Written Submission for the Pre-Budget

Consultations in Advance of the Upcoming Federal Budget



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List of Recommendations

- **Recommendation 1:** That the Government of Canada establish a federal fertility and family-building program providing up to $20,000 per patient for fertility services, supported by a $412 million investment over four years, as part of a national fertility and family-building strategy.

Overview

This submission responds to growing national concerns regarding fertility and family-building care access and affordability in Canada.

Infertility is estimated to affect 1 in 6 people, and has been recognized by the World Health Organization as a major global public health challenge across all income levels. Although assisted reproductive technologies (ART) such as in vitro fertilization (IVF) are often the only option for those who want to have children, these services are often inaccessible to many due to high demand, high costs, and limited availability.

On average, the out-of-pocket cost of one round of IVF in Canada is between $10,000 and $20,000. The cost of a single round of IVF with a donor embryo is about $30,000, and surrogacy costs range from $80,000 to $100,000. Often, it takes multiple rounds of IVF to result in a successful pregnancy, further compounding financial pressures on individuals and families.

For many 2SLGBTQIA+ individuals, couples, and single parents by choice, fertility services are often the primary or only pathway to parenthood. Access to donor conception, IVF, and surrogacy services is therefore critical to their family-building goals.

Canada's fertility rate has been declining since 2009. Recent Statistics Canada data found that in 2024, Canada's total fertility rate reached a record low of 1.25 children per woman, meeting the criteria of an "ultra-low" fertility country. The average age of childbearing in Canada has also steadily increased over the last fifty years. In 2024, the average age of mothers at the birth of their child reached a record high of 31.8 years, up from 26.7 years in 1976. At the same time, many Canadians who want to build families continue to face significant medical, financial, and geographic barriers to accessing fertility services.

Access to fertility care has increasingly emerged as a policy priority. The 2025 election platform of the Liberal Party of Canada included a commitment to improving access to fertility care and reducing financial barriers to IVF treatment. Recent provincial initiatives, including Ontario's expansion of its fertility program, further reflect growing recognition of the need to address affordability and access. However, current measures remain fragmented and vary significantly across jurisdictions, underscoring the need for a coordinated national approach.

The Problem: Access Gaps Across Canada

Access to fertility services varies greatly across Canada. There is no national fertility framework or funding strategy, resulting in a patchwork of provincial and territorial programs. Programs range from refundable tax credits (Saskatchewan, Manitoba, Nova Scotia, Yukon), one-time reimbursements (New Brunswick, Prince Edward Island and Newfoundland and Labrador) or limited direct cycle coverage (British Columbia, Ontario, Quebec). Three jurisdictions offer no public funding at all (Alberta, Northwest Territories, Nunavut).

Many provinces and territories do not have fertility clinics, requiring patients to travel significant distances to access care. Treatment often requires multiple trips for consultations, cycle monitoring, and procedures, creating major logistical, geographic, and financial barriers. Intensive, time-sensitive medical scheduling can also significantly impact mental health, relationships, and workplace productivity.

Jurisdictional Scan

Province/Territory	Provincial funding	# of IVF clinics
British Columbia Direct funding	Direct funding up to $19,000 for one IVF cycle, including medications. Income-tested. (2025)	5
Alberta No funding	No provincial IVF/fertility funding. New commitment (2026): $2.25M oncofertility program for cancer patients facing urgent fertility decisions.	4
Saskatchewan Refundable tax credit	50% refundable tax credit on eligible fertility expenses, including IVF, up to $10,000 lifetime maximum.	1
Manitoba Refundable tax credit	40% refundable tax credit on eligible fertility expenses, up to $16,000 annually. No lifetime limit.	1
Ontario Direct funding & Refundable Tax Credit	Direct funding for one IVF cycle and unlimited IUI cycles; medications not covered. 25% refundable tax credit on eligible expenses, up to $5,000 annually. No lifetime limit.	20
Quebec Direct funding &	Direct funding for one IVF cycle and six IUI cycles; medications covered through RAMQ.	8

Refundable Tax Credit	20–80% refundable tax credit on eligible expenses, up to $20,000 annually. Income-based.	
New Brunswick Reimbursement	Reimbursement of up to $10,000 lifetime for IUI expenses and up to $20,000 lifetime for IVF expenses.	1
Nova Scotia Refundable tax credit	40% refundable tax credit for fertility and surrogacy expenses, up to $8,000 annually. No treatment cap.	1
Prince Edward Island Reimbursement	Reimbursement up to $20,000 lifetime per household for eligible IVF and/or IUI expenses, including medications and initial fertility consultation fees. Not income-tested. Out-of-province travel required for IVF.	0
Newfoundland & Labrador Reimbursement Lifetime max: $20,000	One-time IVF reimbursement up to $20,000; can be staggered over time. Out-of-province travel required for IVF.	0
Yukon Territory Refundable Tax Credit & Medical Travel Program	40% refundable tax credit on fertility expenses, up to $10,000 annually. Travel and accommodation covered through medical travel program.	0
Northwest Territory	No funding. No IVF clinics in territory.	0
Nunavut	No funding. No IVF clinics in territory.	0

Why it Matters

Health & Equity

Infertility is a disease of the reproductive system characterized by the inability to achieve pregnancy after 12 months or more of trying to conceive. It is frequently multifactorial, and not all causes are known. While infertility remains a significant driver of demand for fertility care, many Canadians also require fertility and family-building services for reasons unrelated to infertility, including donor conception, surrogacy, fertility preservation, and pathways to parenthood for 2SLGBTQIA+ individuals and single parents by choice.

