

24 April 2013

Christine McDonald  
Secretary  
Standing Committee on Finance and Public Administration  
PO Box 6100, Parliament House, Canberra ACT 2600

Dear Ms McDonald,

Thank you for the opportunity to respond to the Standing Committee on Finance and Public Administration's Inquiry into the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013.

Our comments are provided within the scope of our area of expertise.

Yours sincerely

  
Ann Brassil  
CEO

Attachment: submission

## About Us

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. We are experts on contraception, pregnancy options, Sexually Transmissible Infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

We have five fixed clinics in NSW (Ashfield, Fairfield, Penrith, Newcastle and Dubbo) and use innovative partnerships to deliver services in other key locations across the state with more than 28,000 client visits annually. We also provide Family Planning NSW Talkline 1300 658 886, a confidential telephone and email information and referral service, connecting our expertise to people and communities across NSW.

We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

As an independent, not-for-profit organisation, we recognise that every body in every family should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues.

Our services are targeted to marginalised communities, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and same sex attracted people.

Family Planning NSW is working to assist poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services. We collaborate with organisations at national and international levels to strengthen the ability of local health providers to deliver high quality family planning services.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is evidence-based, and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive and Sexual Health Research, our published clinical practice handbooks on reproductive and sexual health, our nationally recognised data and evaluation unit and validated through our own extensive clinical practice.

## **Our involvement in pregnancy options services**

Family Planning NSW is not an abortion provider or dedicated pregnancy counselling service but we provide information and referral advice about pregnancy options. We provide this service through our five fixed clinics, other innovative clinical models and our telephone information and referral service (Family Planning NSW Talkline 1300658886).

**In 2012, Family Planning NSW Talkline received 7,191 phone calls, of which 618 were in regard to terminating a pregnancy and around a quarter of those related to extreme financial difficulty in accessing an abortion.**

As a trusted, not for profit organisation we are regularly approached by service providers and government agencies (such as Centrelink and NSW Department of Family and Community Services) to assist in navigating the way for socially, economically and geographically disadvantaged women seeking a pregnancy termination.

## **The current situation in NSW**

Data on induced pregnancy terminations are not routinely collected in NSW. Medicare claim rates provide the only available recent information of the number of terminations occurring in NSW and the ACT. Medicare items apply to procedures which are not specifically pregnancy terminations, but include procedures such as those undertaken as a result of miscarriage or foetal death. It is therefore impossible to gain a precise figure for the number of abortions performed. In 2011, NSW/ACT had around 25,000 claims through Medicare (Item 35623) or 16 per 1,000 women aged 15-44 years. These data do not include important associated variables describing the geographic, social and economic situation of the women who present for a pregnancy termination.

From June to December 2012, 20 of the women who contacted Family Planning NSW Talkline were referred to our Social Worker for intensive assistance. These were pregnant women seeking a termination who were living in or had just left a situation of domestic violence, had a mental health diagnosis or disability, or were homeless. Despite their difficult circumstances, they could not directly access a termination in the NSW public hospital system.

In most cases women need to access a termination through a private provider with significant up-front costs. The cost ranges from around \$300 to over \$700. The costs are magnified for women living in regional and rural areas, where there may be only one private provider who is less competitive. There are very few private providers who Medicare Bulk Bill.

## Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

Last financial year we had around 28,000 client visits and in the 85 years we have been operating we have no evidence to suggest that pregnancy terminations occur solely on the basis of gender selection.

While sex selection occurs in countries such as China and India for cultural reasons associated with the relative value of men and women in those communities,<sup>i</sup> there is no evidence to suggest that this is the case in NSW.

We believe strongly in evidence based legislation and do not support a change to legislation or policy that could impact on a woman's right to control her reproductive and sexual health. It is critical the Federal Government and parliamentarians support legislation that is *evidence based and not driven by ideology or hearsay*.

The ABS data below indicates that the proportion of male and female residents and sex ratio in each state and territory has remained stable.

### Estimated Resident Population 0 - 6 years of age by gender, by state and territory, 2010 and 2011

State/ Territories	2010					2011		
	Males	Male %	Females	Female %	Sex ratio	Males	Male %	Females
NSW	328,229	51%	311,797	49%	1.05	336535	51%	318225
Vic	249,209	51%	236,493	49%	1.05	249872	51%	236794
Qld	221,645	52%	208,655	48%	1.06	217829	51%	205828
SA	69,503	51%	66,794	49%	1.04	69051	51%	66342
WA	108,623	51%	102,847	49%	1.06	110409	51%	105863
Tas	23,608	51%	22,288	49%	1.06	23084	52%	21308
NT	13,118	51%	12,440	49%	1.05	13300	52%	12363
ACT	17,053	52%	15,811	48%	1.08	17102	52%	16016
Australia	1,031,075	51%	977,215	49%	1.06	1037182	51%	982739

Source Australian Bureau of Statistics

## The Importance of Evidence

There are glaring inadequacies with the data available on pregnancy terminations in Australia and we have detailed some of those gaps below:

- There is no mandatory reporting of pregnancy terminations in some states and territories
- Only South Australia, Northern Territory and Western Australia have routine notifications and published reports
- Australian Institute of Health and Welfare (AIHW) pregnancy termination estimates date back to 2003 and 2004
- Changes have been made to abortion legislation in some states, yet there is no way of measuring the impact of those changes. The recent TGA listing of Mifepristone is an example
- There is no single Medicare item number for abortion related services
- Medicare items apply to procedures which are not specifically pregnancy terminations, but include procedures such as those undertaken as a result of miscarriage or foetal death. It is therefore impossible to gain a precise figure for the number of abortions performed
- This data does not report on important associated variables describing the geographic, social and economic situation of the women who present for a pregnancy termination.

We would encourage the committee to address the gaps that exist in data and research around pregnancy terminations to support future evidence based legislation and policy.

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<sup>1</sup> Sneha Barot, 'A problem-and-solution mismatch: son preference and sex-selection abortion bans', *Guttmacher Policy Review*, Spring 2012, Vol 15, No 2