



Abortion Rights Coalition of Canada

Canada's only national political pro-choice advocacy group

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Position Paper #2

Abortion Clinics Must Be Fully Funded under Canada Health Act

Private abortion clinics do NOT violate the *Canada Health Act* or the principles of universal Medicare.

1. Abortion services have been deemed "medically required" by all provinces and territories. This means that all abortions must be publicly funded, regardless of where they are performed, in hospitals or clinics. Abortion clinics fall under the category of "hospitals" in the *Canada Health Act* because they deliver a medically-required hospital service.¹ That means that any private clinic delivering a medically required service normally provided at hospitals must have that service fully funded by Medicare.² The difference between hospital care and private clinic care is moot, since it no longer results in "two-tier" medicine. Private abortion clinics can become fully integrated into our public healthcare system simply by becoming publicly-funded.
2. The politicizing of abortion has led to the current situation of about 70% of all abortions in Canada being performed at mostly private clinics.³ Abortion clinics opened in the first place because hospitals were failing to provide adequate services on a fair and equal basis for Canadian women and transgender people. People like Dr. Henry Morgentaler were forced to open private clinics and work outside the system, just to provide quality accessible

1 Arthur, Joyce. Spring 2002. Untangling the Canada Health Act. *Pro-Choice Press*. www.prochoiceactionnetwork-canada.org/02spring.html#untangling

2 Whether a service might be sometimes medically required and sometimes not (e.g., MRI's) is a separate issue with no relevance to abortion. **All** abortions are medically necessary, since it is impractical and discriminatory to separate out abortions done for "social" reasons from those done for "health" reasons. Childbirth and pre- and post-natal care are fully funded under Medicare, even though "pregnancy is not a disease" and people have children for largely social reasons. All pregnancy outcomes must be fully funded on an equal basis to guarantee reproductive rights and gender equality. See also a January 1995 letter from then-federal Health Minister Diane Marleau, instructing provinces and territories to fund medically required procedures in private clinics: <https://www.arcc-cdac.ca/wp-content/uploads/2020/07/HC-letter-Jan1995.pdf>

3 Statistics on Abortion in Canada, compiled by Abortion Rights Coalition of Canada. <https://www.arcc-cdac.ca/wp-content/uploads/2020/07/statistics-abortion-in-canada.pdf>

services. Regardless of why they exist, the clinics are here to stay and they deserve to operate as part of the publicly-funded system. Further, private abortion clinics must remain in private hands as long as abortion is still politicized in Canada, because an anti-abortion provincial government cannot be trusted to fairly operate public abortion clinics.

3. Countless other private “for-profit” businesses are already an integral and major part of our universal Medicare system—namely, private doctors' practices.⁴ Abortion clinics (some of which have non-profit status) can be compared to private doctors' practices in this context. The main difference is that abortion clinics have higher overheads because they do surgery, including extra costs for nurses, drugs, counseling, and equipment. All these costs should be publicly funded via an operating budget from the Ministry of Health, in the same way that a private radiology lab receives additional funds to cover their operating and equipment costs.
4. Abortion is unique from many other medical treatments in that clinics are better at providing the service than hospitals, generally speaking. In fact, abortion clinics serve as an excellent proven model showing the effectiveness of publicly funded, privately delivered health care. Abortion clinics are accountable to their provincial College of Physicians and Surgeons, as well as to local health authorities. Abortion clinics usually offer important services not available in hospitals, such as counseling, supportive pro-choice care, 24-hour on-call service, birth control support, reproductive health screening, and more cost-effective aftercare when required. In contrast, hospitals have longer waiting lists, many require a doctor's referral, some impose restrictions such as a 12-week gestational limit, they can fall victim to anti-abortion politics, and they often feature a sterile and sometimes judgmental environment, with insufficient privacy and compassion for patients.⁵ Yet, public hospitals do play a crucial role in providing about one third of abortions in Canada and enjoy a few advantages over clinics.⁶
5. One abortion facility in Canada is still not funded (Clinic 554 in Fredericton, New Brunswick, which is actually a doctor's general practice, not a private clinic). Patients must pay out-of-pocket for their abortions unless the clinic covers the cost itself. Although this amounts to illegal user fees, it is the provincial government's fault as the clinic has been demanding public funding for decades. For political reasons, New Brunswick is violating the *Canada Health Act* and the constitutional rights of women and gender-diverse people by refusing to

4 Other examples of private entities (often for-profit) that receive public funding for medically required services and facility overheads, include walk-in medical clinics, laboratories, and some hospitals.

5 Abortion Rights Coalition of Canada, Position Paper #9: *Hospitals versus Clinics: Comparisons of Abortion Care*. <https://www.arcc-cdac.ca/wp-content/uploads/2020/06/09-Hospitals-vs-Clinics.pdf>

6 Hospitals have better security from anti-choice protests and immediate access to emergency care in case of complications. Abortion-providing hospitals are also integral as training centres for new abortion providers. As a proven model for future clinics, we support self-contained clinics inside hospitals where feasible, such as the C.A.R.E. Program at BC Women's Hospital, and the Women's Services Clinic at Kelowna General Hospital in BC. These facilities combine the advantages of a freestanding clinic with a hospital's protection from political interference and denial of funding.

fund clinic abortions. In March 2020, the federal government began to penalize the province by withholding health transfer payments equal to the annual amount it should be reimbursing for abortion care at Clinic 554. (Ontario also has a few clinics that are not fully funded, which again is an illegal situation perpetuated by the Ontario government.)⁷

6. Opponents of privately-delivered healthcare often cite higher overall costs to the consumer, but this criticism assumes that private clinics are profit-driven and charge user fees. This doesn't apply to publicly-funded abortion clinics. Besides, abortions at clinics are significantly more cost-effective than abortions at hospitals (mostly because hospitals tend to use general anaesthesia rather than local anaesthesia). The average cost for an early surgical abortion at a clinic is about \$700, while the cost for the same abortion at a hospital can exceed \$1500.⁸ Further, in response to opposition to "for-profit" healthcare, we should note that any private clinic, whether publicly funded or not, can choose to operate as a non-profit entity (or could even be *required* to operate that way by the government).

Note: Other arguments for the full funding of abortion are described in detail in this ARCC article from October 2013: [Why Abortion Care Must Be Fully Funded](#). In summary:

1. The lives and health of pregnant people are at stake.
2. Liberty and conscience rights for women and gender-diverse people under the Charter require abortion to be funded.
3. Funding abortion is necessary to ensure the legal right to be free from discrimination for women and gender-diverse people.
4. Funding abortion is crucial to ensure fairness and equity, without discrimination on the basis of income.
5. Funding abortion is very cost-effective while unwanted pregnancies are costly.
6. Funding abortion serves to integrate abortion care into the healthcare system in general.
7. Funding abortion is the right thing to do, despite some peoples' belief that abortion takes a human life.
8. Legal abortion is very safe for pregnant people and generally beneficial.
9. Opinion polls showing that a majority of voters do not want to pay for abortion are misleading and not pertinent.
10. Abortion must be funded because it is not an elective procedure.
11. People with unwanted pregnancies are not in a healthy place, and the argument that "pregnancy is not a disease" is invalid.

7 Statistics on Abortion in Canada, compiled by Abortion Rights Coalition of Canada, pg 5. <https://www.arcc-cdac.ca/wp-content/uploads/2020/07/statistics-abortion-in-canada.pdf>

8 We can't speak to the cost-effectiveness of private clinics that provide other types of healthcare. But even if private clinics, in general, end up costing the consumer more, abortion clinics are the exception to the rule.