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FERTILITY TREATMENT IN CANADA

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ABSTRACT

Since the birth of the first baby conceived through in vitro fertilization (IVF) in the UK in 1978, millions of people around the world have built their families using fertility treatments.

One in six people of reproductive age worldwide experience infertility in their lifetime. That statistic does not account for single parents by choice, for 2SLGBTQI+ couples wanting to have children, or for those who require fertility preservation for medical reasons (such as a cancer diagnosis), who will need fertility care to form their families.

Although it is often the only option for those who want to have children and can't by other means, fertility care is expensive, making it inaccessible to many. The average, upfront out-of-pocket cost of one round of IVF in Canada is between $10,000 and $20,000, including medication. IVF with a donor embryo costs approximately $30,000 and surrogacy costs range from $80,000 to $100,000.

In an effort to ensure people in Canada can access fertility care, the federal and some provincial governments have created measures, provided public funding, and established parentage laws. There is no national fertility funding strategy and three provinces (Saskatchewan, Alberta, and British Columbia) and the three territories are without any public funding for fertility care (as of January 2025).

Access to fertility care varies from jurisdiction to jurisdiction, financially as well as geographically. Many residents are required to travel out of province to receive these treatments, which adds to the cost.

The *Assisted Human Reproduction Act* is a federal act that regulates the administration of fertility treatments across provinces and territories. This report provides an overview of the principles that the Government of Canada abides by when creating such regulations. These are followed by a set of prohibitions and regulations surrounding consent and reimbursements.

Finally, since many parties may be involved in fertility treatment, steps have been taken to protect the rights of all parties, including the intended parents, donors of reproductive materials, surrogate mothers, and the children being born. As such, most provinces and territories have established acts that determine the legal parents at birth as well as the process to become a legal parent of a child born by fertility treatments. These laws vary across jurisdictions, with some requiring a court order to change parentage, while others do not even recognize surrogacy.

This report allows readers to form a better understanding of the fertility treatments, policies, and provincial subsidies available in Canada. Fertility treatments continue to evolve. As new discoveries are made, it is important to discuss and consider the potential policy changes that might be needed to accommodate this evolution in technology.

FOREWORD

Fertility care is health care.

We live in a country with universal health care, yet the ability to access needed fertility treatments depends on where you live and how much money you have. In vitro fertilization costs an average of $20,000 per round and most people need two to three rounds to go home with a baby.

Most fertility treatments are paid for out-of-pocket by the patient, as they are uninsured and left primarily to the private sector to provide. The federal government regulates fertility care across the country but leaves it to the provinces and territories to decide how much support to give patients who require access to these costly treatments to build their families. In most cases, even those experiencing illnesses like cancer must pay to preserve their fertility before invasive medical procedures leave them infertile.

In Canada, infertility rates are on the rise. A woman's ability to successfully conceive sharply declines after age 35. The average age of first-time mothers is 31.6 (Statistics Canada) and continues to trend upwards. Added to that, environmental factors and lifestyle choices are driving male infertility rates higher. Yet our country continues to view fertility care as a luxury that is "nice to have" if you can afford it.

As well as the financial challenges, there are significant emotional and physical strains associated with assisted reproductive technology journeys that results in a decline in mental and physical health as well as loss of productivity in the workplace. Therefore, there is a need for better access to mental health care as well as fertility care for those struggling to build a family.

Infertility does not discriminate. The World Health Organization (WHO) says it affects one in six people worldwide, regardless of geography or socioeconomics[a]—that means nearly two million Canadians are affected by infertility today.

While we pride ourselves on being an inclusive society, gender-diverse populations are disproportionately disadvantaged in family building, as they require the assistance of fertility care to make their dream of having children a reality.

The more expensive and difficult to access fertility care becomes, the more we are pushing it into the category of being only available to the wealthy. Without governments across this country taking deliberate action to make fertility care accessible and affordable to all Canadians, there will be increasing inequities in family building.

The WHO says it is a human right to have children.[b] In Canada, we pride ourselves on upholding human rights, so how do we ensure that everyone who wants to have a child in this country has equal access to the health care that enables them to build their family?

Michelle Chidley, Co-founder and Chair, Fertility Alberta Advocacy & Outreach Association

[a] World Health Organization. (2024). *Infertility*. https://www.who.int/news-room/fact-sheets/detail/infertility

[b] World Health Organization. (2022, September 30). Rights on having children. https://www.who.int/tools/your-life-your-health/know-your-rights/rights-across-life-phases---early-and-middle-adulthood/rights-on-having-children

INTRODUCTION—FERTILITY TREATMENT

According to the World Health Organization, one in six people of reproductive age worldwide experience infertility in their lifetime.[1]

Fertility treatment refers to medical treatments that contribute to the conception of a child. This includes medication that stimulates the production of eggs, technologies that involve the handling of eggs and sperm cells in a lab, the transfer of sperm directly into a uterus, and the preservation of sperm, eggs, or an embryo to use at a later time.[2]

In Canada, fertility treatments are regulated both federally, through the *Assisted Human Reproduction Act*,[3] and at the provincial level.

This report provides an overview of the types of fertility treatments and the federal acts that regulate the administration of fertility treatments and prohibitions associated with it. We will outline the services and costs associated with the treatments, and the public funding, if any, that is accessible to the residents of each jurisdiction. Finally, we provide an overview of the policies surrounding parentage, and the rights and responsibilities of the people involved in a fertility treatment project, such as the parents, donors, and surrogate mother.

Disclaimer: This report gives a broad overview of a complex topic, with information and sources current as of January 2025. Certain regulations, laws, and treatments are summarized and may be interpreted differently than what is written in this document. It is important to remember that every jurisdiction in Canada has its own terminology. Also, since fertility treatment is a recent topic, certain jurisdictions may be less specific about their policies.

