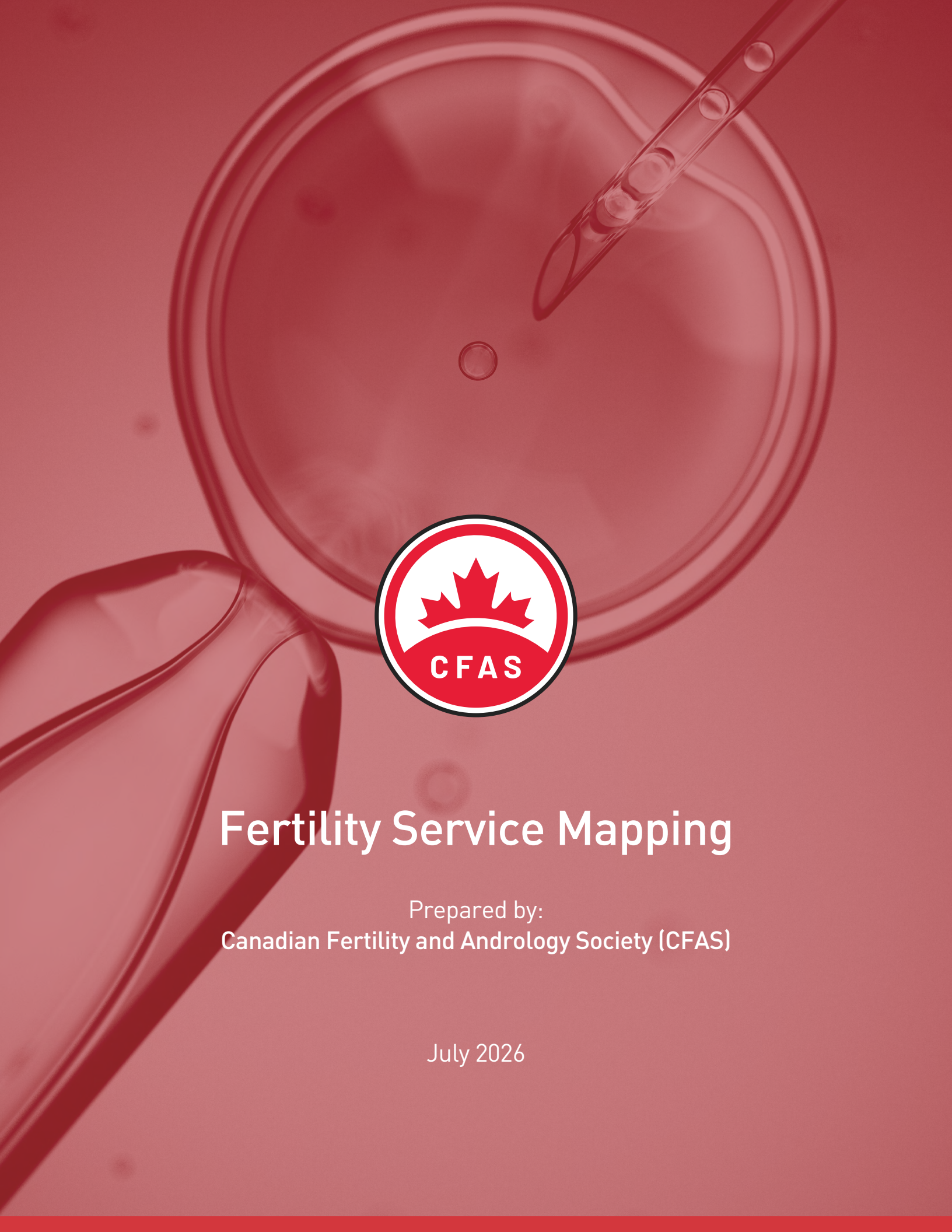

Fertility Service Mapping

Prepared by:

Canadian Fertility and Andrology Society (CFAS)

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Please note: This document has been compiled for members of the Canadian Fertility and Andrology Society (CFAS) to support a general understanding of the current fertility services landscape across Canada.

While every effort has been made to ensure the information is current and informative, CFAS does not independently verify all content and cannot guarantee its accuracy or completeness. Given the evolving nature of policies, programs, and funding, members are encouraged to consult the relevant provincial and federal government websites directly for the most up-to-date information.

If any inaccuracies are identified within this document, please notify the Society by contacting [communications@cfas.ca] (mailto:communications@cfas.ca) so that appropriate updates can be made.

Thank you for your attention and support in maintaining the accuracy of shared resources.

The Fertility Care Landscape

In Canada, in line with Canadian Assisted Reproductive Technology Register, a fertility clinic is defined as any location offering fertility services with an on-site laboratory.

The majority of fertility clinics in Canada are private[1]. Currently, clinics in Ontario, Quebec and British Columbia (BC) must 'opt-in' and/or be selected to participate in the publicly funded program[2,3,4]. Additionally, coinciding with population size, 73% of all fertility clinics are in Ontario and Quebec[5]. There are no clinics in the territories or Prince Edward Island, and only one fertility clinic per province in Manitoba, Saskatchewan, Nova Scotia and New Brunswick. There is a fertility clinic in Newfoundland and Labrador but it does not offer IVF treatment.

Fertility Treatments Overview

Fertility treatment encompasses a range of medical interventions designed to help individuals and couples achieve pregnancy when they face medical, biological, or social barriers to conception. The two most commonly used treatments in Canada are Intrauterine Insemination (IUI) and In Vitro Fertilization (IVF). IUI is typically considered a first-line approach for many patients, involving the placement of specially prepared sperm directly into the uterus during ovulation to increase the likelihood of conception. This less invasive option is frequently recommended for individuals or couples experiencing unexplained infertility, mild male factor infertility, or for same-sex female couples and single individuals using donor sperm.

IVF represents a more advanced treatment pathway, typically pursued when IUI has been unsuccessful or when more significant reproductive challenges exist. IVF is the most effective treatment for most causes of infertility. The IVF process involves stimulating the ovaries to produce multiple follicles, retrieving eggs through an outpatient procedure, fertilizing them with sperm in a laboratory setting, and subsequently transferring one or more resulting embryos into the uterus. Embryo transfer can occur as a fresh transfer 3-5 days following egg retrieval, or as a frozen embryo transfer (FET) after the embryos have been cryopreserved. Increasingly, embryos are undergoing genetic testing prior to transfer and patients are seeking fertility preservation, e.g. oocyte freezing or embryo banking, to circumvent the impact of age on oocyte quality. The ability to freeze embryos allows for multiple transfer attempts from a single egg retrieval, though it is important to recognize that many individuals require multiple IVF cycles to achieve their goal of a healthy pregnancy and live birth. IVF is utilized to address a wide variety of fertility challenges, including blocked or damaged fallopian tubes, severe male factor infertility, advanced maternal age, diminished ovarian reserve, genetic concerns requiring embryo testing, and cases where other treatments have not succeeded.

Fertility preservation represents a distinct but equally critical component of reproductive healthcare, involving the freezing of eggs, sperm, embryos, or ovarian and testicular tissue to protect an individual's future reproductive potential. This intervention becomes particularly vital for those facing medical treatments that may compromise fertility, most notably cancer patients undergoing chemotherapy or radiation therapy, which can permanently damage reproductive organs and lead to sterility. Beyond oncology, fertility preservation also serves individuals preparing for gender-affirming care that may affect reproductive capacity, as well as those with benign medical conditions requiring gonadotoxic treatment, such as genetic disorders like thalassemia, that threaten future fertility.

1, *Vanier Institute of the Family, Fertility treatment in Canada (Fact sheet) (March 13, 2025), http://vanierinstitute.ca/wp-content/uploads/2025/03/2025-03-13_Fertility-Treatment-in-Canada.pdf.*

2 *Government of Ontario, Get fertility treatments (December 15, 2025), https://www.ontario.ca/page/get-fertility-treatments.*

3 *Government of British Columbia, Publicly funded in-vitro fertilization (IVF) program (July 30, 2025), https://www2.gov.bc.ca/gov/content/health/accessing-health-care/publicly-funded-ivf-program.*

4 *Gouvernement du Québec, Medically assisted reproduction program (July 4, 2024), https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/medically-assisted-reproduction-program.*

5 *Canadian Fertility and Andrology Society, Canadian Assisted Reproductive Technologies Register (CARTR+) annual report 2025 (2024 data) (2025), https://cfas.ca/Library/CARTR/2025_CARTR_annual_report_CFAS_2024_Data.pdf.*

Impact of IVF in Canada

The Canadian Assisted Reproductive Technologies Register (CARTR Plus) provides comprehensive data on fertility treatment outcomes across the country[6]. In 2024, 36 fertility clinics across Canada provided care to 30,313 patients seeking assisted reproductive treatment. For more than 20 years the vast majority of IVF clinics in Canada have voluntarily contributed their IVF outcome data to CARTR. The purpose of CARTR is to document national statistics, trends and quality of care. Since its inception CARTR has helped IVF clinics improve pregnancy rates, reduce multiple pregnancy rates, and evaluate the impact of various provincial funding models on birth outcomes. It should be noted that any national database necessitates federal support to ensure Canadians continue to have access to this data. The Canadian Assisted Reproductive Technologies Register (CARTR) Plus 2024 data reported 21,697 retrievals yielding 27,682 transfers nationwide, and a 36.3% ongoing pregnancy rates per embryo transfer for women <35 years (own oocytes).[7] Although high, the reality of these results for most fertility patients in Canada is that they will require more than one IVF cycle in order to have a child.

