July, 2026

Bill C-12, Gender & HIV

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On March 26, 2026, Bill C-12: Strengthening Canada's Immigration System and Borders Act was made law. The Federal Government introduced this bill on the premise of strengthening Canada's immigration and asylum systems by making changes to the eligibility requirements for asylum claims, allowing domestic information sharing, and expanding the authorities of the Federal Government to cancel immigration documents for large groups of people where it is deemed to be in the public's interest.[1] Although it is framed as a border-management reform, these changes are likely to have extended consequences for health, safety and stability, particularly for people already living with precarity, including women and gender-diverse people who are living with HIV, or face systemic and structural risk that increase their risk for HIV and other health complexities.

What is Bill C-12?

Bill C-12, officially called the Strengthening Canada's Immigration System and Borders Act ('the Act'), received royal assent and was declared law on March 26, 2026. This Act introduced four key changes impacting all claims made on or after June 3, 2025.

1. New refugee eligibility requirements

THE CHANGE: Bill C-12 introduced new eligibility requirements that restrict who is able to make a refugee claim in Canada and drastically reduces access to an oral hearing with the Immigration and Refugee Board of Canada (IRB) - the independent tribunal specialized in assessing refugee claims.

Under the Act:

- Individuals are ineligible to make a refugee claim if they do not do so within one year of their first arrival in Canada. The one-year clock does not reset if a person leaves Canada and comes back.
- Individuals who enter Canada from the United States between Ports of Entry (i.e., not at official border entry points) are ineligible to make a refugee claim if they wait more than 14 days to do so. However, if they are "found" by Canadian immigration officials within 14 days of their entry, they will be forcibly returned to the United States.

THE IMPACT: People blocked from making a refugee claim may be offered a Pre-Removal Risk Assessment (PRRA). A PRRA is a paper-based application, initiated by the Canada Border Services Agency (CBSA) when they are ready to remove a person from the country. The PRRA allows the person facing removal to explain the risks they face in their country of nationality. If successful, a PRRA results in refugee protection. As opposed to the specialized IRB process, oral hearings are not guaranteed in PRRAs, decision-makers are not specialized in refugee protection matters, and appeal rights are more limited.[2] The PRRA has a much lower acceptance rates (33%) than the IRB (64%), with studies indicating that PRRAs generate more errors and more litigation at the Federal Court.[3] This will also create a number of cases where people are stuck in legal limbo, particularly people from moratorium countries where the Canadian government has deemed it unsafe to send individuals back to these countries. Because deportation is automatically halted for these individuals, the CBSA will not initiate their PRRAs.

2. Procedural streamlining and case abandonment

THE CHANGE: The Act claims to simplify the refugee protection process by streamlining how applications are received and processed. This involves the removal of inactive cases from the system.[1] Claims are now automatically deemed 'abandoned' if a refugee claimant is considered to have missed a deadline or appointment.

1 Government of Canada. New immigration and asylum measures from Bill C-12 (the Strengthening Canada's Immigration System and Borders Act) have become law. March 26, 2026.

2 Info Sheet: Strengthening Canada's Immigration System and Borders Act (Bill C-12) (March 30, 2026)

3 HIV Legal Network & HALCO. Statement on the Passage of Bill C-12. March 30, 2026.

THE IMPACT: The Act does not consider the reasons for why a claimant may miss a deadline, which could include illness, trauma, technology barriers, unstable housing, language barriers, or lack of legal help, which are systemic barriers often faced by refugee.[3] When a claim is considered 'abandoned', the claimant loses the opportunity to have their risks assessed, is barred from making another refugee claim, and is barred from the PRRA for 12 months.

3. Expanded information sharing

THE CHANGE: With the Act, Immigration, Refugees and Citizens Canada (IRCC) has new legal authority to share personal information across federal, provincial and territorial governments.[1]

THE IMPACT: While this is described as a measure to improve administrative coordination, the Act weakens migrant data protection, by sharing information relating to identity, status or immigration documents. The change has the potential to harm migrant and refugee safety in Canada, or in their country of nationality, if forced to return.[1],[4]

4. Broader powers over immigration documents

THE CHANGE: The Act now allows the federal government to cancel, change, or suspend immigration documents, suspend the right to make new applications, and suspend / terminate the processing of applications already submitted, in the 'public interest'.[1]

THE IMPACT: This can affect permanent and temporary resident permits, study and work permits, among other types of documents and applications. Lacking meaningful safeguards, the new powers have the potential to lead to discrimination against certain people, and to more people living without status and in precarious conditions in the country.