This document does not constitute legal or medical advice. Please refer to a lawyer or a medical expert for a professional opinion.

A BRIEF HISTORY OF FERTILITY TREATMENT IN CANADA

After the birth of Louise Brown, the world's first "test tube baby," in the UK in 1978, many doctors in Canada began opening in vitro fertilization (IVF) clinics. The first was established in 1980 by Drs. Jacques Rioux and Raymond Lambert in Québec City, Quebec. The first successful conception in Canada using IVF occurred in 1982.[4]

In October 1989, the Government of Canada established the Royal Commission on New Reproductive Technologies. This was a response to the fast-growing use of this technology in Canada. The Commission aimed to address the "social, ethical, health, research, legal, and economic implications"[5] of fertility treatments on Canadian society and make recommendations on how to proceed. After intensive research and the collection of input from all jurisdictions, the Royal Commission released its final report, *Proceed with Care*, with 293 recommendations.[5]

In 2004, the *Assisted Human Reproduction Act* (AHR Act) received Royal Assent. This act aimed to prioritize the health and wellbeing of children and people involved in an AHR project. The Assisted Human Reproduction Canada (AHRC) agency was appointed as well. The agency was established to administer the AHR Act and collect research and information relating to the use of fertility treatment in Canada.[4]

After budget changes in 2012, AHRC was closed. Its responsibilities were transferred to Health Canada. Additionally, the Canadian Assisted Reproductive Technologies Register (CARTR Plus) joined with the Better Outcomes Registry & Network (BORN) Ontario to collect fertility treatment data and birth outcomes from IVF centres across Canada.[6] Individual jurisdictions implemented laws that would determine the process of establishing parentage in cases of children conceived through AHR procedures.[4]

WHY USE FERTILITY TREATMENT IN CANADA

Fertility treatment is an option for many individuals and couples in Canada who wish to conceive a child but are unable to do so biologically. It can be used as treatment for infertility and can also help 2SLGBTQI+ couples, single people, and those who require fertility preservation for medical reasons build their families.[7]

Fertility treatment is relatively common. Between 2013 and 2023, the CARTR Plus recorded a total of 335,820 complete IVF cycles (for both fresh and frozen embryos).[8]

Infertility

The American Society for Reproductive Medicine defines infertility as a disease, condition, or status characterized by the following:

- The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.
- The need for medical intervention, including the use of donor gametes or donor embryos to achieve a successful pregnancy either as an individual or with a partner.
- In patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at six months when the female partner is 35 years of age or older.[9] Infertility can be traced back to males 30% of the time and to women 40% of the time. The remaining 30% is caused either by a mix of factors from the man and woman or is not known.[10] Infertility can be caused by many factors, some of which are outlined below. The infertility cause may determine the fertility treatment.

For women and people assigned female at birth, infertility may be caused by:[2]

- **Tubal disorders**, which affect the fallopian tubes in the female reproductive system. Fallopian tubes allow the passage of sperm toward the ovaries and the transfer of a fertilized egg to the uterus.[2]
- **Uterine disorders**, which affect the uterus, where a baby grows during a pregnancy. Examples of these disorders include endometriosis, where bits of uterine tissue grow outside of the uterus,[11] and fibroids, which are benign tumours that grow inside or outside the uterus.[12] Up to 10% of all people assigned female at birth have endometriosis.[13]
- **Ovarian disorders**, which affect the ovaries, where eggs are produced and stored. An example is polycystic ovarian syndrome (PCOS), which occurs when the ovaries produce more male hormones than normal. This causes the growth of cysts (fluid filled sacks) on the ovaries.[14] PCOS affects 5% to 10% of all people assigned female birth.[15]
- **Endocrine disorders**, which affect the glands that produce and release hormones that control the growth and release of eggs. Hormonal imbalances can be caused by glands such as the ovaries, thyroid, or hypothalamus not functioning normally.[1]
- **Absence of a uterus** because of a hysterectomy or congenital condition such as Mayer-Rokitansky-Küster-Hauser syndrome (MRKH syndrome).

For men and people assigned male at birth, infertility causes include:[16]

- **Obstructions of the male reproductive track**, which prevent the ejection of sperm. Obstructions may occur in the ejaculatory ducts (ducts that transport the sperm from the testicles) and seminal vesicles (that create the fluid in which the sperm is transported).[16]
- **Testicular failure**, which occurs when the testicles cannot produce sperm or male hormones.[1] It can be caused by injury, medical treatments such as chemotherapy, or diseases such as varicocele (the enlargement of the veins within the bag of skin that holds the testicles, or scrotum, due to the pooling of blood in these veins[17]).[1]
- **Abnormal sperm shape and movement**, which affect the sperm's ability to fertilize an egg.[1]

- **Endocrine disorders** may affect the hormones in charge of the production of sperm. These are caused by problems with glands such as the testicles, thyroid, or hypothalamus.[1]
- **Damage to the testicles** due to physical injury or previous surgeries.

Non-gender-specific causes may include:

- **Cancer treatment** (chemo/radiation)
- **Side effects of certain medications** (e.g., for epilepsy)

**Note: There are many other potential causes of infertility not noted in the above list.*

Lifestyle is important and can impact fertility for persons of both sexes. Smoking and alcohol consumption can contribute to infertility.[1] Additionally, obesity and exposure to pollutants and toxins can cause infertility.

Same-Sex Parents

According to the 2021 Census of Population conducted by Statistics Canada, there are 95,435 same gender (cisgender) couples in Canada. In a recent survey of 2SLGBTQI+ couples, 51% indicated that they were actively in the process expanding their families.[18] Gender-diverse couples who would like to have children can adopt or undergo fertility treatment.

