



ISSUE

The Canadian Government recognizes that Canadians should have safe and consistent access to reproductive health services including abortion; however, access to abortion services in Alberta is inequitable and without adequate confidentiality.

PURPOSE

Equitable, timely, and confidential access to abortion care is a right of Canadians.

RECOMMENDATIONS

- Health Canada commission a study on barriers to accessing abortion services in Alberta.
- Health Canada offer a phone line to provide telemedicine and abortion medication services to improve access and confidentiality for all Canadians.
- Alberta Health Service (AHS) must be instructed to improve access by:
 - providing abortion services to patients prior to six weeks gestational age;
 - offering procedural abortions in all health zones across Alberta, not only Edmonton and Calgary;
 - offering telemedicine for all Albertans regardless of location; and
 - providing abortion services to Canadians from other provinces and territories without requiring payment from the patient.
- The Government of Alberta must create a dedicated abortion billing code that properly compensates physicians for the time required to provide these services. The billing code must not require the patient to obtain a referral to an abortion provider. The billing code must permit telemedicine abortion care.
- Alberta pharmacies must stop being a barrier. They must:
 - stop refusing to dispense medications; and
 - start to offer patients confidentiality by not recording the dispensing of the medical abortion medication on their provincial health record.

RATIONALE

- Telemedicine and abortion medication drastically improves access for all Canadians as it removes barriers. Action Canada (2018) lists the following barriers in accessing safe abortion care:
 - not being able to locate nearby services.
 - needing time to travel (sometimes hundreds of kilometers away because of gestational limits or having no access to a provider at all).
 - the costs incurred by travel (which can include childcare, eldercare, missed work, plane tickets, gas money, accommodations and food, expediting a passport or identification papers) and of the procedure itself (due to not having a health card or identification documents, issues with reciprocal billing between certain provinces, being an international student, or being in a precarious immigration situation with delayed cost coverage, providers being unsure about how



- to bill for their services, or people being unaware of where to safely access services when in irregular immigration situations).
- anti-choice health care providers or staff acting as gate keepers or receiving false or misleading information about abortion and where to access it.
 - wait times that can come from mandatory ultrasounds and mandatory doctor's referrals and tests, etc.
- Abortion services are not accessible for all Albertans as current barriers exist. Family practitioners are able to prescribe medication; however, most do not feel comfortable doing so on an occasional basis and the fee schedule does not appropriately compensate for the services. Often patients are limited to these four clinics to access services:
 - The two AHS funded clinics offering medical abortions, one in Calgary and Edmonton, only offer in-person care and require patients to wait six weeks before receiving abortion care.
 - It is not necessary to require in-person visits. Telemedicine is a proven safe method of medical abortion care with high patient satisfaction. Telemedicine allows for a physician to safely prescribe an abortion medication. Requiring in-person visits limits access for patients unable to travel long distances.
 - Patients seeking abortion care desire timely access. There is no evidence-based reason to withhold medical abortion services until six weeks gestational age.
 - Paying out-of-pocket for services and medication is expensive for Canadians visiting Alberta.
 - The two private clinics offering telemedicine abortion services to all Albertans face hardship due to the low remuneration by the Government of Alberta.
 - The Government of Alberta is actively prohibiting abortion care by underfunding services.
 - Alberta does not have an abortion billing code for physicians, yet all the other provinces in Canada do.
 - The initial patient visit is 60-90 minutes. Other provinces compensate abortion telemedicine and in-person at \$177-349 for this service. Alberta does not have an abortion fee code; therefore, physicians are using a fee code for a different service that is for 20 minutes at \$53 this service.
 - A direct billing code in Alberta would allow any physician to manage their patient without a referral. The extra time required to give proper abortion care must be remunerated. The billing code must allow telemedicine abortion services.
 - In Alberta some pharmacies are refusing to dispense abortion medication, creating a large barrier for patients.
 - Currently abortion medication is recorded on a patient's provincial health record when it is dispensed. This is not acceptable. Patients require confidentiality in accessing this service because:
 - patients can face marginalization in their communities due to abortion stigmatization. This is particularly present in small towns.
 - physicians in Alberta have seen instances of domestic violence when the patient's partner discovers via their provincial health record that the patient has had an abortion.

