

## **MEMBER STATEMENT—JULIE GREEN, MLA YELLOWKNIFE CENTRE**

### **FAMILY PLANNING SUPPORT AND BENEFITS**

**February 20, 2018**

**MS. GREEN:** Masi, Mr. Speaker. Mr. Speaker, today I want to talk about a situation in which universal health coverage is not universal in the NWT. This government perpetuates a two-tier service for family planning. The women who are losing out on birth control and medical abortion live on low income or have no income of their own. This vulnerable group is non-Indigenous and they are often new Canadians. Our health system is failing them.

The Non-Insured Health Benefits program gives Indigenous women access to birth control of all kinds and pregnancy termination services at no charge, but women who don't have work-related health benefits of their own or through their partner are not covered. In fact, Extended Health Benefits specifically excludes these costs. A non-Indigenous woman with no benefits has to cover the cost of birth control at her own expense, and it is expensive. For example, an IUD is about \$400. The new abortion pill is about \$425.

This two-tier approach came to my attention last month when I read that the abortion pill, Mifegymiso, is part of the suite of reproductive health choices offered on a universal basis in five provinces. The drug has been available in the NWT since last spring. Doctors at the Yellowknife-based Northern Options for Women program may prescribe the pill to a woman who wants to terminate a very early-stage pregnancy. A doctor or midwife supervises the use of the medication. This pill has become a preferred alternative for women rather than invasive surgical terminations. The medication also provides women with a choice of treatment in a regional center, provided that there is a doctor or midwife present. Treatment closer to home is obviously preferred by women and is less expensive for the health authority to provide.

Mr. Speaker, this situation is unacceptable, inconsistent, and it does not make sense. Women have universal access to surgical termination of pregnancies, but there is no universal access to pregnancy prevention or the less expensive and invasive medical forms of pregnancy termination. Canadians pride themselves on having access to universal health care, but what we are offering in the NWT is not universal. What we're offering in the NWT is not universal. It leaves a group of vulnerable, low, and no-income women without birth control and without reproduction choice. I will have questions for the Minister of Health. Mahsi.