

Additional Comments from Senator Hanson-Young

Introduction:

Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007 currently provides a Medicare rebate of \$267 to a Medical practitioner for the “Management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease.”

We support measures to ensure that all women have the right to access legal, free and safe pregnancy termination services. By making the Medicare funding unavailable for second trimester terminations, this motion could result in an increase in terminations later in pregnancy due to the financial burden it consequently places on women.

It is for this reason, that we do not support any moves to disallow Medicare Item 16525, or any other like Item number.

Background:

We are concerned that the result of disallowing this specific Medicare Item number will not only affect women from economically disadvantaged backgrounds, but also women from rural and regional areas. It could also delay women accessing terminations until later in pregnancy, after being forced to find additional monies to cover the gap, as well as the original fee.

The diagnosis and confirmation of fetal abnormality or serious illness in pregnancy is a difficult and very stressful time for women and their families. Removing Medicare item 16525 would place a great financial burden on top of the huge emotional burden of deciding whether or not continue with a pregnancy following a devastating medical diagnosis. All pregnant women should have access to Medicare funded treatment, regardless of the circumstances of their pregnancy.

While we recognise that people have strong and differing opinions on this issue, and respect the right of all Australian's to express their views, this is not a debate about the legality of abortion, but rather a debate about accessibility and cost.

While this inquiry was not investigating the legalities of abortion as a whole, the purpose of pursuing the disallowance of Item 16525 effectively prevents women from accessing second trimester terminations (depending on State and Territory legislation), by making it almost unaffordable for the average woman to even consider.

Much misinformation was circulated around the use of Item No. 16525, during the course of the inquiry, contrary to some recent published comments this item number is not currently used by medical practitioners in private stand alone clinics for the provision of surgical termination of pregnancy in the second trimester.

Second trimester medical termination for fetal abnormality over 20 weeks gestation is generally heavily regulated via legal restrictions, hospital review panels and committees, along with doctors working in team consultation with their colleagues. So if the aim of this motion is to prevent terminations after 20 weeks, it seems entirely unwarranted. More specifically when looking at the statistics, is estimated that in Australia around 94% of terminations occur in the first trimester, with only 0.7% occurring at 20 weeks or later.

Conclusion:

Too often we have seen legislators in this place find it impossible to avoid interfering in women's reproductive health rights. Women have fought long and hard to be able to make decisions about their health and wellbeing, and we will not be supporting any attempt to turn back the clock on women's reproductive rights.

Recommendation 1:

Disallowance of Medicare Item Number 16525, or any related Item Number should not proceed.

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Senator for South Australia