

# B.C.'s universal contraception coverage inspires call for funded birth control across Canada

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British Columbia is going to fund prescription birth control, a first in Canada that reproductive health experts say should prompt the rest of the country to follow suit.

The new plan takes effect April 1 and will cover the cost of birth-control pills, contraceptive injections, intrauterine devices, subdermal implants and the emergency contraception medication Plan B. The cost is estimated at \$119-million over three years.

The groundbreaking plan is long overdue, experts say, with access to reproductive health care still highly inconsistent across each province. Advocates laud B.C.'s move as a model for the rest of Canada, which lags behind other countries already offering universal coverage for contraception in a bid to lower the rate of unintended pregnancies.

"It's an incredible victory," said Giuseppina Di Meglio, an associate professor of pediatrics at Montreal's McGill University who was lead author of the Canadian Paediatric Society's 2019 position statement calling for universal access to contraception. "We're hoping that it serves as a role model for the rest of Canada to transition toward that."

Reproductive health experts say contraception coverage serves as lower-cost preventive medicine, reducing the steep economic and social costs of unintended pregnancies. It is critical for women's health, advocates say, giving people more choice and control over their fertility.

“It’s a matter of equality,” said Meghan Doherty, director of global policy and advocacy with Action Canada for Sexual Health and Rights. “It’s also a matter of equity.”

Ms. Doherty said people have the right to determine when or if they get pregnant – a choice that requires access to birth control. And they should be able to choose the contraception method that works best for them, not be forced into a decision based solely on cost.

Many experts are highlighting B.C.’s decision to extend coverage to intrauterine devices, which are highly effective and can be removed at any time. But IUDs can come with a steep upfront cost, sometimes more than \$400. Some women end up opting for cheaper but less effective options, such as birth-control pills, which must be taken every day and require frequent prescription refills.

“We know that when you have to pay for contraception, people make different choices and it really increases the risk of unplanned pregnancies,” said Meaghan Thumath, a registered nurse in B.C. who regularly prescribes birth control.

Ms. Thumath, also a clinical assistant professor at the University of British Columbia’s School of Nursing, said B.C.’s move is particularly important now, as the United States rolls back abortion access and reproductive rights.

Canada trails behind numerous countries subsidizing contraception. Across 13 Latin American countries, nearly three in five women aged 15 to 49 reported receiving birth control free of charge through national health insurance or public health facilities, according to a [2020 analysis](#). In Europe, 19 countries fund at least one method of long-acting reversible contraception through their national health care systems, according to 2022 data from the [Contraception Policy Atlas Europe](#). Thirteen of those countries also offer reimbursements for birth control to young people and those who are unemployed or low-income.

In Canada, coverage for birth control depends on where a person lives and whether they have insurance. Some clinics offer contraception free of charge, but it’s far from

universal. While some public plans cover contraceptive medications, they may have age caps and are restricted to people who meet low-income thresholds. That leaves out many Canadians, including those who don't qualify for provincial coverage but also can't obtain private insurance through work or because of cost.

"When I have a patient who is a corporate lawyer and has a full benefits plan, she has full control over her fertility. The patient I have who's between jobs, she's that person in Canada who bears the personal cost of contraception and unintended pregnancy. That is inherently unfair," said Fiona Mattatall, a Calgary-based obstetrician and gynecologist.

Dr. Mattatall said she's seen numerous patients who were weighing IUD costs opt to have their tubes tied, simply because the medical system funds the procedure. "This perceived 'no cost to them' is what drives them to a surgery, which is more risky for them," Dr. Mattatall said.

B.C.'s plan will still require a prescription for birth control, which can be a significant barrier given the severe shortage of primary care providers. But in the spring, new rules will allow pharmacists to prescribe contraception in the province.

Sheila Dunn, a scientist at Women's College Research Institute in Toronto, said other provinces should follow B.C.'s lead.

"I hope this is the first of many forward-thinking steps. If they can do it in Europe and the U.K., they can do it Canada-wide. It doesn't make sense to have this two-tiered system with different provinces doing different things," Dr. Dunn said.

Douglas Wilson, president and chief executive officer of the Society of Obstetricians and Gynaecologists of Canada, said there are clear benefits to universal access to birth control, including reducing the physical, psychological and financial consequences of unintended pregnancy. Still, Dr. Wilson worries the fragmented nature of health care in Canada means universal coverage coast to coast will take time.

“I don’t see all the provinces lining up behind them to do the same thing,” Dr. Wilson said. “We need much more of a national voice for prioritization of important health care issues.”

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