



Abortion Rights  
Coalition of Canada

Coalition pour le droit à  
l'avortement au Canada

*Your  
Voice for Choice*

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

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## **Position Paper #4**

*Editor's Preface, February 2017*

This 2005 paper is being retained for historical purposes. In June 2015, the Interprovincial Health Insurance Agreements Coordinating Committee agreed that abortion be removed from the list of services excluded from reciprocal billing. Women and transgender people can now obtain fully funded abortions at the point of service when they are living or travelling out of province.

This victory also paved the way for the New Brunswick government to finally repeal its Regulation 84-20 on January 1, 2015. This law, which violated the *Canada Health Act*, required patients to get permission from two doctors in order to get a funded abortion at a hospital. This was premised on a false distinction between “medically necessary” abortions at hospitals and “elective” abortions done at clinics, resulting not only in the illegal refusal of government funding for abortions at the Fredericton clinic, but the government’s refusal to agree to drop abortion from the excluded services list. Since consensus from all provinces and territories was required, New Brunswick was the main obstacle preventing resolution of the reciprocal billing issue.

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## **Abortion and Reciprocal Billing**

September, 2005

One of the five guarantees of the *Canada Health Act* is portability. The intent of this provision is to allow Canadians to obtain hospital and medical health care services outside their home province without having to pay point of service fees.

The **Interprovincial Health Insurance Agreements Coordinating Committee**, formerly called the Coordinating Committee on Reciprocal Billing, administers the interprovincial/territorial agreements for health services. All provinces participate in these agreements, with the exception of Quebec, which participates in the hospital agreements, but not the medical agreements.

In practice, with some exceptions, if a patient presents a health care card in another province or territory, it will be accepted in lieu of payment. The province or territory providing the service will then directly bill the patient’s home province.

It is within the “exceptions” that abortion unfortunately falls. Despite the fact that abortion is a legal medical service, and is treated as an insured service in every province in Canada, it has been included on a list of excluded services in the reciprocal billing agreement. The outcome of this often creates a tremendous burden to women in need of abortions who:

- are temporarily living away from home, such as students, or
- have recently relocated to another province and have not yet qualified for health care insurance in their new home province.

To gain an understanding of the reasons for this inclusion of abortion on this very short list of excluded services, one needs to examine the entire list. It is as follows:

1. Cosmetic surgery to alter appearance.
2. Sex-reassignment.
3. Surgery for reversal of sterilization.
4. Routine periodic health examinations, including routine eye examinations.
5. Therapeutic abortion.
6. In-vitro fertilization; artificial insemination.
7. Lithotripsy for gall bladder stones.
8. Treatment of port-wine stains other than on the face or neck
9. Acupuncture, acupressure; transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy.
10. Services to persons covered by the RCMP, Canadian Armed Forces, Workers’ Compensation Board, Veterans Affairs, Correctional Services (federal penitentiaries)
11. Services requested by a third party (i.e., your employer, insurance company)
12. Team conferences.
13. Genetic screening and other genetic investigations, including DNA probes.
14. Anaesthetic services and surgical assistant services associated with any of the above.

These services, and the reasons for their inclusion on this lists, can be grouped into a few categories. They are either:

- not a time-sensitive procedure, or
- insured by a federal institution such as the military, the RCMP or Corrections Canada, or
- still in an experimental stage, or a more conventional (cheaper) treatment exists.

How does abortion fit into this reasoning?

Abortions are a very time-sensitive procedure. Women cannot always wait until their insurance is activated in their new province of residence (usually three months) as it could mean waiting to a point beyond the gestational eligibility limits of many abortion services. Travelling home usually doesn’t work either, for the cost of travel is often more than the abortion procedure itself. If you are a student, or have recently moved to obtain work, the cost of an abortion is an often an enormous and sometimes insurmountable burden.

Abortions are insured by the provinces, yet outside the home province are only insured if a woman is a member of the RCMP or military or is incarcerated. A pregnant woman who chooses to continue her pregnancy however, will continue to receive health services wherever she may be in Canada.

Finally, abortion methods used in Canada today are safe, reliable, and conventional—certainly not experimental. There is no other safe treatment available to terminate a pregnancy, and in fact, abortion is cheaper than pregnancy and delivery care.

So it is clear that abortions remain ineligible for reciprocal billing for other reasons—reasons that aren't made clear by associating it with any other procedure on the excluded service list.

Exclusion of abortion from a health policy that benefits Canadians for most other health services, discriminates against women on the basis of sex. It remains on the list of excluded services because some politicians and their provincial health bureaucracies wish to restrict access. Without unanimous consent of the interprovincial committee, this inequity will continue to exist, and pregnant women who are living away from home and are unable to continue their pregnancies will find themselves disenfranchised from their health care insurance.<sup>1</sup> It is time the workings of this committee were exposed, and the committee made accountable to Canadian women.

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<sup>1</sup> Because abortion is excluded from the reciprocal billing agreement, and some provinces recognize the hardship created by this inequity, some unofficial arrangements have been struck between a few service providers and provincial or territorial healthcare plans. These local arrangements allow women to use a designated abortion service outside the province without having to pay point-of-service fees. Such arrangements greatly benefit women in areas of Canada where local abortion services are abysmal, but they are not the solution. There is no universality because availability of coverage depends solely on the policies of the woman's province of residence. For example, provider-insurer arrangements only permit women to use designated services, usually in the nearest province. In practice, a Saskatchewan patient can go to Alberta and Manitoba clinics free of charge, but if she's living in BC, she must travel to Alberta for an insured abortion. Also, arrangements are unofficial; sometimes even verbal, and are therefore subject to cancellation without notice or cause.