Single Parents by Choice

Some people may wish to conceive a child using fertility treatments without a spouse or partner.

Fertility Preservation

Some people may wish to preserve their eggs or sperm prior to medical treatment, such as cancer treatment. Transgender people may also wish to undergo fertility preservation before transitioning.

Elective fertility treatments

- To protect against age
- Patients who carry a genetic condition

TYPES OF FERTILITY TREATMENTS

People in Canada have access to different types of fertility treatment according to their personal needs. Here, we present a brief overview of the most common options.

Fertility Drugs

This includes any medication that stimulates ovulation to help the ovaries produce eggs.[2]

In Vitro Fertilization (IVF)

This is the process of manually fertilizing retrieved eggs with sperm cells in a lab, creating an embryo that is later transferred into a uterus, or is frozen.[19] The steps typically involve:

- Ovulation stimulation using fertility drugs
- Egg retrieval from ovaries
- Sperm retrieval from a semen sample
- Fertilization of eggs with sperm by mixing them or directly injecting a single sperm into an egg

The resulting embryo is transferred to a uterus. If successful, the embryo should attach to the lining of the uterus.

Intrauterine Insemination (IUI) or Artificial Insemination (AI)

This process introduces sperm directly into a uterus.[20]

Intracytoplasmic Sperm Injection (ICSI)[21]

A single healthy sperm is injected directly into each mature egg. ICSI often is used when semen quality or number is a problem or if fertilization attempts during prior IVF cycles failed.

Fertility Preservation

Eggs, sperm, or a fertilized embryo are cryogenically frozen to store them, allowing them to be used later.[22]

Surrogacy

Although not a treatment, it is an arrangement where a person agrees to carry and give birth to a child that will be raised by intended parents.

THE *ASSISTED HUMAN REPRODUCTION ACT*, 2004

The *Assisted Human Reproduction Act* regulates the use and research of fertility treatments technologies. It aims to promote the health, safety, dignity, and rights of all parties involved in a fertility treatment project. The Act establishes a set of basic principles and prohibitions. It also presents a list of measures that must be taken by the Minister of Health to enforce these regulations.[3]

Here, we provide a summary of the Act. It is important to note that this summary is a simplified interpretation of the legal document. Readers are encouraged to refer to the Act for a full description.

Principles

This Act sets out a list of principles that each subsection in the Act must abide by.[3] The principles address the following concerns:

- Ensuring the health and wellbeing of children born of fertility treatment
- Regulating fertility treatment through measures to ensure the promotion of human health, safety, dignity, and rights
- Ensuring the health and wellbeing of people undergoing fertility treatment
- Applying the principles of free and informed consent (see section "Consent" below)
- Prohibiting discrimination based on sexual orientation or marital status of people who wish to use fertility treatment
- Prohibiting the selling and purchasing of reproductive material
- Protecting and preserving the human genome

Prohibitions

These prohibitions are set in place by the *Assisted Human Reproduction Act*.[3] They are applied by the Ministry of Health to ensure that the principles are respected. The Act prohibits:

- The creation of an embryo that:
  - Is a clone of a human being
  - Is a chimera or a hybrid (embryo consisting of non-human cells or other reproductive material)
  - Is altered in such a way that would affect future descendants
  - Has been created for any purpose other than creating a human being, or improving or providing instruction for fertility treatments
  - Has been made using a cell or part of a cell taken from another embryo or fetus
- The transfer of a sperm, egg, or an embryo:
  - Of a human clone into a human being or non-human life form or artificial device
  - Of a non-human life form into a human being
  - Of a chimera or hybrid into a human being or non-human life form
- The prescription or the administration of anything that increases the probability that an embryo will be a particular sex, except to prevent a sex-linked genetic condition
- The maintenance of an embryo outside of a female body beyond 14 days after its development, which does not include the freezing of embryos, as their developments have been postponed

- The payment, advertisement, or offer to pay any person (although there are reimbursements allowed mentioned in section "Reimbursement" below):
  - For doing acts prohibited by the AHR Act, mentioned previously in this section
  - To become a surrogate mother
  - To arrange the services of a surrogate mother (nor accept payment for advertising such services)
  - For sperm or eggs
  - For an in vitro embryo
  - For a human cell or gene with the intention of using them to create a human being
- Surrogacy agreements with a female person under 21 years of age
- The use of fertility treatment without the informed and written consent of all participants (as outlined in section "Consent" below)

Consent

This section outlines the Canadian government's definition of informed consent for fertility treatments. Consent is given:[23]

- Through a written statement by a person who is informed of their choices
  - Donors must provide a written statement confirming they received information on their choices.
- By someone who is legally competent, defined as:
  - A person over 18 years old or a person under 18 who wants to preserve their sperm or eggs to create a child they will raise themselves
  - A person who is not dead (unless the donor gave written consent to use their reproductive material after their death for the purpose of creating an embryo)
- Without pressure or promise of reward

Additionally, donors may withdraw their consent to the use of their reproductive material or in vitro embryo. The withdrawal must:

- Be provided through a written notice to the person who will be using the material
- Meet timing requirements,[24] with the notice given:
  - Before the material or embryo is used
  - Before the third party provides a written statement that the embryo was designated for their own reproductive uses
  - Before it is acknowledged in writing that the embryo will be used for research
- Be given, in the case of using an in vitro embryo created for a couple, by either person of the couple
- Be given only, in the case of a couple in which only one person is a donor, by the person who donated their gametes if the person is no longer in a marital or common-law relationship with the other

Note that jurisdictions may apply additional consent requirements.