Canada has experienced a remarkable 48% increase in the number of live births from IVF since 2016, coinciding with the widespread adoption of single embryo transfer (SET) practices.[8] Today, 82% of embryo transfers involve a single embryo, successfully reducing multiple births to just 3.7%—among the lowest rates globally.[9] In Ontario, where provincial funding has expanded access to treatment, IVF-conceived births now account for approximately 3% of all births.[10] This contribution becomes particularly significant in the context of Canada's declining birth rate, which is well below the population replacement level of 2.1.[11] The approximately 30,000 patients who pursue fertility treatment each year represent a meaningful response to the demographic challenges facing the country, underscoring the importance of ensuring equitable access to these services for all Canadians who need them.

Another key development in the field is the possibility of fertility preservation. With childhood cancer survival rates now exceeding 80%, fertility preservation has become an essential part of comprehensive cancer care, yet access to Oncofertility care (Oncology+Fertility) remains severely limited. Young cancer patients face a profound paradox: they are at greater risk of permanent sterility from gonadotoxic therapy and have the best chances of future fertility success if they preserve their reproductive material before treatment—yet the vast majority currently face barriers and have no financial coverage.

For adults, standard preservation involves freezing eggs, sperm, or embryos, but children and young adolescents cannot undergo traditional egg freezing. For these young patients, Ovarian Tissue Cryopreservation (OTC)—surgically removing and freezing ovarian tissue for future use—represents the only clinically established option. The current funding landscape imposes significant barriers: pediatric fertility preservation is not funded, and OTC is only covered in Quebec, leading to serious equity issues.

6,7,8,9,10,11 *Canadian Fertility and Andrology Society, Canadian Assisted Reproductive Technologies Register (CARTR+) Annual Report 2025 (2024 Data) (2025), https://cfas.ca/_Library/CARTR/2025_CARTR_annual_report_CFAS_2024_Data_.pdf.*

Service Landscape

The current fertility services landscape is characterized by a fragmented and inequitable patchwork of provincial and territorial programs. Currently, these programs utilize a mix of refundable tax credits (e.g. Manitoba, Nova Scotia, and Saskatchewan), one-time reimbursements (e.g. New Brunswick, Prince Edward Island and Newfoundland and Labrador), or limited direct cycle coverage (e.g. Ontario, Quebec, and British Columbia) for Assisted Reproductive Technology treatments like In Vitro Fertilization (IVF) and Intrauterine Insemination (IUI). The financial burden of infertility, which affects one in six Canadians, remains prohibitively high. This creates profound disparities in access based on geography, income, and family status; while some provinces offer direct funding for one cycle, others—such as Alberta, the Northwest Territories, and Nunavut—provide no public support at all. In addition, it is critical to note that the average patient requires three rounds of IVF before experiencing a live birth.[12] As such, most Canadians experiencing infertility will still require personal financing—through credit, equity, or savings—to pursue additional treatment beyond one funded cycle. This poses challenges in a time-sensitive clinical context, where egg quality declines with age.

In Canada, alongside territorial health insurance plans, there are also non-insured health benefits programs for First Nations and Inuit (NHIB), that "provides registered First Nations and recognized Inuit people with coverage for a specified, nationally consistent range of health benefits not otherwise covered through: provincial or territorial health insurance; private insurance plans; or other publicly funded plans or programs".[13] It should be noted that the NIHB considers coverage on a case-by-case basis for medications used for assisted fertility treatments and pre-approval must be obtained.

12 *D. J. McLernon, A. Maheshwari, A. J. Lee, and S. Bhattacharya, "Cumulative live birth rates after one or more complete cycles of IVF: A population-based study of linked cycle data from 178,898 women," Human Reproduction 31, no. 3 (2016): 572–581, https://doi.org/10.1093/humrep/dev336.*

13 *Crown-Indigenous Relations and Northern Affairs Canada, "Non-Insured Health Benefits for First Nations and Inuit," last modified October 30, 2019, https://www.sac-isc.gc.ca/eng/1572537161086/1572537234517.*

Directly Funded Fertility Care Programs By Province

Quebec

The Quebec government was the first in Canada to establish comprehensive funding for IVF.[14] The first iteration of the Quebec program began in 2009 and covered 3 cycles of IVF treatment. In 2015 this program stopped and was replaced with coverage of up to 9 cycles of intrauterine insemination (IUI). Then, in 2021, Quebec reintroduced comprehensive funding, but this time for only 1 IVF cycle, and funding for IUI was reduced to 6 cycles.

In its current form, the Quebec program is accessed through the provincial health insurance (RAMQ) card. In 2024, the program was expanded to include IVF in surrogates and preimplantation genetic testing for monogenetic disorders (PGT-M) for a person or couple at high risk of conceiving a child with a serious, severely debilitating, or fatal disease for which there is no known cure. The cost for the government to run the program is not publicly available.

In order to be eligible for the program:

- All involved patients must have a valid RAMQ card.
- The female must be age 18-40 (or less than age 42 for embryo transfer).
- None of the participants have had a prior tubal ligation or vasectomy.[15]

Process:

Any patient can pursue treatment, assuming they meet provincial eligibility. They complete a one-page enrollment form affirming their eligibility, need for fertility services and the absence of prior tubal ligation/vasectomy. The clinic then goes on to a provincial portal to enter the patient(s) RAMQ card information into the system, and the parental project is created and instantly either approved or rejected by the RAMQ. If the patient is already enrolled, the system will report on what previous treatments (IUI, IVF) have been completed and by what clinic. Note that the system requires a 'single parental project'- meaning if the patient is in a partnership, both parties are listed and linked to the covered treatment(s). Should the couple separate, then neither are eligible to start a new RAMQ covered treatment with a different partner.

Clinics input all relevant health information for cycles involving donor sperm and donor eggs. This is to help inform children born of this technology with a health profile they can access later in life. Wait times for treatment vary from centre to centre but are at most 3-6 months. In contrast, in Quebec clinics that are exclusively private (e.g. those that do not participate in the RAMQ program), have wait times that can be as low as two weeks.

Once participating clinics perform any RAMQ covered treatment, they register it in the system at the time specific acts occur (ovarian stimulation, egg collection, fresh embryo transfer, frozen embryo transfer, IUI). This allows them to then bill the RAMQ for that service (the online system generates a unique billing code for that patient at that clinic). Fees are broken down into two parts:

1) the physician fee (paid every two weeks by the government direct to the physician)
2) the technical fee (which covers administration costs, clinic overhead, embryo culture media, technology, administration and operations etc.).

14 *Gouvernement du Québec, Medically assisted reproduction program (July 4, 2024), https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/medically-assisted-reproduction-program.*

15 *Gouvernement du Québec, Medically assisted reproduction program (July 4, 2024), https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/medically-assisted-reproduction-program.*

Service Provision:

An IVF cycle in Quebec is counted as an egg retrieval and includes the cost of the transfer of any given embryo produced from that retrieval.

Direct Funding:

- Up to 6 IUIs are covered, and this can be refreshed if/when a live birth from IUI is recorded.
- Up to 6 straws of sperm from a donor bank from distributors approved by Health Canada (one straw at a time for one insemination).
- One funded IVF egg retrieval per lifetime for women age 18-40 years. *Retrieval must occur before age 41 and embryo transfer before age 42.
- Intracytoplasmic Sperm Injection (ICSI), embryo transfer, embryo freezing/storage for one year and all subsequent embryo transfers from that batch of embryos are covered.
- One surgical sperm extraction (PESA/TESA/TESE) is covered.
- The majority of medications are covered using a "medicament d'exception" (exceptional use) form. If a patient has private insurance, then it is the insurer who is required to pay. If the patient does not have private insurance, then the RAMQ largely covers the costs of the medication. As not all private insurers are familiar with the Quebec program it is sometimes challenging for residents to access the medication coverage to which they are legally entitled.
- Patients with prior tubal ligation or vasectomy are ineligible.
- One cycle of surrogacy. * Single people or spouses using surrogate pregnancy must meet the same eligibility criteria as single people or spouses using the Quebec program, ie. coverage is only provided to the surrogate if the surrogate and intended parents meet general eligibility criteria.
- Oral or injectable ovarian stimulation for IUI.
- One cycle for fertility preservation for those undergoing gonadotoxic therapy (cancer treatment)- (1 sperm freeze or 1 cycle of egg freezing). Ovarian tissue freezing (OTC) is also covered.

