receive more than 35 or 61 weeks. A single parent, including a single parent by choice, therefore receives less total time at home with their child than a two-parent family. QPIP provides additional weeks to single parents when only one parent is named on the act of birth. FMC recommends that single parents be able to access the additional weeks.

More than two legal parents. Some provinces recognize more than two legal parents. Ontario allows up to four people to be the legal parents of a child conceived through assisted

[5] Garon-Carrier, G., Julien, C., Margolis, R., Mathieu, S., Petitclerc, A., & Fitzpatrick, C. (2026).

reproduction or born through surrogacy. EI should clearly allow parental benefits to be shared among all of a child's legal parents.

Inclusive language and family forms. EI legislation, regulations and guidance should use gender-neutral language, such as "birth parent" and "non-birthing parent," and should explicitly include kinship care and Indigenous customary adoption.

Allow claims to adapt to changing circumstances

Family circumstances can change after a claim is approved. A parent may become ill, return to work unexpectedly or face a change in employment. Parents can adjust how they share weeks, but they cannot switch between the standard and extended options once a week of parental benefits has been paid. FMC recommends that parents be able to restructure who takes leave and when, after a claim has been processed, so that EI responds to the realities of family life.

Conclusion

For many Canadians, the path to parenthood does not begin with a birth. It begins with diagnosis, treatment, and often loss. EI was not designed with these families in mind, and the gaps leave people undergoing fertility treatment, experiencing pregnancy loss, or building families through surrogacy or as single parents with less support than other parents while often taking on a much greater financial burden to build their families.

The measures in this brief are practical and, in several cases, build on steps Parliament has already taken. FMC welcomes the Committee's study and would be pleased to provide further information or appear as a witness.

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References

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