TERRITORIAL LEGAL SNAPSHOT

Nunavut

Abortion law, funding, and access — one-page reference

As of Jul 13, 2026
Research completed Jul 13, 2026
Confidence: high

> ◉ Abortion is **legal at every stage of pregnancy** — Canada has had no criminal abortion law since 1988 — but **local services are minimal**; most patients travel for care.

LEGAL LIMIT None (nationwide) | OFFERED LOCALLY TO 13 weeks (policy) | ✓ INSURED SERVICE Yes | CLINIC ABORTIONS FUNDED N/A | MIFEGYMISO COVERED FOR ALL No | ✓ TELEHEALTH Available | SAFE-ACCESS ZONES No law | ✓ RECIPROCAL BILLING Covered | ✓ TRAVEL ASSISTANCE Yes | INSTITUTIONAL OBJECTION No | PARENTAL INVOLVEMENT Not required | MINOR CONSENT Mature minor common law | PENDING CHANGE See below

§ Jurisdiction overview

Abortion is legally unrestricted but only Qikiqtani General Hospital in Iqaluit provides procedural abortion (up to 13 weeks), with all later-gestation patients flown south; medication abortion depends on NIHB drug coverage for most residents.

Medical Care Act, RSNWT (Nu) 1988, c M-8, s 1

▯ Funding & coverage

Abortion is a medically required insured service under the Nunavut Health Care Plan with no statutory exclusion; procedural abortion is funded when provided by a medical practitioner, while medication abortion lacks a dedicated billing code, creating a reimbursement gap for physicians.

Medical Care Act, RSNWT (Nu) 1988, c M-8, ss 1, 3, 4 · Canada Health Act, RSC 1985, c C-6, s 9 · Abortion Access Tracker: Nunavut

CLINIC VS. HOSPITAL FUNDING

Nunavut has no free-standing abortion clinics, so the clinic-versus-hospital funding distinction that has generated Canada Health Act disputes in other jurisdictions is inapplicable here.

TRAVEL & OUT-OF-PROVINCE CARE

Nunavut's Medical Travel Policy funds airfare, accommodation, and meals for patients travelling for abortions unavailable in their home community, with a $250 per direction co-payment for non-beneficiaries; the federal NIHB program covers the co-payment for Inuit beneficiaries, leaving non-beneficiary non-Inuit residents to pay it themselves.

◉ Where services actually are

Qikiqtani General Hospital in Iqaluit is the sole facility providing both procedural and medication abortion in Nunavut; residents of the other 24 communities, all accessible only by air, must travel to Iqaluit or south for care. Qikiqtani General Hospital provides procedural abortion only up to 13 weeks and 0 days; patients beyond that are referred to Ottawa (up to 19+2 weeks), Toronto (up to 22 weeks), or Montreal (up to 23 weeks)—all policy limits, not statutory ones.

QGH Obstetrics: Therapeutic Abortion Referrals, NuMed Orientation · Abortion Access Tracker: Nunavut · Nunatsiaq News, 'Women in Nunavut still face barriers to abortion access'

MINORS

Nunavut has no legislation dictating an age of medical consent; the common-law mature-minor doctrine governs, meaning a minor of any age who understands the nature, purpose, and consequences of the proposed treatment can consent to abortion without parental involvement.

SAFE-ACCESS ZONES

Nunavut has enacted no safe-access-zone or bubble-zone legislation; federal Criminal Code s 423.2, enacted by Bill C-3 in 2022, provides a general criminal offence for intimidating health professionals or obstructing access to health facilities, which applies to abortion services.

Recent changes

Sep 2025	Government of Nunavut announces comprehensive review and modernization of the Midwifery Profession Act, including potential expansion of midwives' scope of practice, which could eventually include Mifegymiso prescribing.
Mar 2025	Government of Nunavut launches consultations on new health privacy legislation to fill the gap left by the absence of a dedicated health-information privacy statute.
Jan 2022	Bill C-3 amendments to the Criminal Code come into effect, creating federal offences for intimidating health professionals or obstructing access to health facilities (s 423.2), applicable in Nunavut in the absence of territorial safe-access-zone legislation.
Jul 2021	Nunavut's Medical Profession Act, SNu 2020, c 16, comes into force, modernizing physician regulation but continuing the territory's reliance on the CMA Code of Ethics and Professionalism rather than creating a territorial college with its own practice standards.
Nov 2020	Federal government increases NIHB medical-travel per-flight reimbursement for Nunavut from $125 to $715, reducing co-payment burden for Inuit beneficiaries and expanding the territorial Medical Travel Policy's effective coverage.
Jun 2019	Bill C-75 receives Royal Assent, formally repealing Criminal Code ss 287 and 288 (the abortion provisions rendered unconstitutional in R v Morgentaler, 1988).
Nov 2017	Health Canada removes restrictions on Mifegymiso prescribing and dispensing, extending gestational limit from 49 to 63 days, allowing nurse practitioner prescribing and pharmacist dispensing, and eliminating mandatory ultrasound requirement.

Pending changes to watch

Midwifery Profession Act review and modernization

Legislation · Pre-consultation phase as of September 2025; no bill tabled

If midwives gain authority to prescribe Mifegymiso, medication abortion could become available in communities beyond Iqaluit where midwives practice, significantly reducing the travel burden for early abortion care.

Nunavut health privacy legislation

Legislation · Consultation phase initiated March 2025

New health-information privacy legislation would clarify confidentiality rules, including for minors accessing abortion care, and bring Nunavut in line with other Canadian jurisdictions.

Medical Travel Policy review

Policy · Review completed August 2025; 'What We Heard' report published; government considering changes

Changes to co-payment amounts, escort eligibility, or accommodation rates could reduce financial barriers to abortion-related travel, particularly for non-beneficiary residents who currently pay $250 per direction.

Key authorities

Medical Care Act
Medical Care Act, RSNWT (Nu) 1988, c M-8

Defines insured services in Nunavut as 'all medically required' physician services; is the statutory basis for public abortion coverage.

Medical Profession Act
Medical Profession Act, SNu 2020, c 16

Governs physician licensing and regulation in Nunavut; the territory lacks a College of Physicians and Surgeons, so this Act and the CMA Code fill the regulatory gap.

Criminal Code s 223
Criminal Code, RSC 1985, c C-46, s 223

Codifies the born-alive rule: a child becomes a human being only when it has completely proceeded in a living state from the mother's body.

Criminal Code s 423.2
Criminal Code, RSC 1985, c C-46, s 423.2

Federal intimidation-of-health-professionals offence; serves as Nunavut's functional protection against abortion-facility harassment in the absence of territorial safe-access-zone legislation.

Canada Health Act Canada Health Act, RSC 1985, c C-6

Sets the comprehensiveness, portability, and accessibility standards the Nunavut Health Care Plan must meet; defines territorial obligation to fund medically necessary abortion without user charges.

Generated from the structured legal focused deep-research record for NU, Canada (research completed 2026-07-13). This snapshot condenses a much larger sourced dataset — full citations, quoted statutory text, and plain-language explanations are in the full Nunavut survey. This document has not been reviewed by a lawyer and should not be used as legal advice.