Refundable Tax Credit for the Treatment of Infertility:

- Tax credit is for expenses related to IVF treatment or artificial insemination.
- To claim the tax credit, you must have been resident in Québec on December 31 of that year.
- The tax credit is based on household income, and residents must file a form to determine eligibility and amount.
- Households are eligible for a maximum refundable tax credit of up to $20,000 if they are paying income tax and residents of Quebec.
- The credit is based on a chart linked to household income, ranging from a 20% (if income greater than $152,00) to an 80% credit of incurred approval expenses (if income less than $63,500).

- In certain approved circumstances, residents may be eligible for an advance payment of the Tax Credit for the Treatment of Infertility,[16] assuming the applicant has all receipts indicating payment.

  In these instances:

  - The patient was a resident in Québec at the time of the application.
  - The patient paid eligible expenses and has receipts and supporting documents.
  - The patient's estimated family income for 2026 did not exceed $126,310 if they have a spouse, or $63,157 if they did not have a spouse.
  - The patient expects to be entitled to a tax credit exceeding $2,000 for 2026. Note: the patient has to provide information and figures that are as accurate as possible. If the amount of the tax credit to which the patient is entitled is less than the estimated amount, the patient is required to pay income tax.
  - The patient agrees to the advance payment being made by direct deposit.[17]
- Residents can claim the following:
  - Expenses paid for an IVF or artificial insemination activity carried out by a physician.
  - Expenses paid for an assessment.
  - Cost of drugs that are prescribed by a physician and whose purchase is registered by a pharmacist.
- Travel expenses (if there is no clinic locally, and the patient has to travel over 40 km) OR longer travel costs, if it has been certified by a physician that travel is required because there are no clinics within a radius of 200km of where the person lives.
- Lodging expenses (if there is not a clinic locally, and the patient has to travel over 80 km) OR has to engage in longer travel as per above.
- Both lodging and travel can also be claimed for a person assisting the patient if deemed medically necessary.
- For expenses to be eligible, they must meet the following conditions:
  - None of the cost of the activity is covered by a health insurance plan on behalf of a person participating in the treatment and none of the cost can be reimbursed to the person by such a plan.
  - The in vitro fertilization treatment involved the transfer of a single embryo or, in accordance with the guidelines on assisted procreation drawn up by the Collège des médecins du Québec, a maximum of two embryos.
  - The treatment is administered at a centre for assisted procreation that holds a license issued under the *Act Respecting Clinical and Research Activities Relating to Assisted Procreation.*

16 *Revenu Québec, "Tax Credit for the Treatment of Infertility,"* https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-the-treatment-of-infertility/.

17 *Revenu Québec, "Eligibility Requirements," Tax Credit for the Treatment of Infertility,* https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-the-treatment-of-infertility/eligibility-requirements/.

Funding Mechanism	**Direct funding** **& Refundable Tax Credit**
Annual/Lifetime Max	**One funded IVF cycle per lifetime** from the **direct funding** Tax credit is income based, for up to $20,000 of eligible expenses and is **annual,** with **no specified lifetime limit.**
Criteria and Key Inclusions	**Direct funding** **Age Restriction: Women 18-40** (up to 42 for embryo transfer) **Up to 6 IUIs;** Can be refreshed with a new batch of 6 if/when a live birth from IUI is recorded **Excludes** persons with voluntary prior tubal ligation or vasectomy **Includes** coverage for associated services like ICSI, ET, embryo freezing/storage (1 yr), and all subsequent FETs from that batch of embryos PESA, TESA, and up to $850 per sperm sample **Tax Credit** Available for services and medication not covered by the direct funded program
Fertility Preservation	**Covered ONLY in case of gonadotoxic therapy** (covers 1 sperm freeze or 1 cycle of egg freezing; and/or ovarian tissue freezing cryopreservation)
Medication Cost	**Covered**
Travel Cost	**Supported only via tax credit** (based on travel length parameters ie. over 40km)

Ontario[18]

The Ontario government established what is referred to as the Ontario Funded Program (OFP).[19] This program has been operating since 2015 and in 2025 the government invested another $250 million over three years (starting 2025-26). By funding additional IVF cycles and expanding the number of clinics eligible to participate OFP aims to triple access to care.[20] This amounts to an additional $50M added in the 2025-2026 fiscal year and a commitment to add an additional $100M each year for the next 2 years.[21] The OFP provides funding to participating fertility clinics across the province to cover treatment costs for eligible residents. Since the launch of the OFP, funding has been provided to over 125,500 Ontarians to help them build their families.[22] Recipients must live in Ontario and have a valid health card. The government is explicit in stating that "Sex, gender, sexual orientation or family status are not considerations in fertility treatment eligibility."[23]

At the time the program was initiated in 2015, the OFP provided $70 million in annual funding for IUI and IVF cycles. The program was limited to 5,000 IVF cycles per year. Funding was granted to 50 clinics for IVF and IUI, with 33 of those clinics receiving IUI funding only. These clinics had a capped number of cycles per year based on their historical IUI and IVF volumes.

Since the most recent announcement, 54 clinics in Ontario receive funding (5 for IVF only, 29 for IUI only, and 20 for both).[24] Clinics perform the fertility treatment and procedure, then bill the Ontario Ministry of Health (MOH) accordingly. This is posted against the balance of the funding that has been allocated to the clinic. Funding is administered as per a Transfer Payment Agreement.[25] The original TPAs are evergreen (ie. auto renews) and runs in a fiscal year (April 1 to Mar 31). The new investment agreements are specific to a funding year and do not auto renew. Each TPA indicates separate funding allocations for IUI and IVF treatments. Clinics are paid the entire billed amount (which are set amounts as determined by the Ministry of Health).

With the most recent increase in funding, interested new and/or participating clinics took part in an application process to the government and were subsequently selected. Selection is not automatic and the government retains the ability to make decisions about recipients and funding amounts at its discretion. Once selected, clinics must sign a transfer payment agreement.

To retain eligibility, all clinics in receipt of OFP funding must participate in reporting clinic outcomes to the CARTR and, most recently, all participating clinics must be accredited by Accreditation Canada's Qmentum Global accreditation program by April 1, 2028, which takes between 18-24 months.[26] As per the TPA, clinics are also required to report annually any quality assurance programs or plans, inspection results from the College of Physicians and Surgeons, and an overview of patient management activities, including waitlist management, and number of patients and waitlist times for a funded IUI and IVF cycle.

18 *Ontario Ministry of Health, "Get Fertility Treatments," https://www.ontario.ca/page/get-fertility-treatments*

19 *Quelch, R., chapter in Proceed with Care: New Reproductive Technologies (Ottawa: Minister of Government Services Canada, 1993), cited in Yuzpe (2019).*

20-23 *Ontario Ministry of Health, "Ontario Connecting More Families to Fertility Supports" (press release, October 8, 2025) https://news.ontario.ca/en/release/1006581/ontario-connecting-more-families-to-fertility-supports*

24 *Ontario Ministry of Health, "Ontario Helping More Families Access Fertility Supports" (press release, June 11, 2025). https://news.ontario.ca/en/release/1006038/ontario-helping-more-families-access-fertility-supports*

25 *Ontario Ministry of Finance, "Transfer Payment Accountability Directive," https://www.fin.gov.on.ca/en/publications/transfer/.*

26 *Accreditation Canada, "Home," https://accreditation.ca/.*

Process:

Patients self-identify to the practitioner that they would benefit from the program or are referred by a general practitioner. Clinics add the patient to their waitlist (if applicable). The patient receives and signs a privacy consent created by the clinic to allow the clinic to submit their name for eligibility to the Ontario Ministry of Health (MOH) as the primary patient. Ontario MOH will confirm eligibility between 3 and 6 weeks. Assuming there is funding available, the patient can pursue treatment. There is no standard way of compiling a waitlist in Ontario. It is at the discretion of the clinic.

If the patient had eligibility submitted at another clinic, it must be retracted by the other clinic before a new eligibility submission can be made. This can take a few months. Patients who have already used their funded cycle will have their eligibility claim denied. Access to funding is once per lifetime.

Service Provision

A cycle is defined as one ovarian stimulation and egg retrieval, and all embryo transfers that result from that one egg retrieval. Only the retrieval and first frozen embryo transfer costs are reimbursed to the clinics. All subsequent Frozen Embryo Transfers are not reimbursed. A funded cycle entry point can also be an autologous or donor egg thaw or the porting over of a cohort of already created embryos. In those cases, patients forgo a funded retrieval.