Reimbursement

Although payment to a surrogate or donors for their reproductive materials or an embryo is prohibited, certain expenses made by donors or surrogate mothers may be reimbursed.[25]

These expenses may include:

- Travel expenses
- Expenses for the care of dependants or pets
- Counselling services
- Legal services
- Medical services that are recommended and cost of obtaining a recommendation (e.g., certain drugs and prescriptions)
- Health-, disability-, travel-, or life insurance-related expenses
- Costs related to obtaining medical or other records

In the case of a surrogate mother, other expenses that may be reimbursed in addition to the previous section are:

- Services of a midwife, or medical expenses related to pregnancy, delivery, and postpartum
- Food, groceries
- Maternity clothes
- Telecommunication expenses (e.g., telephone, fax, cellular phone, internet access charges, cable television)
- Loss of work-related income

Detailed written documentation of the expenses must be kept and provided for reimbursement.

COSTS ASSOCIATED WITH FERTILITY TREATMENTS

This section provides general estimates of the costs associated with fertility treatments across Canada. The estimates, in Canadian dollars, are current as of January 2025. As prices vary significantly among clinics, the amounts listed are averages. There are many related fees that must be considered in addition to the basic treatment fees, so only select treatments have been included. Clinics also package their treatments and services differently, making it impossible to compare them directly. Readers are encouraged to check clinics in their jurisdiction to confirm fees.

- In vitro fertilization (IVF): $10,000 to $20,000
  - This includes egg retrievals, IVF with or without ICSI, and fresh embryo transfers.
- Fertility preservation
  - Male: $420 to $850
  - Female: $10,000 to $15,000
- Intrauterine Insemination (IUI): $580 to $1,350
- Annual storage fees for cryopreserved eggs, sperm, and/or embryos: $400 to $950
- Fertility drugs: $3,000 to $8,600
- Preimplantation genetic testing (PGT): $350 to $3,750

It should be noted that PEI, the Northwest Territories, Yukon, and Nunavut do not have fertility clinics, so residents in those jurisdictions must travel to provinces with clinics offering the fertility care they need.

GOVERNMENT FERTILITY TREATMENT PROGRAMS

The federal government and some provinces offer programs to help reduce the financial burden for people who wish to conceive using fertility treatment. Certain expenses related to fertility treatment can be claimed as medical expenses by all citizens of Canada and permanent residents when filing a federal income tax return.

Across Canada, access to treatment and levels of support varies greatly from tax credits to funded programs, to subsidies, to grants. British Columbia, Alberta, Saskatchewan, the Northwest Territories, Yukon, and Nunavut do not currently have any support programs in place (as of January 2025). These jurisdictions are marked "N/P," which means "no program." The current British Columbia government (as of January 2025) is developing a program that is intended to be available in April 2025, so has been listed as "N/P*."

This section summarizes how to claim the federal medical expense tax credit, eligibility requirements for jurisdictional support programs, the types of treatments funded, the kind of coverage provided by these programs for each jurisdiction, and changes to fertility treatment programs announced in 2024.

Medical Expense Tax Credit

In Canada, as of 2022, certain expenses related to fertility treatment can be claimed as a medical expense on tax returns. This includes any money paid to a medical practitioner or a licensed hospital to conceive a child, fees paid to a fertility clinic or donor bank, and the purchase of prescribed fertility medication.[26] For more information on the process of claiming a medical expense, refer to "Lines 33099 and 33199—Eligible medical expenses you can claim on your tax return" on the Government of Canada's website.[c]

Coverage Offered by Jurisdictional Program

The kinds of funding and coverage provided by each jurisdiction vary. They also differ in terms of how much is covered and how often they can be accessed (see Table 1).

Table 1

Types of Coverage and Their Conditions According to Their Jurisdictions

Province/ territory	Type of program	Coverage
BC[27]	N/P*	N/P*
AB	N/P	N/P
SK	N/P	N/P
MB[28]	Tax credit (refundable personal income tax)	40% of fertility treatment fees (maximum annual credit of $16,000 for expenses up to $40,000) on any treatment done in Manitoba
ON[29]	Provincial Health Insurance	IVF: One cycle for intended parent (One additional cycle for surrogate mother) IUI: No limit Fertility preservation: One cycle per patient

[c] Government of Canada. (2025, January 21). Lines 33099 and 33199—Eligible medical expenses you can claim on your tax return. https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/lines-33099-33199-eligible-medical-expenses-you-claim-on-your-tax-return.html

Province/ territory	Type of program	Coverage
QC[30]	Provincial Health Insurance and Tax Credit	IVF: One cycle per patient IUI: Up to six cycles per live birth Fertility drugs: Coverage from public health insurance Fertility preservation: One cycle Preimplantation genetic testing: No limit A refundable tax credit is available for fertility treatment related expenses that are not covered by the provincial health insurance plan.[31] This is calculated based on family income tax.
NL[32]	Subsidy	Up to $5,000 per treatment for a maximum of three treatments
NB[33]	Fund	A one-time claim of 50% of eligible costs up to a maximum of $5,000
NS[34]	Tax credit (refundable personal income tax credit)	40% of fertility treatment fees (maximum annual credit of $8,000 for expenses up to $20,000) for any treatment in Canada
PE[35]	Fund	Annual funding for up to three 12-month terms based on family income
NT	N/P	N/P
NU	N/P	N/P
YT	N/P	N/P

Services Covered Under Jurisdictional Programs

While certain jurisdictions may have programs set in place to help support those who wish to undergo fertility treatment, not all kinds of treatments are covered by these programs. Table 2 highlights the kinds of treatments that are publicly funded in every jurisdiction.

