DÉPISTAGE NÉONATAL ONTARIO | NEWBORN SCREENING ONTARIO

Policy on Screening and Retrieval of non-OHIP Infants

Newborn Screening Ontario (NSO) screens for treatable disorders in newborns born in Ontario and coordinates the retrieval and treatment of these newborns. Although most infants born in the province are covered by the Ontario Health Insurance Program (OHIP), exceptions exist.

In 2025, there were 41 total referrals of non-OHIP infants (~5% of all referrals). Some are infants born on the borders of the province and their health care is covered by interprovincial agreements. Other infants lack OHIP due to their parents' circumstances and standing in Canada and may or may not have private insurance or refugee coverage. With very limited exceptions, all infants born in Ontario are Canadian citizens.[i] This policy describes the expected screening and treatment of non-OHIP infants, regardless of the circumstances that led to their birth within Ontario.

All Ontario-born infants, or infants transferred to Ontario hospitals at less than 24 hours of age, must be offered screening through NSO, without exception. Screening is performed at no charge to families, institutions or health care providers. The screen that is performed on Ontario infants is determined by NSO, its advisory council (NSO-AC) and the Ministry of Health, Provincial Programs Branch. Screened disorders are the same for all infants, regardless of OHIP status.

Retrieval of infants is delegated to the retrieval and treatment centers (RTCs), which are principally Ontario hospitals. RTC staff are hospital employees, but their funding is supported by NSO through memoranda of understanding.

Regardless of the circumstances of an infant's birth, their OHIP status or their citizenship, the response to a positive newborn screen (also known as a referral) is considered emergency care and hospitals covered under the Ontario Public Hospitals Act should not deny treatment or take actions to interfere with treatment due to concerns about willingness or ability to pay. The determination of a course of necessary treatment, including hospitalization, is a medical decision. Interference with emergency care by administrators or hospital boards by any means, including a requirement for pre-payment for services or by having non-medical personnel discuss payment prior to treatment is an explicit violation of the Public Hospitals Act, R.S.O. 1990, c. P.40.[ii] Furthermore, any requirement of NSO-supported RTC staff to engage with administrators in a way that delays care creates an unacceptable interference with their medical role. RTC staff will adhere to NSO policies on the urgency and timing of retrieval.

Hospitals have a legitimate interest in securing payment for long-term outpatient care, but this does not pre-empt the requirement to deliver emergency services, including initial evaluation by a medical team. Following the stabilization of patients by an RTC or hospital medical staff, hospitals may develop their own policies for funding of ongoing care, so long as these do not interfere in ongoing emergency management on an infant.

[i] Check if you may be a citizen - Canada.ca
[ii] Public Hospitals Act, R.S.O. 1990, c. P.40 | ontario.ca