Direct Funding:

- Unlimited funded IUI cycles with no age or cycle limit, providing an accessible first-line treatment option for patients with mild male factor infertility, unexplained infertility, or those requiring donor sperm.
- Direct funding for one IVF cycle (rate determined by the government) *must be under the age of 43 at the time of eligibility submission (transfer must occur within a reasonable amount of time after approval). Eligible for an additional funded cycle if acting as a surrogate (at least one intended parent and the surrogate must have an OHIP card).[27]
- Other people participating in a Primary IVF Patient's Funded IVF Cycle (such as egg/sperm donors) are designated as "Secondary IVF Patients." In order to receive funded services as part of a Primary IVF Patient's Funded IVF Cycle, Secondary IVF Patients must meet the eligibility requirement of having a valid Ontario health card. There are no age limitations for Secondary IVF Patients or Intended Parent(s), and there is no limit to the number of Funded IVF Cycles that Secondary IVF Patients can participate in.[28]
- PESA (Percutaneous Epididymal Sperm Aspiration) and TESA (Testicular Sperm Aspiration) are included in the program when deemed medically necessary. These are minimally invasive procedures used to retrieve sperm for assisted reproduction when ejaculation is blocked (obstructive azoospermia) or sperm production is severely compromised. PESA retrieves sperm from the epididymis (the sperm storage tube), while TESA retrieves sperm directly from the testicular tissue.[29] Clinics do not get paid more to have this procedure completed by a urologist, nor is there an OHIP billing code. Also other sperm retrieval techniques like TESE (Testicular Sperm Extraction) or micro-TESE are not covered under the funding.

27 *Ontario Ministry of Health, "Bulletin 201001 — Administration of the Ontario Fertility Program (OFP)," October 7, 2020, https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/2010/bulletin_201001.aspx.*

28 *Ontario Ministry of Health, "Bulletin 201001 — Administration of the Ontario Fertility Program (OFP)," October 7, 2020, https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/2010/bulletin_201001.aspx.*

29 *R. Flannigan et al., "2023 Canadian Urological Association Guideline: Evaluation and Management of Azoospermia," Canadian Urological Association Journal 17, no. 8 (2023): 228–40, https://doi.org/10.5489/cuaj.844539.*

- One cycle for fertility preservation for medical reasons, encompassing:
  - Cancer patients facing gonadotoxic chemotherapy or radiation therapy
  - Individuals diagnosed with benign conditions requiring gonadotoxic treatment (e.g., thalassemia, severe autoimmune conditions)
  - Patients preparing for gender-affirming care that may affect reproductive capacity
- Egg freezing (oocyte cryopreservation) for post-pubertal females
- Sperm cryopreservation for males

Refundable Tax Credit (Ontario Fertility Treatment Tax Credit):

- Tax credit maximum of $5,000 of $20,000 (25%) of eligible expenses annually, which includes diagnostic tests, medication and travel.
- These expenses include IVF cycles, fertility medications, travel for treatment and diagnostic testing.
- The expenses must be fertility-related in that 1) they were paid to help the person or their spouse, or common law partner conceive a child, or 2) they were certain medical expenses paid to or on behalf of a surrogate mother for the purposes of the intended parent achieving a pregnancy.
- Only expenses that will not be reimbursed are eligible, but the unreimbursed portion may be eligible.
- The patient must have expenses for goods and services provided entirely in Canada relating to fertility treatment and preservation, or to surrogacy, that qualify for the Ontario Medical Expense Tax Credit (METC).[30]
- If you have a spouse or common-law partner on the last day of the tax year, only one of you can claim the credit. The person claiming the credit can include both their own expenses and their spouse or common-law partner's expenses.
- The credit can be claimed in addition to the existing Federal and Ontario medical expense tax credits.[31]

30 *Ontario Ministry of Finance, "Ontario Fertility Treatment Tax Credit," n.d., https://www.ontario.ca/page/ontario-fertility-treatment-tax-credit.*

31 *Ontario Ministry of Health, "Ontario Helping More Families Access Fertility Supports," press release, June 11, 2025, https://news.ontario.ca/mohla/en/2025/06/ontario-helping-more-families-access-fertility-supports.html.*

Funding Mechanism	**Direct funding** **& Refundable Tax Credit**
Annual/Lifetime Max	**One funded IVF cycle per lifetime** from the **direct funding** Tax credit has an **annual** max of **$5,000 credit** (on $20,000 eligible expenses) with **no specified lifetime limit**
Criteria and Key Inclusions	**Direct funding** **Age Restriction: Women up to age 43** (One funded IVF cycle per patient) One additional cycle if acting as a surrogate **Unlimited IUI cycles** (No age or cycle limit for IUI) **Includes** coverage for associated services like ICSI, assisted hatching, blastocyst culture, embryo freezing (storage not included) and all subsequent FETs from that batch of embryos from the funded cycle. PESA and TESA covered **Sperm washing not covered** (*but* standard for IUI)
Fertility Preservation	**Covered for medically indicated reasons** (1 cycle of egg freezing or 1 cycle of sperm freezing but ***not*** embryo freezing OR ovarian tissue cryopreservation) (storage not included)
Medication Cost	**Supported only by the tax credit**
Travel Cost	**Supported only by the tax credit** Certain patients will be able to access **the Northern Health Travel Grant**[32]

32 Government of Ontario, "Northern Health Travel Grant Program," n.d., https://www.ontario.ca/page/northern-health-travel-grant

British Columbia

The government of BC introduced a direct funding program for IVF in 2025. This was a step forward for IVF care in Canada. The allocation from the government for the program is $68 million for the next two years.[33] Funding was available July 2, 2025 - March 31, 2026, as year one, and will be available for the following fiscal year of April 1, 2026 - March 31, 2027.

Currently, there are 4 clinics in BC that receive funding, constituting all the clinics in BC that are operational at this time. All participating clinics must adhere to provincial and federal legislation and be accredited by the College of Physicians and Surgeons of BC.[34,35] The government indicates explicitly that "Sex, gender, sexual orientation, and family status are not factors in determining eligibility."[36]

The funding in BC for IVF is based on household income only. Below is the chart indicating the household income thresholds and what patients can expect for financial support[37]:

Applicant(s) combined pre-tax income	Eligible Funding Amount
0 - $100,000	$19,000
$100,001- $150,000	$14,250
$150,001- $200,000	$9,500
$200,001- $250,000	$4,750
$250,001+	not eligible

Prior to the program launch, the government allotted funding per clinic based on previous referral volumes. This approach helped ensure that waitlist times remain comparable between clinics. The government allocated funds so that clinics were aware of their distribution in advance, and funding is disbursed on a quarterly basis. Clinics received one quarter's worth of funding up front and deduct each treatment cost from the patient's balance accordingly. Once a patient's application is approved, they have 90 days to begin treatment. Once treatment has started, they have 6 months to complete treatment.

33 *Province of British Columbia, "Province Launches Program to Fund IVF, Support Families," press release, July 2, 2025, https://news.gov.bc.ca/releases/2025HLTH0065-000639*

34, 35 *College of Physicians and Surgeons of British Columbia, "Serving the Public by Regulating Physicians and Surgeons," accessed January 27, 2026, https://www.cpsbc.ca/.*

36 *College of Physicians and Surgeons of British Columbia, "Diagnostic Accreditation Program: Scope of Accreditation," n.d., https://www.cpsbc.ca/files/pdf/DAP-Scope-of-Accreditation-18501LM.pdf.*

37 *Government of British Columbia, "Publicly Funded In-Vitro Fertilization (IVF) Program," July 30, 2025, https://www2.gov.bc.ca/gov/content/health/accessing-health-care/publicly-funded-ivf-program.*

Process:

Any patient can pursue treatment, assuming they meet provincial eligibility. The patient must have a fertility work up and have a consult at a fertility centre/satellite location recognized by the Ministry of Health. The date of the consultation/follow up holds their place in line. Visits prior to March 8, 2024 (the date of the original funding announcement) do not factor into the sequence for coverage. It is up to the patient and the physician as to whether IVF is the right choice for them. If IVF is deemed appropriate, they are placed on a waitlist with the respective clinic.

Only when IVF funding is available, as per the government allocation, is an application submitted. The patient completes a one-page consent form, and the clinic applies on behalf of patient (once the patient has decided that they want to proceed with treatment and that this is the clinic they wish to do so with). Once the clinic has completed the application, the patient is then notified to submit their notice of assessment (as funding is income-based) directly to the portal for themselves and their partner (if applicable). The government has 30 days to adjudicate the application. Both the clinic and the patient receive an email notification from the portal once a patient has been approved and for what amount. Much like the Quebec program, if patients are in a union, they access funding as a couple and are committed to public funding within that union. This is directly reflective of the reality that financial assistance is based on a household income.

Once approved, patients have 90 days to initiate treatment. This requirement was introduced by the Ministry of Health in 2026 to ensure funding is utilized in a timely manner. After treatment has commenced, patients have up to 6 months to complete their funded treatment.

Service Provision

An IVF cycle in BC begins at orientation and includes sperm wash, egg retrieval, blastocyst culture and single embryo transfer (fresh or frozen).

Direct Funding (coverage can be applied to the following):

- 1 IVF cycle per lifetime for patients between the ages of 18 and 41 (orientation, egg retrieval, blastocyst culture and single embryo transfer; fresh or frozen).
- Sperm wash.
- Components of a standard IVF cycle with previously frozen eggs.
- Frozen embryo transfer (FET) using previously frozen embryos.
- Required cycle medications when obtained through the participating B.C. fertility clinic associated with the patient's application.
- Intracytoplasmic sperm injection (ICSI).
- Additional one-at-a-time embryo transfer.
- Embryo storage for up to one year.
- Repeated treatment components (provided treatment is initiated within 90 days of approval and completed within 6 months of treatment commencement).