Table 2
Publicly Funded Treatment by Jurisdiction

Province/ territory	IVF	IUI	Fertility preservation	Fertility drugs	Preimplantation genetic test
BC[27]	N/P*	N/P*	N/P*	N/P*	N/P*
AB	N/P	N/P	N/P	N/P	N/P
SK	N/P	N/P	N/P	N/P	N/P
MB[28]	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
ON[29]	**Yes**	**Yes**	**Yes**	**No**	**No**
QC[30]	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NL[32]	**Yes**	**Yes**	**Yes**	**Yes**	**No**
NB[33]	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NS[34]	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
PE[35]	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NT	N/P	N/P	N/P	N/P	N/P
NU	N/P	N/P	N/P	N/P	N/P
YT	N/P	N/P	N/P	N/P	N/P

Jurisdictional Program Eligibility Requirements

To be eligible for any public support in funding fertility treatment, there are certain requirements that must be met. These requirements vary according to jurisdiction (see Table 3).

Table 3

Eligibility Requirements to Access Funding or Insured Treatment by Jurisdiction

Province/ territory	Maximum age	Provincial resident with public health insurance	Physician referral needed?	Additional requirements	Application required?
BC[27]	N/P*	N/P*	N/P*	N/P*	N/P*
AB	N/P	N/P	N/P	N/P	N/P
SK	N/P	N/P	N/P	N/P	N/P
MB[28]	N/P	Yes	No	Treatment must be done by a Manitoba licensed medical practitioner or fertility treatment clinic	No external application Apply when filing income tax return
ON[29]	IVF: 43 years	Yes	Fertility preservation: Yes	Must be done in Ontario	Yes, depending on the clinic
QC[30]	Beginning of treatment: 41 years Embryo transfer: 42 years	Intended parents: Yes Surrogate mother: Not necessary, but will have to cover personal expenses	Yes	Intended parents must be: • Infertile or cannot conceive[d] • Have high risk of conceiving child with hereditary disease All parties must not have undergone voluntary sterilization. Eligibility for the Tax Credit for the Treatment of Infertility: • Must be a resident of Quebec on December 31 of the taxation year • Treatment was not covered by the provincial health insurance • Treatment enables the conception of a child Must be done in Quebec	Yes, depending on the clinic

[d] "Cannot conceive" refers to people who are single, couples that are same-sex, and those who have a high risk of conceiving a child with serious hereditary disease.

Province/ territory	Maximum age	Provincial resident with public health insurance	Physician referral needed?	Additional requirements	Application required?
NL[32]	N/P	Yes	Yes	Must be referred by the Newfoundland and Labrador Fertility Services to any clinic in Canada, of the person's choice	Yes Fertility Services Application Package (June 2022)[e]
NB[33]	N/P	Yes	Yes	Infertility treatment incurred outside of New Brunswick will be eligible, only if the specific treatments are unavailable in-province	Yes, to be submitted to Health.Program.Coordinator@gnb.ca Application for Special Assistance Funding for Infertility Treatment[f]
NS[34]	N/P	Yes	Yes, unless expenses only include fees for donor	Treatment can be done anywhere in Canada	Yes, after filing an income tax return. Online application: Nova Scotia Department of Finance—Fertility and Surrogacy Tax Credit[g]
PE[35]	N/P	Yes (permanent residency)	No	Must have filed a recent income tax return Treatment done during year of tax filing	Yes Fertility Treatment Application[h]
NT	N/P	N/P	N/P	N/P	N/P
NU	N/P	N/P	N/P	N/P	N/P
YT	N/P	N/P	N/P	N/P	N/P

[e] Eastern Health. (2022, June). Fertility Services Application Package (PDF). https://cwhp.easternhealth.ca/wp-content/uploads/sites/45/2023/05/Fertility-Services-Application-Package-June-2022-Fillable.pdf

[f] Government of New Brunswick. (n.d.) Application for Special Assistance Funding for Infertility Treatment (PDF). https://www2.gnb.ca/content/dam/gnb/Departments/h-s/Services/Application-for-Special-Assistance-Funding-for-Infertility-Treatment.pdf

[g] Government of Nova Scotia. (n.d.) Fertility and Surrogacy Tax Credit. https://novascotia.ca/finance/en/home/taxation/tax101/personalincometax/fertility-and-surrogacy-tax-credit.html#:~:text=The%20Fertility%20and%20Surrogacy%20Tax%20Credit%20(FSTC)%20helps%20offset%20costs,or%20eligible%20surrogacy%2Drelated%20costs

[h] Government of Prince Edward Island. (2023, November 9). Fertility Treatment Program: Application Form (PDF). https://www.princeedwardisland.ca/sites/default/files/forms/fertility_treatment_application_-_final_20231109.pdf

Number of Clinics per Jurisdiction

Geographical access to fertility care varies greatly across Canada. For instance, the Northwest Territories, Yukon, Nunavut, and Prince Edward Island do not have any clinics that provide fertility treatment. Newfoundland's one fertility clinic provides IUIs and satellite monitoring but not IVF. This means that there will be significant travel expenses for people who live in those jurisdictions. All full-service fertility clinics in Canada are located in major cities. Therefore, even in provinces with full-service clinics, rural residents are required to travel to urban centres to receive fertility care.

According to the CARTR Plus Annual Report 2024, in 2023, there were 35 full-service fertility clinics in Canada. The breakdown of clinics per province is as follows:

- British Columbia: 3
- Alberta: 4
- Saskatchewan: 1
- Manitoba: 1
- Ontario: 19
- Quebec: 5
- New Brunswick: 1
- Nova Scotia: 1

Clinics in British Columbia, Alberta, and Saskatchewan do not have public funding. Also note that not all fertility clinics in Canada report to CARTR Plus and some proprietors that are listed as one clinic here own multiple locations.

