



30 September 2008

Christine MacDonald
Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Secretary,

Re: Submission to the Standing Committee on Finance and Public Administration - Inquiry into the subject of the disallowance of item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

Family Planning NSW (FPNSW) is the oldest Family Planning Organisation in Australia, with over 80 years of well respected and acknowledged service to the community in reproductive and sexual health. We are an independent, not-for-profit organisation with the sole aim of improvement of reproductive and sexual health in the community. We achieve this through a combination of clinical services in urban, regional and remote sites across the state, through education and training of health and other professionals, through resource development and health promotion and through research. FPNSW does not provide termination/abortion services.

FPNSW holds the strong position that disallowance of Item 16525 would cause unnecessary and severe hardship for people at an extremely vulnerable and stressful time in their lives and would increase levels of poverty in Australia through increases in maternal and infant morbidity and mortality. This is contrary the achievement of the Millennium Development Goals (MDGs), to which Australia is a signatory.

We therefore strongly urge the Committee to recommend that payment under this Medicare Item not be changed.

Our submission is set out below.

For further information please contact:

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ISSUES:

Number of Services Receiving Payments Under Item 16525 and the Cost of the Services Claimed.

Currently item 16525 may be claimed by an Australian woman who has undergone a second trimester termination of pregnancy (induced abortion). This benefit payment is \$267.00.

It is important to understand the cost of the use of item 16525 in the overall picture of Australian health care and the impact on the Australian population of this cost.

In the years 2002 to 2005 there were 2849 claims for item 16525 for women aged 15 to 54 years; an average of 712 per year.[1] The 2006 ABS census counted 2,842,518 women aged 15 to 51 years (the ages at which women are generally considered to be reproductively active). This means that around 0.03% of Australian women claimed Medicare benefit 16525 per year, approximately 1 in 4000 women.

The Basis upon which Payments of Benefits are made under this Item

It is not possible to know exactly the reason for claims for this item because in general, this information is not available. However, information obtained from South Australia, where statistics for the reason for abortion are maintained, indicates that in the year 2006, 440 second trimester abortions were performed for various reasons. 78 were after 20 weeks gestation and 51% of these because of abnormality of the fetus. The number of item 16525 claims made for 2006 in South Australia totaled only 66 claims. This indicates that only 15% of the terminations performed in the second trimester in SA in 2006 were claimed against Medicare [2].

The Effects of Disallowing this Item

While the numbers of Medicare claimed item 16525 second trimester terminations is small (approximately 1.1%), it is important to understand that the availability of a later termination for some women is an important facility for the following reasons;

- Delay in accessing a termination due to delay in diagnosis of a fetal abnormality.

Women with a family history of genetic abnormality and older women are usually offered the opportunity for testing for chromosomal abnormalities during pregnancy, so that a decision can be made by the couple whether to continue the pregnancy in order to have a healthy baby. In some cases, unexpected sporadic abnormalities come to light on routine antenatal testing during the pregnancy. Of necessity, many of these diagnoses can only be made after the first trimester. While some may argue that there is never a reason to terminate a pregnancy, no matter how severe the abnormality, the Australian health care model aims to place the pregnant couple in the best possible position to have a positive outcome for their pregnancy. Careful and considered counseling, correct diagnosis and decision- making takes time.

Many diagnoses will not be possible until well into or at the end of the second trimester, making a termination later than 14 weeks the only option for these couples.

- Unnecessary emotional trauma for women who have been diagnosed with intrauterine death.

In cases where the fetus has died in utero the pregnancy does not always spontaneously abort so it may be necessary to induce the termination of such a pregnancy. The disappearance of item number 16525 from the Medicare schedule would mean unnecessary financial hardship for the women and their partners who find themselves in the tragic situation of carrying a dead fetus.

- Difficulty in accessing a termination in the first trimester due to lack of access to abortion services.

Women seek to terminate a pregnancy for a number of reasons. This may include being in a violent or unstable relationship, rape and being unable to cope with another child. An audit by the pregnancy advisory service at the Royal Women's Hospital, reported in *The Age* in June 2008, indicated that many women who choose to seek a pregnancy termination are older and already have at least one child. The majority of these pregnancy terminations are performed within the first trimester. However, there are subgroups of women who may not be able to access appropriate services within the first trimester. Rural and regional women may be required to travel large distances to access services. A survey of travel undertaken by women to access private Victorian pregnancy termination services found that, of 1,244 women surveyed, 9.3% travelled more than 100km to access services. In addition, teenagers were 2.5 times more likely to travel more than 100kms [3]. This survey concluded that many pregnancy termination patients face substantial costs beyond the service fee. This may add up to a delay in attending for a termination, so that the time frame for attendance for a termination moves from the first to the second trimester.

General Comment

The above indicate that many women and their families seek terminations under this Item for reasons related to the health status of the fetus as well as due to already existing inequities in access to services across Australia for rural and remote areas and for youth.

There is also no true financial imperative to disallow Item 16525.

There is no justification for adding additional financial concerns to the stress and grief associated with making a decision to terminate at this time of a pregnancy.

FPNSW believes that there should be no disallowance in relation to Medicare Item

References

1. Medicare Australia: Medicare benefits paid for item 16525; 2002-2005
2. Pregnancy Outcome Unit, 'Pregnancy outcome in South Australia 2006' Government of South Australia, Health Department 2007.
3. Nickson C, Smith AMA, Shelley JM Travel undertaken by women accessing private Victorian pregnancy termination services ANZJPH 2006 Vol 30 No 4.