Funding Mechanism	**Direct funding**
Annual/Lifetime Max	**One publicly funded IVF cycle per lifetime**, up to **$19,000** in funding per parental project Income tested, meaning amount of funding received is based on household income. Approval must be activated within 90 days. Once treatment begins, it must be completed within 6 months.
Criteria and Key Inclusions	**Age Restriction: Residents aged 18–41** (at time of application for the person undergoing embryo transfer) **IUI is excluded** Covers IVF, FET, ICSI, and embryo storage (1 year) PESA and TESA covered
Fertility Preservation	Fertility preservation for medical reasons not included in the program
Medication Cost	**Eligible**
Travel Cost	**Ineligible**

Financially Supported Fertility Care Programs by Province

Manitoba:

In April 2024, the Manitoban government doubled its tax credit amount from $20,000 of eligible expenses to $40,000 per year.[38] Manitoba uses the federal definition of eligibility of fertility care costs as determined under subsection 118.2(2) of the federal Income Tax Act, which is "... paid for the purpose of a patient (within the meaning of subsection (2)) conceiving a child; and (b) would be a medical expense of the individual (within the meaning of subsection (2)) if the patient were incapable of conceiving a child because of a medical condition". There is only one clinic in Manitoba, located in Winnipeg.

The clinic participates in a review by the College of Physicians and Surgeons of Manitoba for regulatory and accreditation adherence.

Refundable Fertility Treatment Tax Credit:[39]

- 40% tax credit for eligible expenses.
- Patient, spouse or common-law partner must file an income tax return, even if they are exempt from paying income taxes.
- Tax credit is for expenses related to fertility treatment or artificial insemination (IUI).
- Credit applies to Fertility Procedures– amounts paid to a medical practitioner or a public or licensed private hospital to conceive a child. Certain expenses paid in respect of a surrogate mother or donor (for example, a donor of sperm or ova) if they are of a type that would be otherwise permitted as medical expenses of the individual.
- Fees and other amounts paid to a fertility clinic or donor bank in Canada to obtain sperm, ova (eggs), or embryos. The amounts must be paid to enable the conception of a child by the individual, the individual's spouse or common-law partner, or a surrogate mother on behalf on the individual.[40]

For Surrogacy or Sperm and Ova Donation:

- Reimbursement of expenses under the federal Reimbursement Related to Assisted Human Reproduction Regulations (Sections 2-4) paid to (or on behalf of) a surrogate or sperm or ova donor.[41]
- There is no limit on the number of treatments a person can claim.
- Residents can claim $40,000 in eligible annual cost, for a maximum year credit of $16,000.
- Medication is included.
- Ovulation induction, therapeutic donor insemination (TDI), hyperstimulation/intrauterine insemination (HS/IUI), in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), frozen embryo transfer, oocyte donation, assisted hatching, fertility preservation, testicular sperm extraction (TESE) and Endometrial Receptivity Testing (ERA) are eligible, as these are all considered fertility procedures.

38 *Province of Manitoba, "FAQ's about the Fertility Treatment Tax Credit," n.d.,https://www.gov.mb.ca/finance/tao/fttc_faq.html*

39 *Manitoba Finance, "Manitoba Government Helping Families Grow with Doubled Fertility Treatment Tax Credit," news release, March 27, 2024. https://news.gov.mb.ca/news/index.html?item=62757.*

40 *Canada Revenue Agency. (n.d.). Lines 33099 and 33199 – Eligible medical expenses you can claim on your tax return: Details of medical expenses. 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/details-medical-expenses.html#nvtr*

41 *These expenses are broad and listed in Appendix A.*

- Payments to a fertility clinic or donor bank to obtain sperm or ova to enable the conception of a child by the individual, their spouse or common-law partner or a surrogate on behalf of the individual, or payments by the individual or the individual's spouse or common-law partner in respect of a surrogacy expense that is deemed by subsection 118.2(2.21) of the federal Income Tax Act to be a medical expense of the individual;
- For expenses to be eligible, they must meet the following conditions:
  - Care must be provided in Manitoba by a Manitoban licensed medical practitioner or fertility treatment clinic.
  - Expenses must be net of any private reimbursements.
  - Must be a Manitoba resident.
  - Applicants must provide all receipts and invoices.

Funding Mechanism	**Refundable Tax Credit**
Annual/Lifetime Max	Tax Credit has an **annual** max of **$16,000** (of up to $40,000 in eligible expenses) No limits on the number of treatments a person can claim (ie. **no lifetime limit**)
Criteria and Key Inclusions	**Utilizes eligible fertility expenses as per the Federal Medical Expense Tax Credit** **Includes coverage** for fertility treatments (IVF, IUI), and related expenses, such as IVF, ICSI, Ovulation induction, therapeutic donor insemination (TDI), hyperstimulation/intrauterine insemination (HS/IUI), frozen embryo transfer, oocyte donation, assisted hatching, fertility preservation, testicular sperm extraction (TESE) and Endometrial Receptivity Testing (ERA) **Includes** cost to obtain donor gametes from a Canadian bank All fertility services **must** be procured within the province
Fertility Preservation	Eligible, but not explicitly included for medical reasons
Medication Cost	**Eligible**
Travel Cost	**Ineligible**

Nova Scotia

Nova Scotia has one fertility clinic located in Halifax. Operating oversight rests with the College of Physicians and Surgeons and all related federal regulations. Geography is a barrier to access, given many patients must travel to the larger city centre to access care, including cycle monitoring. The credit was estimated to cost $3 million in 2023-24.

Refundable Fertility and Surrogacy Tax Credit:[42]

- 40% tax credit of medical expenses for eligible fertility treatments or eligible surrogacy-related medical costs of a maximum of $20,000 in eligible costs for a maximum annual tax credit of $8,000 (per couple).
- Credit is administered directly by the Government of Nova Scotia (not the Canada Revenue Agency, like Manitoba and Saskatchewan).
- Credit applies to Fertility Procedures– amounts paid to a medical practitioner or a public or licensed private hospital to conceive a child. Certain expenses paid in relation to a surrogate mother or a sperm or ova donor may qualify as medical expenses, provided they are of a type that would otherwise be permitted for the individual.
- Fees and other amounts paid to a fertility clinic or donor bank in Canada to obtain sperm, ova (eggs), or embryos. The amounts must be paid to enable the conception of a child by the individual, the individual's spouse or common-law partner, or a surrogate mother on behalf on the individual.[43]

For Surrogacy or Sperm and Ova Donation:

- Reimbursement of expenses under the federal Reimbursement Related to Assisted Human Reproduction Regulations (Sections 2-4[44]) paid to (or on behalf of) a surrogate or sperm or ova donor.

Eligibility:

- Patient must file their provincial income tax return (including Form NS428) and have Canada Revenue Agency Notice of Assessment for the tax year applied for.
- Expenses must be net of any private reimbursements.
- Patient must be a resident of Nova Scotia.
- Services must have been provided in Canada and received in Canada.
- The applicant must have receipts.

42 *Government of Nova Scotia, "Fertility and Surrogacy Tax Credit," n.d., https://www.novascotia.ca/fertility-and-surrogacy-tax-credit.*

43 *Income Tax Act, R.S.C. 1985, c. 1 (5th Supp.), § 118.2 (Medical expense credit), Justice Laws Website, https://laws-lois.justice.gc.ca/eng/acts/I-3.3/section-118.2.html.*

44 *Canada Revenue Agency, "Lines 33099 and 33199 – Eligible Medical Expenses You Can Claim on Your Tax Return: Details of Medical Expenses," n.d., 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/details-medical-expenses.html#nvtr.*

- A referral letter from a Nova Scotia-licensed medical practitioner if your fertility and surrogacy service provider is outside of Nova Scotia (note: a referral letter isn't required if your expenses only include fees paid to fertility clinics or donor banks in Canada for donor sperm or ova).
- Consent Statement (PDF) from a spouse or common-law partner, if the patient had a spouse or common-law partner during the tax year you apply for.
- Consent Statement (PDF) and contract from the person's donor or surrogate, if they used a donor or surrogate and paid for any eligible fertility and surrogacy medical expenses.
- SIN number and birthdate for donor and/or surrogate.