Progress and Changes Announced in 2024

Changes in policy happen regularly. As mentioned previously, British Columbia announced a publicly funded IVF program that will be implemented in April 2025 as part of their Medical Services Plan.[27] However, British Columbia is not the only jurisdiction anticipating changes.

The Ontario government announced plans to expand the Ontario Fertility Program by introducing a new tax credit in January 2025, which would cover up to 25% of eligible expenses up to a maximum of $5,000 per year.[36] Furthermore, the Yukon government announced a medical travel subsidy for fertility and surrogacy treatments, making it the first territory to announce plans in increasing access to fertility treatment.[37]

Additionally, with upcoming elections in jurisdictions, some parties have promised to introduce policies to promote access to fertility care. Notably, the Saskatchewan Party suggested a 50% refundable tax credit up to a maximum of $10,000 for a first fertility treatment.[38] The New Brunswick Liberal Party also announced a plan for funding one round of IVF.[39]

This growing awareness and advocacy for fertility care underscores the progress and continuous changes being made across Canada.

JURISDICTIONAL PARENTAGE LAWS

Every jurisdiction has their own definition of who is a parent. Most jurisdictions have specific processes to establish legal parentage between a person and a child. This section identifies who is considered to be a parent. It also outlines how to become a parent of a child conceived through fertility treatment. This varies depending on the type of treatment, third-party involvement, and extraordinary cases, such as the death of a dependent parent or the recognition of multiple parents.

It is important to note that New Brunswick and Yukon do not have parentage laws in cases of conception through fertility treatment. As such, they will be marked as N/L, standing for No Law. While it is assumed that parentage is established through adoption, it is important to seek legal advice to understand the exact requirements and process.

Intended Parents Are Birth Parents

Table 4

Parental Status of Intended Parents Who Are the Biological Parents of the Child

Province/ territory	Parents
BC[40]	• Birth mother • Person married or in marriage-like relationship with birth mother
AB[41]	If born using reproductive material from male person only: • Male person • Birth mother If born using reproductive material from female person only: • Birth mother • Person married or in marriage-like relationship with birth mother If born using reproductive material from female and male person: • Female person • Male person If born using reproductive material of donors only: • Birth mother • Person married or in marriage-like relationship with birth mother
SK[42]	• Birth mother • Person married or in marriage-like relationship with birth mother
MB[43]	• Birth mother • Person married or in marriage-like relationship with birth mother
ON[44]	• Birth mother • Person married or in marriage-like relationship with birth mother
QC[45]	• Birth mother • Person who acknowledges a bond in the official declaration of birth or has been acting as parent for 24 months, beginning with the child's birth

Province/ territory	Parents
NL[46]	Artificial insemination only. • Birth mother • Person married or in marriage-like relationship with birth mother
NB	N/L
NS[47]	• Birth mother • Person who acknowledges their intent to be parent
PE[48]	• Birth mother • Person married or in marriage-like relationship with birth mother
NT[49]	• Birth mother • Person married or in marriage-like relationship with birth mother
NU[49]	• Birth mother • Person married or in marriage-like relationship with birth mother
YT	N/L

Surrogacy

In the case of fertility treatment involving a surrogate mother, all parties, such as the intended parents and the surrogate, must acknowledge through a written agreement that:

- The surrogate will give birth to the child,
- The surrogate will relinquish parental status and surrender the child to the intended parents, and
- The intended parents intend to be the child's parents.

In some jurisdictions, the intended parents are not automatically the legal parents even after the surrogate has given their consent. Further, some jurisdictions may require a genetic link between the intended parents and the child to establish parentage, and in the case of a donated embryo, intended parents must file an application for adoption. Some provinces and territories might require each party to seek legal guidance to ensure every party stays informed before signing an agreement. Table 5 provides an overview of requirements and the process of establishing parentage.

Table 5

Process and Requirements to Establish Parentage with a Child Born from a Surrogate

Province/ territory	Court order required	Genetic link	Waiting time for surrogate to give consent	Additional information
BC[40]	No, unless certain conditions are not met	No	No	Consent may be waived by the Supreme Court.
AB[41]	Yes, within 30 days of the child's birth	Yes	No	Surrogate is automatically the legal parent until a court order.
SK[42]	Yes, after the child is born and before the child is 90 days old	No	After the child is three days old	Surrogate and intended parents share parental rights and responsibilities until the child is three days old. After the child is three days old, only the intended parents have parental rights and responsibilities.
MB[43]	Yes, within 30 days of child's birth	No	After the child is two days old	Surrogate and intended parents share parental rights and responsibilities until the child is two days old. Consent may be waived by the Supreme Court.
ON[44]	No, unless certain conditions are not met	No	After the child is seven days old	Surrogate and intended parents share parental rights and responsibilities until the child is seven days old. Consent may be waived by the Supreme Court.
QC[45]	Yes	No	After the child is seven days old and within 30 days of the child's birth	Only the surrogate can terminate the agreement any time before birth of child. No combining of reproductive material if surrogate is sibling, ascendant, or descendant. Surrogate's consent must be given in French, or a translation authenticated in Quebec. Intended parent(s) and surrogate must have lived in Quebec for at least one year prior to entering into the surrogacy agreement. If surrogate is unable to express consent after 30 days, dies, or disappears after 30 days, then consent is deemed to have been given. All people involved must meet with either a psychologist, midwife, social worker, family therapist, or sexologist.

