



Abortion Rights  
Coalition of Canada

*Your Voice for Choice*

*Canada's only national political pro-choice advocacy group*

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Dec 12, 2022

Dear Jagmeet Singh,

I'm the Executive Director of the Abortion Rights Coalition of Canada (ARCC), and I want to thank you for your challenge today to the Liberal government regarding the healthcare crisis, and how the government needs to step up with more funding.

ARCC has been asking for increased federal health transfer funding to the provinces since May, when the draft Roe v. Wade decision was leaked. Please see our [Change.org petition](#) that currently has over 86,000 signatures. Further, we sent a submission for the Pre-Budget Consultations in advance of the upcoming federal budget in October – see attached PDF. Our perspective is that a portion of the increased health transfer fund to provinces should have strings attached – in particular a requirement that provinces invest more in sexual and reproductive healthcare, including abortion care.

Provincial Premiers have now asked the federal government to increase the health transfer fund to 35% of provincial healthcare costs, which we feel is very reasonable, and in fact critically needed. We strongly support NDP efforts to ensure the Liberal government follows through.

However, we disagree with the Premiers that funds should have no conditions attached. The Liberal government is justified in wanting more accountability for the spending. As explained in our attached Budget Submission, the federal government has significant authority under the *Canada Health Act* to ensure that provinces are adhering to the five principles of the Act to ensure universal, comprehensive, equitable, accessible, and fully funded access to essential healthcare services across Canada. However, the Liberal government tends not to enforce this law effectively – that is certainly the case for abortion care and no doubt other necessary health care. Instead, the government often seems reluctant to tread on what they see as provincial jurisdiction for healthcare. But that's a dilemma of their own making, since reductions in the health transfer funds over the years means the feds have less influence over how that money is spent. Currently, only about 22% of provincial health funding comes from the feds compared to 50% historically. But if the federal share was increased to at least 35%, that would give the federal government more clout in how provinces deliver and fund healthcare. A basic condition for that increase should be to accept some conditions.

The provinces argue that they need flexibility since each province has unique and changing needs, so they must be free to decide where to spend money. This argument has merit, but at the same time it's simply common sense to ensure accountability for how grant money is spent. Why should the federal government keep handing out billions with no control or even knowledge of how the money was spent? Further, there is no need for an all-or-nothing approach as the provinces seem to characterize it. The feds could provide a significant chunk of the funding with no conditions beyond transparency such as reporting requirements, while other portions can come with more conditions on how it's spent. Moreover, the funding and the conditions can be tailored to provinces according to their needs, including the amounts. For example, some provinces may not need the full 35% share of federal funding, while some may need even more. Some provinces may need funds to expand a specific program, while others don't.

Please allow me to illustrate with the abortion issue. Abortion has been deemed medically required by every province and territory, which means it must be fully funded under the *Canada Health Act*, regardless of whether the service is provided in hospitals, private clinics, or doctors' offices. Yet, two provinces have been openly violating the Act for decades – New Brunswick by enforcing a regulation that limits funded abortions to hospitals, and Ontario by refusing to extend full funding to four private abortion clinics even though it already funds four others. Further, abortion access is quite limited in most provinces, with access often restricted to major cities, and only a handful of access points in every province except Quebec, Ontario, and BC.

Given that abortion is stigmatized and may even be considered wrong from a conservative point of view, too much discretion is being left to the provinces in terms of which treatments they prioritize or not. For example, the current Health Ministers and Premiers in New Brunswick and Manitoba are all anti-choice. It is not a coincidence that New Brunswick forces Clinic 554 to charge patients for abortions, and that Manitoba has removed abortion care from the purview of the Health Minister. Further, these two provinces and the other five provinces with conservative governments tend to do very little to address gaps or issues in abortion access. For example, Saskatchewan and Manitoba were the last provinces to reluctantly fund Mifegymiso, Ontario has not provided any protection zones to abortion facilities that apply under the *2017 Safe Access to Abortion Services Act*, and Alberta will make no changes to abortion access in the province despite the need (and also appointed a long-time anti-choice activist as Education Minister).

Given these restrictive and politicized circumstances – which likely have parallels in other contested healthcare such as contraception, sterilization, gender-affirming care, medical assistance in dying, and more – the federal government should exercise more control over healthcare funding and delivery in provinces that are not meeting the standards of the *Canada Health Act*. It is not enough to deduct a portion of health transfer payments, such as from New Brunswick because of Clinic 554, as this does not solve the underlying problem. The government needs to work constructively with provinces to ensure that their delivery of sexual and reproductive healthcare meets the five principles of the *Canada Health Act*. If they fail, the feds should give mandatory directives to recalcitrant provinces. For example, New

Brunswick should be forced to repeal its regulation limiting funded abortions to hospitals because of the conflict with the Act, and Ontario should be required to fully fund abortion clinics equitably.

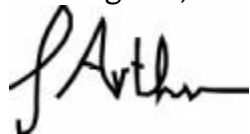
The above circumstances justify an increase in the federal health transfer to provinces with the condition that a portion be invested to expand sexual and reproductive healthcare (SRH), including abortion care. This funding piece could be proportionately higher for provinces with poor abortion access, and lower for those with better access, or perhaps even unnecessary for a province like Quebec.

The federal funding model for provincial SRH programs, as well as funding pieces for other needed programs, could follow the same approach as the Canada Mental Health Transfer to provinces. Incidentally, the Liberal promise to roll out the Mental Health Transfer is stalled, in part because the government wants more accountability in how the funds are spent to ensure effective outcomes. This is a completely reasonable expectation and provinces need to back down from their “no strings attached” doctrine. New healthcare funding should only be possible in exchange for accountability.

Finally, it should be emphasized that federal legislation takes precedence over provincial legislation. If any province is not abiding by the *Canada Health Act*, the feds have every right to use their authority to resolve things. An average increase of the health transfer fund to provinces of 35%, with conditions attached to some portions of it, would be an excellent start to breathing new life into the *Canada Health Act* and federal responsibilities to ensure comprehensive and equitable access.

I appreciate you taking the time to listen, and hope you will consider adopting the above arguments for the need to attach conditions to increased healthcare funding. Thank you again for holding the Liberal government to account.

Kind regards,



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