Funding Mechanism	**Refundable Tax Credit**
Annual/Lifetime Max	**40%** Tax Credit has an **annual** max of **$8,000 credit per couple per year** (of up to $20,000 in eligible expenses)
Criteria and Key Inclusions	**Utilizes eligible fertility expenses as per the Federal Medical Expense Tax Credit** **Includes coverage** for fertility treatments (IVF, IUI), and related expenses, such as IVF, ICSI, Ovulation induction, therapeutic donor insemination (TDI), hyperstimulation/intrauterine insemination (HS/IUI), frozen embryo transfer, oocyte donation, assisted hatching, fertility preservation, testicular sperm extraction (TESE) and Endometrial Receptivity Testing (ERA) **Includes** cost to obtain donor gametes from a Canadian bank Care outside the province **is** eligible
Fertility Preservation	Eligible, but not explicitly included for medical reasons
Medication Cost	**Eligible**
Travel Cost	**Eligible**

Saskatchewan

In March of 2025, the Saskatchewan government announced its budget and included a Fertility Treatment Tax Credit.[45] This is the first element of financial support the government has provided and marks a milestone in fertility care in the province. Like Manitoba, the province uses the federal definition of fertility expense as determined under Subsection 118.2(2) of the Federal Income Tax Act, which is "... paid for the purpose of a patient (within the meaning of subsection (2)) conceiving a child; and (b) would be a medical expense of the individual (within the meaning of subsection (2)) if the patient were incapable of conceiving a child because of a medical condition".[46] It includes fees paid to a fertility clinic or donor bank to obtain sperm, ova or embryos to enable the conception of a child, provides that such fees must be paid to a fertility clinic or donor bank located in Canada."[47]

Saskatchewan has one operating clinic in Saskatoon. Oversight of operations rests with the College of Physicians and Surgeons of Saskatchewan non-hospital treatment facility regulations. When the tax credit was announced, which increased wait times to 6-9 months. It created greater awareness of fertility challenges more generally, encouraging existing patients to consider ART sooner.

Refundable Fertility Treatment Tax Credit:[48]

- Tax credit is for expenses related to IVF treatment or artificial insemination (IUI).
- 50% refundable tax credit for one lifetime fertility treatment expense claim per tax filer.
- Includes related prescription drug costs.
- Maximum amount of eligible expenses that can be claimed is $20,000, that would result in a refund up to a maximum of $10,000 per eligible claimant.
- Permitted to claim tax credit on a one-time-only basis over any rolling 12-month period, ending in the taxation year.
- Individuals can also continue to claim all eligible medical expenses under the federal Medical Expense Tax Credit without a clawback under the Fertility Treatment Tax Credit.
- For expenses to be eligible, they must meet the following conditions:
  - Care must be provided in Saskatchewan (fertility treatment fees must have been paid to a Saskatchewan licensed medical practitioner or fertility treatment clinic).
  - Expenses must be net of any private reimbursements.
  - Must be a Saskatchewan resident.
  - Applicants must provide all receipts and invoices (marked as paid).

45 *Government of Saskatchewan, "Fertility Treatment Tax Credit," March 19, 2025, https://www.saskatchewan.ca/residents/taxes-and-investments/tax-credits/fertility-treatment-tax-credit.*

46 *Income Tax Act, R.S.C. 1985, c. 1 (5th Supp.), § 118.2 (Medical expense credit), Justice Laws Website, https://laws-lois.justice.gc.ca/eng/acts/I-3.3/section-118.2.html.*

47 *Canada Revenue Agency, "Income Tax Folio S1-F1-C1, Medical Expense Tax Credit," n.d., https://www.canada.ca/en/revenue-agency/services/tax/technical-information/income-tax/income-tax-folios-index/series-1-individuals/folio-1-health-medical/income-tax-folio-s1-f1-c1-medical-expense-tax-credit.html.*

48 *Government of Saskatchewan, "Fertility Treatment Tax Credit," March 19, 2025, https://www.saskatchewan.ca/residents/taxes-and-investments/tax-credits/fertility-treatment-tax-credit.*

Funding Mechanism	**Refundable Tax Credit**
Annual/Lifetime Max	**50%** Tax Credit has a **lifetime** max of **$10,000 credit per tax filer** (on $20,000 eligible expenses) **One-time lifetime claim**
Criteria and Key Inclusions	**Utilizes eligible fertility expenses as per the Federal Medical Expense Tax Credit** **Includes** coverage for fertility treatments (IVF, IUI), and related expenses, such as IVF, ICSI, Ovulation induction, therapeutic donor insemination (TDI), hyperstimulation/intrauterine insemination (HS/IUI), frozen embryo transfer, oocyte donation, assisted hatching, fertility preservation, testicular sperm extraction (TESE) and Endometrial Receptivity Testing (ERA) Excludes cost to obtain donor gametes from outside of Saskatchewan (and no bank in-province currently) All fertility services **must** be procured within the province Claiming the Saskatchewan Fertility Treatment Tax Credit ***does not*** reduce the amount that can be claimed for the federal Medical Expense Tax Credit
Fertility Preservation	Eligible, but not explicitly included for medical reasons (Ovarian tissue cryostorage eligibility is unknown as no Saskatchewan facility exists)
Medication Cost	**Eligible**
Travel Cost	**Ineligible**

Yukon

On October 17, 2024, Yukon expanded its Medical Travel program to include eligibility for fertility treatments and care. The program pays for flights and ground transportation from a patient's home community to the nearest suitable health care centre, also offering daily subsidies for food and accommodations. The Regulation to Amend the Travel for Medical Treatment Regulations (2024) was introduced and further defined "fertility treatment," encompassing various procedures such as artificial insemination, IVF, and fertility preservation. It also specifies eligibility for subsidies for travel expenses related to fertility treatment provided by authorized practitioners within the Yukon and for out-of-territory travel for fertility treatment.

Most recently, in May 2025 the Yukon government introduced a refundable tax credit for fertility treatments and surrogacy, equal to 40% of eligible costs. The value of the refund is a maximum of $10,000 per year with unlimited lifetime availability signifying another key step increasing access to fertility care in Canada. This tax credit will help cover part of the cost of fertility treatments. Patients claim these expenses on their 2025 tax return, for expenses incurred as early as January 2, 2024[49].

This credit is in addition to the medical travel coverage for fertility treatments announced in fall 2024. The province uses the federal definition of fertility expense as determined under Subsection 118.2(2) of the Federal Income Tax Act, which is paid for the purpose of a patient (within the meaning of subsection (2)) conceiving a child; and (b) would be a medical expense of the individual (within the meaning of subsection (2)) if the patient were incapable of conceiving a child because of a medical condition".[50] Only residents of the Yukon are eligible.

There is no fertility clinic in the Yukon, so travel is necessary to receive treatment.

Process:

- Residents claim the tax credit on their 2025 tax return.

49 Government of Yukon, "Amendments to Yukon's Income Tax Act, Including New Fertility and Surrogacy Expense Tax Credit, Receives Assent," n.d., https://yukon.ca/en/news/amendments-yukons-income-tax-act-including-new-fertility-and-surrogacy-expense-tax-credit-receives-assent.

50 Income Tax Act, R.S.C. 1985, c. 1 (5th Supp.), § 118.2 (Medical expense credit), Justice Laws Website, https://laws-lois.justice.gc.ca/eng/acts/I-3.3/section-118.2.html.

Funding Mechanism	**Refundable Tax Credit & Medical Travel Program**
Annual/Lifetime Max	**40%** Tax Credit has an annual max of **$10,000 credit per year** with **no specified lifetime limit**
Criteria and Key Inclusions	**Utilizes eligible fertility expenses as per the Federal Medical Expense Tax Credit** Includes coverage for fertility treatments (IVF, IUI), and related expenses, such as IVF, ICSI, Ovulation induction, therapeutic donor insemination (TDI), hyperstimulation/intrauterine insemination (HS/IUI), frozen embryo transfer, oocyte donation, assisted hatching, fertility preservation, testicular sperm extraction (TESE) and Endometrial Receptivity Testing (ERA)
Fertility Preservation	Eligible, but not explicitly included for medical reasons
Medication Cost	**Eligible**
Travel Cost	**Supported via tax credit** Through the **Medical Travel Program, medical travel for treatment/services not available locally under Yukon's MTP**, including airfare coverage is provided, plus subsidies for accommodations, meals, and transportation outside Yukon, or airfare/mileage (personal vehicle) and subsidies for accommoda-tions and meals when traveling from a home community to Whitehorse

New Brunswick

In April 2025, New Brunswick (NB) introduced a new program to help offset the costs of fertility treatment. This was a very welcome step forward to increase access to care in the province. The government committed to helping New Brunswickers start their families by investing more than $1.9 million to support access to fertility treatments.[51] Unlike a refundable tax credit, NB introduced a grant program, available as one-time grants per household. There is only one fertility clinic in the province, located in Moncton. The provincial website explicitly states, "This program applies to single people, opposite-sex and same-sex couples". The program lists all eligible expenses and breaks them out between medical and supportive services.

Fertility Treatment Reimbursement Program[52]

As per the program, an IVF cycle is understood to start with a consultation and end with the transfer of the first blastocyst (or unsuccessful treatment). An IUI treatment refers to the group of continuous services associated with a planned round of IUI treatments. This may include more than one insemination and supportive service, ending with a successful or unsuccessful insemination.