Province/ territory	Court order required	Genetic link	Waiting time for surrogate to give consent	Additional information
NL[46]	Yes	No	No	Birth initially registered and birth certificate issued with surrogate as mother.
NB	N/L	N/L	N/L	N/L
NS[47]	Yes	Yes	No	After the birth of the child, their birth and birth certificates are initially registered with the surrogate as the mother and the intended father as the father. Consent may be waived by the Supreme Court.
PE[48]	Yes	No	No	Consent may be waived by the Supreme Court.
NT[49]	Yes	Yes	No	While the act does not mention the word "surrogacy," it does state that if the birth mother relinquishes child, the parents are: 1. Person whose reproductive material was used 2. Person married/cohabitating with person whose reproductive material used
NU[49]	Yes	Yes	No	While the act does not mention the word "surrogacy," it does state that if the birth mother relinquishes child, the parents are: 1. Person whose reproductive material was used 2. Person married/cohabitating with person whose reproductive material used
YT	N/L	N/L	N/L	N/L

Death of an Intended Parent

In rare cases, one or both parents may die after having conceived a child. In such a situation, the parent who died could still be the legal parent of the child if they gave written consent to the use of their reproductive material and to become the parent of the child in the case of their death. Jurisdictions vary in their regulations regarding parentage should the death of a parent occur.

New Brunswick and Yukon do not have any parentage laws in the case of surrogacy or fertility treatments.

Arrangements for More Than Two Parents

Other parentage arrangements can be made for a child conceived through fertility treatment to allow for more than two parents. In Canada, only British Columbia and Ontario have regulated such arrangements. Other jurisdictions do not allow more than two parents. In this section, we provide an overview of these regulations.

British Columbia[40]

A written agreement can be made between:

- The intended parents and the surrogate mother; or
- The birth mother, person who is married to or in a marriage-like relationship with the potential birth mother, and a donor.

This agreement would allow all parties to be a parent of the child conceived through fertility treatment, if no member of the party withdraws or dies before the child is conceived.

Ontario[44]

A preconception parentage agreement is a written agreement between two or more people who agree to be the parent of a child conceived through fertility treatment. An agreement must include:

- The intended birth mother, if they are not a surrogate;
- The spouse of the intended birth mother, if applicable, unless they provide written confirmation that they do not consent to be a parent;
- The person whose sperm is to be used for the purpose of conception is a party to the agreement; and
- Any other person who wishes to be part of the agreement.

In the case of surrogacy, up to four other people can be included in a surrogacy agreement. More people can be added as parents through an application made to a court after the birth of the child, but within the first year of its birth.[3]

KEY POINTS

- **Who is affected?** There are many reasons a person may pursue fertility treatments, and the type of treatment that is recommended for the person by their physician may depend on their situation.
- **Funded programs:** Certain fertility treatments are publicly funded by some provincial governments. The type of coverage differs widely. For example, provinces such as Quebec and Ontario fully fund some treatments (with conditions) and others, such as Manitoba and Nova Scotia, offer a tax credit.
- **No funding:** As of January 2025, British Columbia, Alberta, Saskatchewan, the Northwest Territories, Yukon, and Nunavut do not offer any public funding. However, British Columbia announced that it is expecting a program to be available in 2025. Readers are advised to confirm what is available in their jurisdiction.
- **Access:** Jurisdictions such as Prince Edward Island, the Northwest Territories, Yukon, and Nunavut do not have any fertility clinics that administer fertility treatments. Newfoundland and Labrador and Prince Edward Island have reimbursement programs for some types of fertility care, but patients must travel out of province to access these treatments.
- **Federal legislation:** The ethics of fertility treatments and prohibitions associated with fertility treatments are regulated federally.
- **Federal tax returns:** Canadians can claim certain expenses related to fertility treatments as a medical expense in their federal tax return.
- **Parentage laws:** Regulations vary widely across provinces and territories. For instance, some jurisdictions, such as Yukon and New Brunswick, do not have any process of establishing parentage in the case of surrogacy or children born from fertility treatments. Additionally, Newfoundland and Labrador only address parentage when the child is born through artificial insemination, excluding other types of fertility treatments. On the other hand, jurisdictions such as Ontario and British Columbia allow for parentage agreements with more than two parents. The rights and responsibilities of parents, donors, and surrogates, as well as the process of establishing a legal parental relationship, are determined by the provinces and territories.

FOOD FOR THOUGHT

When completing the research for this report, some discussion points arose surrounding the topic of fertility treatment. These discussions are important to have as they help to draw attention to the potential need for policy changes as fertility treatment evolves.

Accessibility

Outside of Ontario and Quebec, we were struck by the limited access to fertility treatment in other jurisdictions across Canada. Inaccessibility appears in different ways, from a lack of clinics to a lack of funding. For instance, people living in the territories have no access to clinics that offer fertility treatments or to public funding of such treatments. Therefore, those requiring fertility care have no choice but to travel to another province and they must pay the entire cost of treatment, medication, and travel themselves. Additionally, it is important to note that while some provinces may have many clinics, rural communities rarely have any, requiring long travels from potential parents.

Furthermore, fertility clinics vary in terms of what services are provided, limiting access to certain types of treatments. For example, while Newfoundland has a single fertility clinic, it provides limited services that do not include IVF.

Finally, most funding programs do not consider one's level of income, other than in Prince Edward Island and Quebec. This means that people in a higher income bracket can access the same amount of funding as people in a lower income bracket.

Variation in Policy

It was anticipated that some jurisdictions might have similar policies, depending on their geographical proximity to one another. We discovered that that was not the case. For instance, among provinces in the Maritimes, Nova Scotia provides a tax credit while Prince Edward Island calculates a refund based on family income. Also, while Nova Scotia and Prince Edward Island have policies for parentage, New Brunswick does not, and Newfoundland and Labrador only have a parentage policy for children conceived through artificial insemination.