Gendered Impacts of Bill C-12

The impacts of Bill C-12 do not fall evenly. For women and gender-diverse people who experience violence based on gender identity, HIV-related stigma, racism, poverty, unstable housing, precarious employment, or criminalization, it may be more difficult to navigate complex immigration processes and meet rigid deadlines. Bill C-12 will harm those who are already among the most marginalized. The Act needs to be understood not just as an immigration law but as a law with implications for gender justice, health equity and community safety.

Bill C-12, HIV & Healthcare

Research has shown that immigration precarity is a direct barrier to accessing HIV prevention, treatment and care, which will increase due Bill C-12. People without stable immigration status avoid, delay, or stop accessing healthcare from lack of coverage or fear of negative immigration consequences.[3] For women and gender-diverse people living with HIV, the intersection of poverty, unstable housing and increased immigration precarity can have cascading effects such as delayed testing and linkage to care, treatment interruption, decreased adherence, disengagement from social services, and negative mental health impacts, all of which result in poorer health outcomes.[5],[6]

The fear of information sharing among all levels of government poses a barrier to individuals who may have a well-founded fear of disclosure and stigmatization.[3] The *Act*'s eligibility rules have also created confusion around access to certain coverages, such as to Interim Federal Health Program (IFHP) coverage. An ineligibility finding does not automatically end coverage for a person who remains eligible for a Pre-Removal Risk Assessment (PRRA) and they keep their IFHP until their removal order becomes enforceable.[7] However, as Bill C-12 pushes more people into undocumented status, many will lose easy, formal access to healthcare in practice, as fear of enforcement and expanded information-sharing deter them from using coverage they may still hold. This compounds an existing pattern where immigration precarity drives healthcare avoidance overall, disproportionately impacting African, Caribbean and Black (ACB) women experiencing

4 Canadian Council for Refugees. Bill C12: Strengthening Canada's Submission to Immigration System and Borders Act S the Standing Defence and Veterans Senate Committee Affairs (SECD)

5 Lacombe-Duncan A, Warren L, Kay ES, et al. Mental health among transgender women living with HIV in Canada: findings from a national community-based research study. AIDS Care. 2021;33(2):192-200. doi:10.1080/09540121.2020.1737640

6 CATIE. Researchers find that some Canadians with HIV have low levels of adherence to treatment. CATIE - Canada's source for HIV and hepatitis C information. Published August 8, 2023.

7 Immigration R and CC. Interim Federal Health Program: Who is eligible. Published November 4, 2014.

immigration precarity, who are among the most likely to avoid healthcare, experience HIV-related violence, and face non-consensual disclosure of their HIV status.[8]

Bill C-12 & Gender-Based Violence

Immigration status has been weaponized against women and gender-diverse people experiencing gender-based violence (GBV), with abusive partners using the threat of reporting undocumented migrant women for deportation as a method of coercive control.[9] Women and gender-diverse people may also remain in dangerous relationships out of fear that leaving will jeopardize their immigration status, access to healthcare, housing, or children's stability.[9] Additionally, experiences of GBV create and amplify conditions which make early filing difficult. The Canadian Federation of University Women (CFUW) explains that survivors of gender-based violence face barriers including trauma, caregiving responsibilities, language difficulties, limited access to legal support, and fear of authority.[10] Bill C-12 makes this more precarious, since survivors of GBV may be unable to file within the window period, lose access to a hearing at the IRB, and face an increased risk of deportation through the PRRA process.[3] Bill C-12 not only fails to protect those experiencing GBV by tightening eligibility rules and increasing precarity, it also makes situations worse by making it harder for them to seek help, and deepens the conditions that keeps them in dangerous positions.[11]

Bill C-12, Poverty & Housing Insecurity

A significant concern with Bill C-12 is that it assumes all applicants have the same capacity for adhering to the requirements for filing applications on time, retaining their documentation, attending interviews, and accessing legal representation. However, individuals struggling with poverty and housing insecurity are significantly disadvantaged in this context. This is especially true for individuals who are fleeing persecution and / or have suffered profound trauma in their home countries or on their journey to Canada. An applicant missing a deadline or failing to provide the necessary documentation does not necessarily indicate abandonment of application or the absence of the need for protection; it might be a consequence of social instability, trauma, language barriers, etc.[9]This is particularly relevant for women and gender-diverse individuals experiencing homelessness, staying in shelters, juggling caregiving duties, managing health conditions, experiencing violence, or who experience language barriers. Housing instability could lead to problems receiving mail, maintaining and completing paperwork, keeping appointments, maintaining confidentiality, and communicating with legal counsel.