- patient psychological safety and physical safety is improved by permitting the dispensing of abortion without a record on their provincial health record.

BACKGROUND

- AHS is the provincewide regional health authority responsible for delivering health services to more than 4.4 million Albertans on behalf of the Government of Alberta.
- Abortions can be procedural or medical with medication.
 - The World Health Organization (2023) recommends medical abortions with medication as a standard of care within the first 12 weeks of pregnancy and to consider self-management approaches.
 - There is one abortion medication available for Alberta patients that requires a prescription to dispense.
 - o Mifegymiso is a combination product containing two drugs (mifepristone and misoprostol) that are taken in sequence for the medical termination of a pregnancy. It is a non-surgical option for early abortion and is only used for the first nine weeks (linepharma, 2022).
 - o The cost of Mifegymiso ranges between \$300-450 per package and is covered by all provincial health insurance programs for their residents (Action Canada, 2019).
- Research and experience have demonstrated that that in-person tests are usually unnecessary for safe and effective medication abortion. Over 15 years international organizations have provided medication by mail to tens of thousands of patients screened only by history (Raymond et al, 2020).
- Alberta has a low per capita dispensing of Mifegymiso. This is likely due to few abortion providers caused by the poor remuneration.

Provincial Prescriptions for Mifegymiso per capita, 2020-2021	
British Columbia	156
Ontario	133
Saskatchewan	104
Alberta	84

Source: Kav, A. 2022

FINANCIAL IMPLICATIONS

- The cost billed to a patient (when not covered by the provincial healthcare insurance plan) in the Edmonton AHS Women’s Health Options facility is:
 - \$1140 for a medical abortion.
 - \$1200-1700 for procedural abortions

CONTACT

Edmonton Zone Medical Staff Association
12230 106 Ave NW, Edmonton, AB, T5N 3Z1
Bobbie Jo Hawkes, Manager



Bobbiejo.hawkes@albertadoctors.org
Phone: 780.408.9630 ext 5630

AUTHOR

Dr. Charlene Lyndon, MD

REFERENCES

- Barriers to abortion in Canada. (2018, November 5) Action Canada. Retrieved October 11, 2023, from [https://www.actioncanadashr.org/resources/reports-analysis/2018-11-05-barriers-abortion-canada#:~:text=Having%20to%20cover%20the%20costs%20of%20the%20procedure%20itself%20\(due,unsure%20about%20how%20to%20bill](https://www.actioncanadashr.org/resources/reports-analysis/2018-11-05-barriers-abortion-canada#:~:text=Having%20to%20cover%20the%20costs%20of%20the%20procedure%20itself%20(due,unsure%20about%20how%20to%20bill)
- FAQ: The abortion pill mifegymiso (2019, April 6) Action Canada. Retrieved October 11, 2023, from <https://www.actioncanadashr.org/resources/factsheets-guidelines/2019-04-06-faq-abortion-pill-mifegymiso#:~:text=How%20much%20does%20it%20cost,%24300%2D%24450%20per%20package>
- World Health Organization (2023) *Clinical practice handbook for quality abortion care*. <https://www.who.int/publications/i/item/9789240075207>
- Raymond, E.G., Grossman, D., Mark, A., Upadhyay, U., Dean, G., Creinin, M., Coplon, L., Perritt, J., Atrio, J., Taylor, D. and Gold, M. (2020, April 16) Commentary: no-test medication abortion: a sample protocol for increasing access during a pandemic and beyond. *An international reproductive health journal: Contraception*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7161512/>
- About mifegymiso (2022) linepharma. Retrieved October 11, 2023, from <https://www.linepharma.ca/about-mifegymiso/>
- Kav, A. (2022, March 1) *Alberta dispenses fewer prescriptions for abortion pills than neighbouring provinces, data shows*. The Globe and Mail. Retrieved October 11, 2023, from <https://www.theglobeandmail.com/canada/alberta/article-alberta-dispenses-fewer-prescriptions-for-abortion-pills-than/>