In fact, every jurisdiction with a public program to fund fertility treatment had substantial differences in how much could be claimed, and how often. The only similarities we found existed between Ontario and Quebec, which is consistent with geography, and Manitoba and Nova Scotia, which was more surprising. A future avenue to pursue could be to analyze the factors that influence decision and policy making for fertility treatments, and the reasons why each jurisdiction has opted for their respective services.

Dated Policies

We noted that policy starts becoming less clear as both society and technology evolve. This can hold both human rights and ethical consequences.

For example, New Brunswick and Yukon do not have any sections under their children's or family law acts recognizing the use of fertility treatments in conceiving a child. This means that there are no formal ways of transferring parentage. A lack of policy can lead to harmful outcomes. For instance, in a 2004 case in New Brunswick, a woman was artificially inseminated using the sperm of an unknown donor. Due to the absence of policy, the Department of Health and Wellness would not register her female partner as a second parent. This led to a ruling of discrimination against the department.[50]

It may also be important to revisit the *Assisted Human Reproduction Act* as technology evolves. For instance, the recent breakthroughs in research about synthetic embryos, which are made of stem cells rather than through the fertilization of eggs, has had researchers arguing about the legality of their use. Debates are taking place about whether these synthetic embryos fall under the Act, and whether certain amendments should be made to the Act to allow for research. While synthetic embryos may make it easier to conduct research on early embryo development and developmental concerns, ethical questions may arise to their use.[51]

Mental Health and Infertility

The research that was conducted for the report highlighted the importance of fertility treatment in supporting persons and couples in their infertility journey. However, it is important to consider and raise awareness on the mental health implications of both infertility and fertility treatments.

Several assessments explore the impact of infertility on the mental health and relationships of persons. Specifically, 60.4% of infertile participants in a 2022 study "perceived the infertility journey to have impacted their mental health," while one in three participants found that their relationships have suffered due to their infertility, of which 55.0% noted that "infertility caused an emotional strain."[52] The psychological impacts include higher levels of anxiety, increased rates of depression, an overall lower quality of life, and other mental disorders.[53] In turn, these mental disorders impact fertility, perpetuating a cycle.[54]

These statistics continue to rise as fertility declines in many countries. In 2023, fertility rates in Canada reached a new record low of 1.26 children per woman,[55] significantly lower than the replacement rate of 2.1 children per woman.[52, 56]

Fertility treatment, while an option for various people, is also associated with strains to mental and emotional health. Many patients report experiencing intense negative emotions, such as sadness, anxiety, isolation, and loneliness during treatment. Additionally, they may feel stigma surrounding their choices to pursue fertility treatment. These mental health impacts are heightened with each unsuccessful treatment cycle.[52]

It is also important to note that these findings are associated with societal pressures and cultural beliefs, which impose the importance of childbearing within marriages.[57]

The psychological impacts on persons facing infertility must be addressed with tailored support. As such, raising awareness and access to support services can help reduce the negative impact of fertility treatment on mental health and make it feel less stigmatized.

CONCLUSION

Canada has a patchwork of provincial programs that provide some financial support to patients requiring assisted reproductive technologies to build their families: single IVF cycle funding (Quebec and Ontario), tax credits (Manitoba, Nova Scotia, Quebec), reimbursement programs (New Brunswick, Prince Edward Island), and subsidies (Newfoundland). Two provinces (Alberta and Saskatchewan) and all the territories have no public funding program.

Fertility treatment is incredibly costly, making it inaccessible to many. In the absence of public funding for fertility care, individuals rely on policies through their workplace to ease some of this financial burden. Only 47% of employers provide fertility benefits in Canada, with less than 2% of those including treatment coverage in addition to drugs.[58]

While there are many types of fertility treatments in Canada, the number of available clinics, their locations, and their costs make these services inaccessible to many residents at present. More needs to be done to level the playing field across the country and gain public funding in all provinces and territories.

There are currently several non-profit and charitable organizations across the country that aim to do just that, including:

- Conceivable Dreams
- East Coast Miracles
- Fertility Alberta Advocacy & Outreach Association
- Fertility Coalition of British Columbia
- Fertility Matters Canada

The conversations around IVF in the 2024 United States election, increased media coverage on Canada's declining fertility rate, and fertility funding campaign promises in the 2024 BC and Saskatchewan elections have brought the topic of fertility care to the forefront. This is helpful in increasing awareness and reducing the stigma related to assisted reproductive technology (ART), but there is still a lot of work to do.

It is abundantly clear that more needs to be done to create equal and equitable access to fertility health care in Canada. In lieu of a national fertility strategy where fertility care is an insured service across the country, provincial governments, employers, and organizations need to work individually and together to increase access to this form of health care.

GLOSSARY

Assisted Reproductive Technology (ART) includes all fertility treatments in which either eggs or embryos are handled.

Birth mother/parent is a female person who gives birth to a child.

Conception is the moment when an egg is fertilized by a sperm.

Donor is a person who donates their reproductive material or an embryo.

Fertility treatment refers to assisted human reproduction, assisted procreation, or infertility treatment.

Gestational carrier (GC), also called a **gestational surrogate**, is an arrangement where a person carries and delivers a child for another couple or person (intended parent[s]). When using a GC, the eggs used to make the embryos do not come from the carrier.

Hysterectomy is a surgical operation to remove all or part of the uterus.

Intended parents are the parents who intend to raise the child conceived through fertility treatment.

Mayer-Rokitansky-Küster-Hauser syndrome (MRKH syndrome) is a congenital condition that causes an infant to be born with an underdeveloped or missing uterus and/or vagina.

Parentage is the relationship between a legal parent and a child.

Preimplantation genetic testing (PGT) a procedure used to identify genetic abnormalities in embryos created with in vitro fertilization (IVF).

Surrogate is a female person who gives birth to a child that is going to be raised by its intended parents.

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