

May 15, 2018

**The Honourable Dwight Ball**  
**Premier**  
**President of Executive Council**  
**Minister for Intergovernmental and Indigenous Affairs**  
**Minister of Labrador Affairs**

**The Honourable John Haggie**  
**Minister of Health and Community Services**

**The Honourable Siobhan Coady**  
**Minister of Natural Resources**  
**Minister Responsible for the Status of Women**  
**Deputy Government House Leader**

**RE: Universal Cost-Coverage for Medical Abortion**

Dear Premier Ball, Minister Haggie, and Minister Coady,

This March, Memorial medical students met with members of your government to discuss Mifegymiso, the medical abortion pills, and the need for provincial action on inequitable accessibility to abortion services in rural and remote Newfoundland and Labrador (NL). We were encouraged by the candid dialogue, and the agreement to look into this important issue.

We are writing you today on behalf of a working group of key stakeholders including health care providers, professional bodies, medical students, and community advocates who have joined forces to advocate on behalf of the advancement of reproductive rights throughout (NL).

As was discussed in the meetings, NL is the only province that has not announced some degree of coverage of Mifegymiso. Yet, with our large proportion of remote communities and one of the lowest rates of accessibility in Canada, the NL government should arguably have the greatest motivation to commit. It has been shown that restricting access to abortion care does not decrease the number of terminated pregnancies, it only increases the number of unsafe abortions and the burden placed on those who are forced to travel long distances for care. Those most affected by lack of provision are those who need it the most: young, uninsured, low-income earners in rural communities. They face poorer sexual health outcomes and are most vulnerable to the compounding effects of the emotional, physical, and economic burdens of travel.

Simply adding Mifegymiso to provincial drug formularies has failed to improve accessibility of abortion care outside of urban centres in the regions that have not adopted a universal cost coverage program. In these provinces, coverage still depends on ability to travel to urban centers, on income, eligibility for certain social programs, and / or access to private insurance. The working poor, people who may not be eligible for public benefits and are less likely to have employer-provided benefits,

continue to experience poor access to abortion care. As such, considering our own context and the importance of this service, Newfoundland and Labrador *must* prioritize a universal coverage plan for Mifegymiso.

If NL is to uphold its responsibility in ensuring everyone's right to health according to the Canada Health Act, we must provide access to abortion in a way that is universal, accessible, comprehensive, portable and administered accountably. The integration of medical abortion in primary care offers the opportunity to address gaps in service access and ensure that people outside of urban centers do not face barriers to essential reproductive health care. NL must join the other provincial governments working to ensure our health care system remains universal by ensuring financial coverage for medical abortion.

**Thus, we call upon the Government of Newfoundland and Labrador to provide universal cost-coverage of Mifegymiso as a central part of your government's plan to improve gender equality, and support the right to bodily autonomy, safety and health.** We thereby urge the Ministry of Health to:

1. Provide universal cost coverage of Mifegymiso to all persons in Newfoundland and Labrador
2. Create a new health care provider billing code for medical abortion
3. Provide and disseminate information and resources to health care providers and the public
4. Support Physicians and Nurse Practitioners in becoming providers, and Pharmacists in becoming dispensers of Mifegymiso across Newfoundland and Labrador

The professional signatories of this letter include a wide range of experts who are committed to working with your team in an advisory capacity to help ensure an evidence based, comprehensive and effective approach to cost coverage rollout across the province. The wide breadth of knowledge and expertise represented in our group will ensure collaborative, well-rounded and comprehensive support to developing a provincial approach that will effectively reduce the current barriers in access to abortion services while maintaining high standard of care.

Universal coverage of Mifegymiso will reduce health inequities in rural NL, ensuring fairness and equity, without discrimination on the basis of income or remote location. By removing the financial barrier of Mifegymiso and in working to ensure uptake of this important medical practice, your government and ministry has a momentous opportunity to fulfill an unmet responsibility to optimizing the health of persons living in rural NL communities and support people and families from across our province.

We thank you in advance and we look forward to your response.

Regards,

Maggie O'Dea & Chris Vizena, Medical Students' Society, Memorial University

**On behalf of the following organizations and individuals:**

The Newfoundland and Labrador Medical Association (NLMA)

Planned Parenthood NL Sexual Health Centre

Rolanda Ryan, RN, BN, MHSA  
Clinic Owner, Athena Health Centre

Dr. Atamjit Gill, M.B., B.S. India, FRCSC, FACOG  
Chair of the Discipline of Obstetrics and Gynaecology, Memorial University

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Steve Gillingham  
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Dr. Robin Whitaker, PhD, Associate Professor, Department of Anthropology, Memorial University;  
board member, Women Help Women; Principal researcher on "Making the Most of Medical  
Abortion" (pilot research, Newfoundland & Labrador); co-author of "Abortion Governance in the  
New Northern Ireland" in: A Fragmented Landscape Abortion Governance and Protest Logics in  
Europe (2017).