While there is no single universal approach to treatment, a range of effective medical interventions and family-building services exist. Access to fertility and family-building

care should be recognized as an important component of comprehensive reproductive healthcare, not a luxury available only to those who can afford it.

Individuals navigating infertility and fertility-related challenges, particularly women, experience significantly higher rates of anxiety, depression, and psychological distress compared to the general population. Studies have found the psychological distress associated with infertility to be comparable to that experienced by patients facing serious medical conditions such as cancer, HIV, and other life-threatening illnesses. Despite this, treatment remains out of reach for many.

Accessible fertility and family-building care plays an important role in supporting physical, mental, and reproductive health. These services are also a critical component of equitable healthcare access for many Canadians, including 2SLGBTQIA+ individuals, couples, and single parents by choice, for whom donor conception, IVF, and surrogacy may be the only pathway to parenthood.

Individuals should not be denied the opportunity to build a family based on socio-economic status, sexual orientation, gender identity, marital status, or geographic location. Ensuring equitable access to fertility and family-building care is therefore a matter of both health system fairness and reproductive equity.

Economic and Demographic Considerations

Canada is entering a period of significant demographic and economic transition. The country's fertility rate has declined to historic lows, while Canada is projected to experience a second consecutive year of near-zero population growth in 2026. At the same time, the average age of childbearing continues to rise, while Canada faces reduced immigration targets and a major demographic shift as the remaining baby boomers reach retirement age. By 2030, all remaining baby boomers will have turned 65, contributing to the largest retirement wave in Canadian history.

This convergence of trends is expected to intensify labour market pressures, including regional workforce shortages and a shrinking ratio of working-age Canadians to retirees, with important implications for economic productivity, healthcare system sustainability, and workforce participation.

Improving access to fertility and family-building care can help support Canadians facing medical, social, geographic, or financial barriers to parenthood. Reducing barriers to care can contribute to improved health outcomes, increased workforce participation, and stronger long-term social and economic resilience. While immigration remains an

important component of Canada's long-term population strategy, it does not eliminate the need to address the barriers faced by Canadians who wish to build their family.

International evidence suggests that jurisdictions with coordinated, publicly accessible fertility care systems improve access to care and support stronger family-building outcomes. In countries with broader public funding models and established fertility infrastructure, births resulting from fertility treatment account for a substantially higher proportion of annual births than in jurisdictions where access remains more financially restrictive. Fertility treatment accounts for nearly 9% of births in countries such as Spain and Denmark, compared to approximately 2–3% in Canada, reflecting the impact of financial barriers and fragmented access on family-building outcomes.

Research examining Quebec's publicly funded fertility program demonstrated the impact that coordinated fertility funding can have on access to care and economic participation. Between 2010 and 2015, the program contributed to the birth of more than 9,000 babies and substantially increased access to fertility treatment following the introduction of public coverage. Additional economic analysis suggested that the long-term economic contribution generated through the program could exceed the original public investment by as much as eight times.

Improving access to fertility and family-building care is ultimately an investment in health equity, reproductive autonomy, and long-term social and economic resilience for Canadians.

Proposed Solution: A National Fertility and Family-building Program

We propose the establishment of a federal fertility and family-building program providing up to $20,000 per patient to support access to fertility treatment and related family-building care, including IVF. This proposal directly addresses the most significant barrier to pursuing fertility care: affordability. It also aligns with the 2025 Liberal Party of Canada platform commitment to establish a national IVF program, while recognizing that IVF is only one component of a broader spectrum of ways that Canadians access fertility care and family-building services.

With an estimated federal investment of $412 million over four years, the program could support approximately 7,000 patients annually, recognizing that individual funding needs and treatment pathways vary.

This model is designed to be practical and scalable, leveraging existing provincial and clinical infrastructure, while offering a predictable per-patient funding structure. It is

intended to complement - not duplicate or replace - existing provincial funding models, creating a national baseline for equitable access to fertility and family-building care.

The proposed funding program should form part of a broader national fertility strategy focused on reducing access gaps, improving data collection, and strengthening coordination across jurisdictions. A comprehensive review of additional barriers to fertility and family-building care - including medication costs, genetic testing, embryo storage, travel expenses, lost wages, and counselling services - would help inform future policy development and improve access to care across Canada.

Conclusion

Infertility is a common and medically recognized condition that affects millions of Canadians and their families. Yet access to treatment remains inconsistent across Canada, with affordability, geography, and significant variations in provincial supports continuing to create barriers to care.

As Canada faces declining birth rates, an aging population, and growing labour shortages, improving access to fertility and family-building care is both a health priority and an investment in equity, demographic resilience, and economic stability.

A federal fertility and family-building funding program providing up to $20,000 per patient, as part of a national strategy, would help establish a more equitable national baseline for access to care, while complementing existing provincial and territorial programs. It would improve affordability and help ensure access to care is not determined by postal code or ability to pay.

Fertility and family-building care should not be out of reach for Canadians because of where they live or what they can afford. The upcoming federal budget presents an important opportunity to take concrete action to strengthen access, improve system coordination, and support Canadians in their efforts to build a family.

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