Bill C-12 & Sex Work

Migrant sex workers, especially those who are racialized and gender-diverse, are likely to experience compounded harms from Bill C-12. Canadian immigration law restricts migrants from engaging in sex work which has contributed to pushing some migrant sex workers into legally precarious and less protected working arrangements rather than improving their safety. This means that migrant sex workers are, by definition, already operating outside the law because the law is designed to exclude them.[12] The expanded information sharing of Bill C-12 creates a heightened fear of the risk of immigration consequences, and migrant sex workers who already avoid institutions may further reduce help-seeking, exposing them to increased dependency on exploitative employers. For those fleeing violence, exploitation or persecution in their home country, and who may need significant time before feeling safe enough to apply for refugee protection, they become ineligible for a full hearing at the IRB if they fail to file within the timelines set out under Bill C-12. Moreover, this avoidance of institutions affects every other area of life. For example, a 2019 needs assessment

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8 Samnani, F., Deering, K., King, D., et al. Stigma trajectories, disclosure, access to care, and peer-based supports among African, Caribbean, and Black im/migrant women living with HIV in Canada. BMC Public Health. 2024;24(1). doi:10.1186/s12889-024-20439-3

9 Canadian Council for Refugees (CCR). Gender and Refugee Policy.

10 Canadian Federation of University Women (CFUW). Brief for Bill C-12. March 18, 2026.

11 Essue, B.M., Chadambuka, C., Arruda-Caycho, I., Ravanera, C., Perez-Brumer, A., Balasa, R. and Kaplan, S. Beyond Surviving: Examining Inequities in Access to Gender-Based Violence Support Services for Racialized Women. Institute of Health Policy, Management and Evaluation and Institute for Gender and the Economy, University of Toronto. November 2023.

12 Butterfly: Asian and Migrant Sex Workers Support Network. A Pathway to End Violence Against Migrant Sex Workers. 2020.

by Butterfly: Asian and Migrant Sex Worker Support Network found that one-third of Asian migrant sex workers in Toronto did not access health services.[13] They stated fear of revealing their immigration status or sex work identity, along with language barriers, as main reasons for avoidance. Municipal by-laws make this situation worse. This trend pushes sex work underground instead of making it safer. When enforcement interrupts income, it frequently results in housing instability. Without stable housing, it becomes harder to meet the necessary conditions for navigating the immigration system and accessing healthcare.

Bill C-12 & Drug Policy

Besides its immigration provisions, Bill C-12 grants the Minister of Health expedited powers to add or remove precursor chemicals used to manufacture controlled drugs.[14] However, banning precursor chemicals does not stop drug production. It forces illegal markets to adapt, turning to new precursors and stronger, less predictable substances.[15]

Through the addition of new precursor-related offences and integrated domestic information sharing, Bill C-12 will increase the chances of arrest, detention and incarceration for people who use drugs. For immigrants with uncertain status, the routine institutional contact associated with accessing supports for people who use substances such as registration, intake, or accessing other related health services now comes with a higher risk of triggering immigration enforcement due to data-sharing between agencies. Criminalization, in any form, will drive people who use drugs into isolation, increases exposure to a toxic and unregulated supply and heightens the risks of HIV, hepatitis C and fatal drug toxicity

What Can Communities Do?

- Create trauma-informed, low-barrier intake processes. Women and gender-diverse people, especially those who are experiencing (or have experienced) gender-based violence, and those who have newly migrated, may require a significant amount of time before they feel safe to disclose details of their situation or support needs. Requirements for the serial disclosure of HIV status to multiple providers is itself a source of trauma and a driver of healthcare avoidance.
- Develop a list of trusted legal services that are accessible in your community.
- Build awareness and strategies with community service providers so they are familiar with Bill C-12 and its impact on those in their community.
- Be aware of the risks in sharing information. Check your organization's data collection, storage practices. Collect only what you require, maintain it safely and be clear with clients about what you can and can't keep confidential so they can make informed decisions.
- Service providers are well-positioned to document the real-world impacts of Bill C-12 on their community. Report cases of negative impacts caused by the one year and 14-day rule or abandoned claims provisions. This documentation is critical for advocacy and future policy reform.
- Build and strengthen partnerships amongst legal, settlement, and healthcare organizations to provide coordinated support for clients.

More Information

HIV & AIDS Legal Clinic Ontario (HALCO)
halco.org

Community Alliance for Accessible Treatment (CAAT)
caat.link

HIV Legal Network
hivlegalnetwork.ca

Butterfly: Asian and Migrant Sex Workers Support Network
butterflysw.org

13 Malla A, Lam E, van der Meulen E, (Jaden) H-YP. Beyond Tales of Trafficking: A Needs Assessment of Asian Migrant Sex Workers in Toronto. May 2023. doi:10.32920/22728359.v1

14 Government of Canada. Strengthening Canada's Immigration System and Borders Act, SC 2026, c 4, Bill C-12, 45th Parl, 1st Sess. Assented to March 26, 2026.

15 HIV Legal Network. Bills C-2 and C-12: The "Undermining Health in Canada" Acts. PDF. Published October 29, 2025.