

SUMMARY:

PATIENT BARRIERS



Our research (rjaccessprojectnb.ca) found that access to abortion in New Brunswick has improved somewhat with recent policy and service changes like the removal of the requirements for a specialist to perform the procedure and referrals from two doctors, the addition of reciprocal billing requirements, the expansion of abortion care in Moncton, and Medicare funding for medical abortion. The data also shows that long-standing barriers remain.

- Legal and regulatory barriers continue to create access barriers, including a shortage of funded, locally accessible clinic-based abortion care.
- Reliable and complete information is scarce and overshadowed by a culture of stigma and misinformation.
- Both service providers and patients are faced with practical and logistical challenges that can be hard to overcome.

Meaningful access requires that abortion care is free, certain, inclusive, and local.

Regulatory/legal barriers

- Regulation 84-20 of the *Medical Services Payment Act* continues to deny Medicare coverage for procedural abortions and other types of pregnancy-related care performed outside of a hospital.
- Governments have allowed unregulated protests to create access barriers to abortion care. There are no bubble zone laws protecting patients attempting to access services.
- The 6-8 week processing time can create access barriers to funded abortion services for people awaiting a new or replacement Medicare card.

In order to have meaningful access:

Free	Abortions must be comprehensively covered by Medicare or other forms of insured service regardless of the method, any personal characteristics of the person, or the gestational age.
Certain	Abortion access must be guaranteed through established and reliable access points, with a clear process and predictable outcome.
Inclusive	Abortion care must be safe, confidential, supportive, and free from discrimination or punitive treatment.
Local	Abortion care must be available in multiple locations to minimize the need for travel, or transportation to an access point must be well supported.

Informational barriers

- New Brunswickers often do not know how or where to access abortion care because they do not know what services were available in their own province or where to access reliable information.
- The New Brunswick government's sources of information about abortion and reproductive health services are minimal and limited, e.g., abortion has not historically been included in the school health curriculum, and there is no public health advertising about available services.
- The provincial government has relied on abortion clinics and community groups to fill the gaps in abortion care without providing support, e.g., local activist groups crowdsourced \$136,000 for a new clinic after the Morgentaler in Fredericton closed.

Logistical/practical barriers

Abortion is not specialized care, nor is it unusual care, and for some demographic groups, it is one of the most common procedures a person will need. Barriers to free, certain, inclusive, and local abortion access do NOT prevent abortions from happening, but they do cause the most harm to vulnerable and marginalized populations. Limiting access points makes any logistical or practical obstacles harder to overcome. Our data shows that it is harder for people to access care when they do not:

- live in one of the two cities where there are hospitals that perform funded abortions;
- have their own transportation and therefore rely on limited public options or finding a supportive person to drive them;
- have stable housing or live with domestic violence;
- have a job with paid sick leave or where it is easy to get time off for multiple appointments;
- have childcare options for other children;
- have the support or resilience they need to manage what can be an isolating experience along with the enduring and crushing stigma associated with the procedure that is its own burden.

Recommendations

- Government of New Brunswick: Repeal 84-20 so medical professionals can provide local and timely funded abortions in their own communities and reduce wait times in overburdened hospitals.
- Federal Government: Co-develop a National Abortion Information Hub to combat misinformation and fill information gaps across the country.
- Federal Government: Collaborate with the provinces, territories, expert stakeholders, and organizations to develop an abortion-specific rural and remote access strategy.
- Federal Government: Create an inter-ministerial committee to develop complementary policies that would remove stigma and make reproductive healthcare regular healthcare.