The grant(s) cover:

- IUI coverage:
  - A one-time per household grant covers 100% of the cost of intrauterine insemination (IUI), up to $10,000.
  - One cycle of IUI and supportive services are eligible for reimbursement if the final IUI treatment occurred within the past 12 months.
  - Additional IUI treatments may be reimbursed for up to two years, provided the maximum reimbursement limit of $10,000 has not been reached.
- IVF coverage:
  - A one-time per household grant covers 100% of one cycle of in-vitro fertilization (IVF), up to $20,000.
  - One cycle of IVF and supportive services are eligible for reimbursement if the first blastocyst transfer occurred within the past 12 months.
  - Additional blastocyst transfers may be covered for up to two years, provided the maximum reimbursement limit of $20,000 has not been reached.
- Eligible medical services include:
  - Initial consultation.
  - Monitoring of ovarian stimulation (labs and ultrasounds).
  - Egg retrieval.
  - Sperm collection including surgical.
  - Standard IVF procedure.
  - Intracytoplasmic sperm injection (ICSI), if medically indicated.
  - Blastocyst culture.

51, 52 Government of New Brunswick, "Fertility Treatment Reimbursement Program (FTRP)," n.d., https://www.gnb.ca/en/topic/health-wellness/health-lifestyle/fertility-program.html

  - Single fresh or frozen embryo transfer.
  - Multiple intrauterine insemination (IUI) with the latest procedure having occurred within the last 12 months.
  - Procedures related to the collection and use of donor sperm, eggs or embryos such as retrieval, preparation and transfer.
  - Endometrial biopsy.

- Eligible Supportive services include:
  - Medications directly related to the treatment cycle (e.g. gonadotropins, ovulation triggers).
  - Ultrasounds and bloodwork performed at fertility clinic.
  - Anesthesia or sedation for egg retrieval.
  - Anesthesia or sedation for semen collection (TESA).
  - Semen analysis.
  - Freezing and storage of supernumerary blastocysts from one cycle of IVF as described above for a maximum of two years.

Eligibility:

- The treatment must have occurred within the last 12 months.
- Treatments must have taken place in a licensed New Brunswick or Nova Scotia Fertility Clinic and have not been previously claimed under the former Infertility Fund.
- Claimant must be a full-time resident of New Brunswick with a valid NB Medicare card at time of treatment.
- Fertility services must be confirmed as required by the fertility clinic.
- Claimant must be over 18 years old and under 43 years old at the time treatment began.
- Patient must have completed the full treatment cycle within the 12 months prior to the application.
- Claimant must provide a confirmation/explanation from a physician for needing treatment at a licensed Canadian fertility clinic outside of New Brunswick or Nova Scotia.
- Claimant must put the claim through their insurer first, if they have private insurance; only uninsured, eligible costs will be reimbursed.
- Claimant must have valid NB driver's license, ID or valid Canadian passport.
- Claimant must have paid invoices and official receipts for treatment.
- Claimant must have proof that treatment has been completed within the past 12 months must be provided.
- Both payment and treatment dates must be clearly itemized and explained on clinic receipt/statement or letter.
- Claimant must provide all official pharmacy receipts.
- Claimant must provide an explanation of benefits from private insurer (if applicable).

Funding Mechanism	Reimbursement
Annual/Lifetime Max	Up to **$10,000 per household** per lifetime reimbursed for **IUI** Up to **$20,000 per household** per lifetime reimbursed for **IVF**
Criteria and Key Inclusions	**Age Restriction:** Claimant must be **over 18 years old and under 43** years old at the time treatment began. Fertility services ***must*** be confirmed as required by a specialist. **One round of IVF eligible** - freezing and storage of surplus embryos from one IVF cycle eligible for reimbursement for up to 2 years -additional blastocyst transfers may be covered for up to two years, provided the maximum reimbursement limit of $20,000 has not been reached. **IUIs** (unlimited) Eligible treatments include initial consultation, endometrial biopsy, monitoring of ovarian stimulation (labs and ultrasounds), anesthesia or sedation for egg retrieval, anesthesia or sedation for semen collection (TESA), semen analysis. The treatment **must** have occurred within the last 12 months, and a full treatment cycle **must** have been completed. Treatments **must** have taken place in a licensed New Brunswick or Nova Scotia Fertility Clinic and have not been previously claimed under the former Infertility Fund.
Fertility Preservation	Eligible, but not explicitly included for medical reasons
Medication Cost	**Eligible** *if* medications are directly related to the treatment cycle (e.g. gonadotropins, ovulation triggers),
Travel Cost	**Ineligible**

Prince Edward Island

Prince Edward Island launched its Fertility Treatment Program on January 1, 2021. There is no fertility clinic on the island, so residents must travel to another province to access treatment.

Fertility Treatment Program[53]

The program offers income-based support for fertility costs for residents accessing IUI, IVF as well as fertility-related medications at a fertility clinic in Canada. Residents apply to the Department of Health and Wellness, which is responsible for determining eligibility. If eligible, the applicant(s) will receive an approval letter identifying their maximum eligible reimbursement funding and 12-month approval period. Applicants must first be approved and *then* submit expenses that occur after their approval date. Retroactive expenses are not eligible for reimbursement. Applicants must also submit a vendor registration form indicating the clinic that will be providing treatment, once approved.

Patients can access maximum funding for up to three separate 12-month terms. Eligible expenses are incurred on or after the date specified in the approval letter. All expenses must be submitted within 6 months of receiving the approved fertility treatment to be eligible for reimbursement. Expenses for fertility treatments (IUI and IVF) and associated prescribed medication that are not covered through private insurance or the provincial fertility treatment funding can be claimed as a medical expense on a person's federal tax return.

Household income is determined as your total income before taxes, minus split income, childcare costs, and support payments. It is then combined with the same total as the patient's spouse (if applicable).

Grant Details:

The program will provide between $5,000 and $10,000 annually, based on family income, for eligible expenses associated with IVF and/or IUI. Below is the chart indicating family income and eligible funding maximums:

Annual Family Income	Maximum Funding
under $50,000	$10,000
$50,001- $100,000	$7,500
over $100,001	$5,000

Eligible Service Coverage:

- IVF and IUI.
- Medication.

53 *Government of Prince Edward Island, Department of Health and Wellness, "Fertility Treatment Program: A Funding Support Program," n.d., https://www.princeedwardisland.ca/en/information/health-and-wellness/fertility-treatment-program-a-funding-support-program.*

Eligibility:

- Claimant must be a permanent PEI resident as defined by the Health and Dental Services Cost Assistance Act;
- Claimant must have a valid PEI Health Card; and
- Claimant must have filed the most recent income tax return.
- Patients are required to submit all receipts to a private insurer first. Patients can submit all remaining out-of-pocket expenses but must provide a letter from the provider(s) confirming the terms of coverage for any prescribed medications and/or IVF/IUI procedures.

Funding Mechanism	Reimbursement
Annual/Lifetime Max	**$5,000 to $10,000 per year (income-tested),** for up to **3 years** (max $30,000 lifetime)
Criteria and Key Inclusions	**IVF, IUI, and related medications/services** Initial consultation fee at clinic is **not** covered. Treatment must be obtained at a fertility clinic in Canada (out-of-province) Treatment **must** occur after the approval date on the letter form the government to be eligible.
Fertility Preservation	**Ineligible.** Storage of eggs and sperm are not covered Fertility Preservation for medical reason not included
Medication Cost	**Eligible**
Travel Cost	**Ineligible**

Newfoundland and Labrador

Newfoundland and Labrador introduced the Fertility Subsidy Program in 2021, offering $5,000 for an IVF cycle, for up to three cycles. The program cost was $2.1 million, servicing 230 individuals in the province.[54] In 2025, the province announced it was increasing its support for fertility care, signifying another key milestone for fertility care access in Canada. Specifically, the subsidy for an IVF cycle was increased up to a one time $20,000 maximum. In addition, the program was expanded to include IUI coverage. The Fertility Subsidy Program is administered by Newfoundland and Labrador Fertility Services on behalf of the provincial government.[55] The program came into effect March 18th, 2025.[56]

Currently, patients in the province can access certain services like counselling, fertility investigation, follicular tracking, IUI, therapeutic donor insemination, and fertility preservation of sperm, but patients must be referred out of province for an IVF cycle. There are plans to have a full service fertility clinic opened in the province in 2026.[57]

The program defines ART as the following: "ART includes fertility treatments in which either oocytes or embryos are handled. ART procedures involve surgically removing oocytes from a patient's ovaries, combining them with sperm in the laboratory, and then returning them to the recipient's uterus or freezing them for later use, a process called cryopreservation. ART has grown to include the cryopreservation of oocytes as a means of fertility preservation.

ART does not include treatments in which only sperm is handled, such as with intrauterine insemination, or procedures where a patient takes medication to stimulate oocyte production without the intention of having the oocytes retrieved."[58]

The program also defines IVF as: "An IVF cycle is a series of steps including ovarian stimulation, egg retrieval, fertilization, and embryo transfer or embryo cryopreservation". The fertility subsidy supports the "egg retrieval, fertilization, and embryo transfer or cryopreservation" portion of the IVF cycle that requires travel out of province.[59]

Process:

Patients must have been referred to the Newfoundland and Labrador Fertility Services (NLFS) by a family physician, specialist, or nurse practitioner. The consultation is then scheduled in-person or via telehealth. Once the patient is connected to the program, and have completed treatment(s), they must complete their application for support and email it in with all receipts. Patients must submit a separate application for each treatment cycle. Patients receive reimbursement either via cheque or direct electronic fund transfer into their bank account.

