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WOMEN'S LEGAL  
EDUCATION & ACTION FUND  
FONDS D'ACTION ET D'ÉDUCATION  
JURIDIQUE POUR LES FEMMES

June 29, 2022

The Honourable Jean-Yves  
Duclos  
Minister of Health  
[jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

The Honourable Marci Ien  
Minister of Women and Gender  
Equality and Youth  
[marci.ien@parl.gc.ca](mailto:marci.ien@parl.gc.ca)

The Honourable David Lametti  
Minister of Justice and  
Attorney General of Canada  
[david.lametti@parl.gc.ca](mailto:david.lametti@parl.gc.ca)

Dear Ministers Duclos, Ien, and Lametti:

**Re: Potential federal abortion legislation in Canada**

The Women's Legal Education and Action Fund (LEAF) writes to echo [the position](#) of Action Canada for Sexual Health & Rights (Action Canada) and the National Association of Women and the Law (NAWL), urging this government **not** to enact new federal legislation confirming the legality and right to abortion in Canada. This position is also shared by other expert pro-choice organizations in Canada, including the [Abortion Rights Coalition of Canada](#) and [Planned Parenthood Toronto](#)

LEAF is a national, not-for-profit organization that advocates for the substantive equality of women, girls, trans, and nonbinary people. Since 1985, we have advanced substantive gender equality through litigation, law reform, and public education. As part of our work to enhance reproductive justice in Canada, we [provided legal support](#) to Abortion Access Now PEI's constitutional challenge to PEI's abortion policy; intervened before the Court of Appeal for Ontario in [Christian Medical and Dental Society of Canada v. CPSO](#) regarding "conscientious and religious objection" policies in providing abortion care; and initiated our ongoing [Reproductive Justice Project](#) to advance reproductive justice in Canada through law reform advocacy at the provincial and territorial levels.

As you know, Canada regulates abortion care as a clinical procedure in the case of aspiration or surgical abortions, and as a pharmacological agent in the case of medical abortion. This means that, in the case of surgical abortions, as for all other clinical procedures, health care providers follow established standards of practice in providing abortion care. In the case of medication abortion, Canada currently regulates Mifegymiso as a Schedule I drug requiring a prescription.

Enacting legislation to protect abortion rights would politicize this form of medical and pharmacological care, setting it apart from other forms of health care and creating risks for future restrictions. Over the years, many anti-abortion politicians have tried to limit access to abortion through private members' bills, but they have never succeeded. A new federal law could provide a foothold for opponents to propose future amendments and limits.

It is important to note, however, that abortion access remains deeply unequal in Canada. For those living outside of major urban centres, accessing an abortion may require significant travel, time off



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work, and expenses. Cost can be a major barrier for those without health insurance, including some temporary foreign workers, people without immigration status, and some international students. Systemic barriers in health care – including colonialism, racism, sexism, and transphobia – limit access to all forms of abortion care. Misinformation also increases stigma and dissuades people from getting the care they need.

Federal legislation codifying the legal right to abortion in Canada is not the answer. But this government can – and should – act now to improve access to abortion, including by:

1. Strengthening enforcement of the *Canada Health Act* to more effectively intervene where provinces have not addressed access barriers
2. Funding Health Canada to develop an accessible portal providing accurate, judgment-free and evidence-based information on sexual and reproductive health and rights, and to create targeted marketing campaigns to counter abortion misinformation
3. Increasing federal health transfers with ties to available and accessible sexual and reproductive health services, including regulating conscientious objection
4. Permanently funding the new Health Canada Sexual and Reproductive Health Fund
5. Relaxing the regulation of abortion medication by allowing Mifegymiso to be obtained over-the-counter and through advance provision

We appreciate this government's vocal commitment to respecting bodily autonomy. Equal access to abortion is a critical part of realizing bodily autonomy for women, girls, trans, and non-binary people. In addition to ensuring greater access to abortion care, we encourage this government to commit to reproductive justice for all people, including guaranteeing universal coverage for contraception and ensuring parents and caregivers can deliver and raise children in safe environments with the resources they need.

Please do not hesitate to contact me to discuss this topic and the above recommendations.

Sincerely,

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