54 *CBC News, "N.L. Government Expanding Fertility Services to Include IVF Clinic," March 19, 2025, https://www.cbc.ca/news/canada/newfoundland-labrador/fertility-services-expansion-nl-1.7486619.*

55 *Eastern Health, "Fertility Subsidy Program," Centre for Women's Health, Eastern Health, n.d., https://cwhp.easternhealth.ca/womens-health/fertility-services/fertility-subsidy-program/.*

56 *Government of Newfoundland and Labrador, Executive Council, "News Release: Government of Newfoundland and Labrador Expanding Access to Fertility Services," press release, March 18, 2025, https://www.gov.nl.ca/releases/2025/exec/0318n02/.*

57 *CBC News, "'This Is Groundbreaking': Pair of Doctors Ready to Open N.L.'s First Private IVF Clinic Next Year," April 9, 2025, https://www.cbc.ca/news/canada/newfoundland-labrador/ivf-clinic-to-open-2026-1.7504964*

58, 59 *Eastern Health, "Fertility Subsidy Program," Centre for Women's Health, Eastern Health, n.d., https://cwhp.easternhealth.ca/womens-health/fertility-services/fertility-subsidy-program/*

Services include:

- In Vitro Fertilization (IVF).
- Frozen embryo transfer.
- Donor egg cycles.
- Donor embryo cycles.
- Oocyte cryopreservation.
- Intracytoplasmic sperm injection (ICSI) and sperm extraction procedures for ART.
- Gestational carrier cycles where the intended parent(s) are resident(s) of Newfoundland and Labrador (NL) and all parties are residents of Canada.
- Prescribed medications only when in combination with the ART treatment received out of province are eligible for coverage.
- Travel (only when treatment costs are less than the $20,000.00 subsidy).

Eligibility:

- Patients must have a valid MCP card issued by the province.
- Patients must have been assessed by a GREI at one of the program's locations and received treatment after August 4th, 2021.
- Patients can only claim treatment costs not covered privately.
- Receipts must be provided.
- Treatment must be provided within Canada.

Funding Mechanism	**Reimbursement**
Annual/Lifetime Max	Up to **$20,000 per lifetime**
Criteria and Key Inclusions	**IVF, frozen embryo transfer, oocyte cryopreservation** Intracytoplasmic sperm injection (ICSI) and sperm extraction procedures for ART IUI is **ineligible**
Fertility Preservation	Eligible for oncology patients
Medication Cost	**Eligible,** *if* medications are directly related to the treatment cycle (e.g. gonadotropins, ovulation triggers)
Travel Cost	Travel and accommodation expenses are **eligible** (*only* when treatment costs are less than the $20,000 subsidy)

Province or Territory Without Financial Support For Fertility Care

Alberta

Alberta does not currently have broad public funding for routine fertility treatments such as IVF. However, on April 22, 2026, the Government of Alberta announced a new publicly funded oncofertility program for patients facing urgent fertility preservation decisions before cancer treatment. The announcement included $2.25 million in funding, in partnership with Fertility Alberta, and the program is expected to be implemented within the next 12 months.

Details of the program have not yet been released. At this time, no funding for routine fertility treatment is available for general members of the public.

Service Landscape

From a service-mapping perspective, Alberta has fertility clinics in both Edmonton and Calgary, including services for cryopreservation before cancer treatment. Calgary's Regional Fertility Program also offers fertility preservation and oncofertility services, including egg and sperm freezing and embryo cryopreservation, and Alberta Health Services confirms cryopreservation for people before cancer treatment as part of its service offering.

Funding Mechanism	No broad public funding for routine fertility treatments; new public oncofertility funding announced for cancer-related fertility preservation.
Annual/Lifetime Max	N/A for routine fertility care; $2.25 million announced for the oncofertility initiative.
Criteria and Key Inclusions	Details not yet fully released; expected to support fertility preservation for patients facing cancer treatment, including egg and sperm freezing, storage, and IVF treatment.
Fertility Preservation	Available through fertility clinics and cancer-related pathways; new provincially funded oncofertility program announced and pending rollout within the next 12 months.
Medication Cost	N/A for routine public fertility coverage; program-specific details not yet released.
Travel Cost	N/A; program-specific details not yet released.

60 Fertility Alberta, "Home," n.d., https://www.fertilityab.com/ .

Northwest Territories

The NWT does not currently offer a tax credit or funding for fertility treatments or care.

Funding Mechanism	**No public funding or coverage** for fertility treatments
Annual/Lifetime Max	**N/A**
Criteria and Key Inclusions	**N/A**
Fertility Preservation	**N/A**
Medication Cost	**N/A**
Travel Cost	**No specific coverage** for fertility-related travel (standard medical travel rules apply for diagnostics/consults)

Nunavut

Nunavut currently offers no territorial funding, tax credit, or in-territory fertility care. Residents seeking procedures such as IUI or IVF must travel over 1,000 km to southern centers—most often to Ottawa, Winnipeg, or Edmonton—since no fertility clinics exist in Nunavut, the Northwest Territories, or Yukon.

Although travel assistance under the Non-Insured Health Benefits (NIHB)[61] program may cover transportation for some medical needs, fertility treatments themselves are not covered. The Nunavut Health Care Plan (NHCP)[62] similarly excludes these procedures, leaving patients to fund treatments, medications, and related diagnostics out of pocket. Federal medical expense tax credits apply, but no targeted financial support exists at the territorial or federal level as of 2025.

Despite Nunavut's relatively high total fertility rate (TFR) of 2.34 children per woman in 2024,[63] the highest in Canada—the territory recorded 753 births in 2024 [64] compared to 804 births in 2023, signaling demographic vulnerability and barriers to reproductive health services that advocacy groups continue to raise at both territorial and federal levels.[65]

Referral pathways typically align with regional medical travel hubs: residents in the Qikiqtaaluk (Baffin) region often attend the Ottawa Fertility Centre; those in the Kivalliq region are referred to Heartland Fertility Clinic (Winnipeg); and some may access Montreal's MUHC Reproductive Centre. These clinics provide full diagnostic and treatment services and accept Nunavut referrals but require self-funding.

Local health centers like Qikiqtani General Hospital can assist with preliminary tests (e.g. bloodwork or ultrasounds) before travel, but specialized fertility care remains unavailable within the territory. Advocacy for federally supported fertility access in Arctic regions continues, though no recent government initiatives have been announced.

Funding Mechanism	**No public funding or coverage** for fertility treatments
Annual/Lifetime Max	**N/A**
Criteria and Key Inclusions	**N/A**
Fertility Preservation	**N/A**
Medication Cost	**N/A**
Travel Cost	**N/A**

61 *Government of Nunavut, Department of Health. (n.d.). Non-Insured Health Benefits (NIHB) program. https://www.gov.nu.ca/en/health/non-insured-health-benefits-nihb-program*

62. *Government of Nunavut, Department of Health. (n.d.). About Nunavut Health Care Plan. https://www.gov.nu.ca/en/health/about-nunavut-health-care-plan*

63. *Statistics Canada, "Fertility and Baby Names, 2024," September 24, 2025*

64 *Government of Nunavut, "Nunavut Live Births, 2007 to 2024," data set, October 2025, https://www.gov.nu.ca/sites/default/files/documents/2025-10/Nunavut_LiveBirths___2007_to_2024__7_tables_.xlsx*

65. *Government of Nunavut, Department of Health, "Nunavut Live Birth Rates by Age of Mother and Total Fertility Rate, 2007 to 2024," data set, October 2025, https://www.gov.nu.ca/sites/default/files/documents/2025-10/Nunavut_Live_Birth_Rates_by_Age_of_Mother_and_Total_Fertility_Rate__2007_to_2024.xlsx.*

Conclusion

Fertility care is fragmented across Canada. This service-mapping highlights the complexity and variability of fertility care across the nation, illustrating both the critical progress made in the last few years, and revealing the gaps that remain. While advances in fertility treatments—particularly IVF—have significantly expanded reproductive options, access to care continues to differ widely by province and territory. Access to care is further stratified by where a patient may live, systemic barriers related to program structure design as it relates to family composition, and financial means. Public funding models range from comprehensive, directly funded programs to more limited financial support, creating unequal access and financial burden for many individuals and families. The service landscape reflects these disparities, influenced by regional infrastructure, policy priorities, and resource availability. Moving forward, a more coordinated and equitable approach to fertility care—grounded in accessibility, affordability, safety and consistency—will be essential to ensure that all Canadians have equal opportunity to pursue family-building options.

The CFAS is dedicated to advancing excellence in the field of Assisted Reproductive Technology and is committed to advancing this call at all levels of government, with all members, for all Canadians.

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