1 October 2008

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

Dear Committee Secretary

Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

Thank you for your invitation of 19 September 2008 requesting Catholic Health Australia (CHA) make a submission to the Inquiry into item 16525 of Part 3 of Schedule 1 to the *Health Insurance (General Medical Services Table) Regulations 2007*.

Summary

By way of summary of CHA's response to the terms of reference of this Inquiry:

- The Catholic Church does not support Commonwealth funding of termination of pregnancies on demand;
- The 75 Catholic hospitals in Australia do not provide services for the purpose of termination of pregnancy on demand, and nor do they make referrals to providers who will terminate a pregnancy on demand;
- In some cases a woman may develop a life threatening condition for which the only effective and available treatment is one that may endanger the life of an unborn child. In such circumstances, necessary steps may be taken for the protection of the women's life provided that every effort is made to preserve the life of the child as well, and any harm to the unborn child is an unintended consequence of the intervention to save the mother's life;
- The proposed *Bill* may have the effect of unduly disadvantaging women who have experienced intrauterine foetal death or have experienced a life threatening maternal disease leading to the death of the foetus;
- CHA would support the disallowance of item number 16525 if provision is also made to differentiate between terminations of pregnancy and procedures relating to miscarriage or other forms of non-pregnancy termination.

CHA

Catholic Health Australia (CHA) represents the largest non-government grouping of not for profit health and aged care services in Australia. Within the CHA membership there are service providers who manage:

- 9,500 beds across 21 public and 54 private health care facilities;
- 550 aged care services comprising 19,000 residential aged care beds, 6,000 retirement units, and 14,000 aged care or community care packages.

These services represent more than 13% of health and aged care services in Australia, and are operated by different bodies of the Catholic Church.

Inadequacies in availability of data

The position of the Catholic Church is well established in relation to the termination of pregnancy, and as such CHA will not reargue this position within the confines of this Inquiry. Accordingly, CHA directs its evidence to the Terms of Reference which very specifically relate to funding of certain procedures.

It is difficult to address the Terms of Reference for this inquiry as a result of poor data collection and reporting of the procedures able to be funded by items 16525 and 35643. Medicare data does not give a clear picture on the exact number of procedures performed in Australia as items 16525 and 35643 cover a number of different procedures that can not be classed exclusively as terminations of pregnancies. Use of Medicare data is limited because of:

- the potential to over-count abortion numbers, as Medicare data includes procedures which are not pregnancy terminations;
- Medicare data not including pregnancy terminations performed on public patients;
- the exclusion of women who have terminations in private settings, who do not claim a Medicare rebate; and
- the non inclusion of terminations conducted after 24 weeks (though the available evidence suggests the number of these procedures is relatively small).[1]

Currently, the Medicare Benefits Schedule (MBS) provides a rebate for services deemed "clinically relevant" by a doctor. MBS items 16525 and 35643 apply to services related to termination of pregnancy occurring in the first and second trimesters, spontaneous and procured. These items also include the removal of foetuses that have died naturally. Item 16525 can only be used for intra-uterine foetal death, gross foetal abnormality or life-threatening maternal disease during the second trimester.

There is no way to reliably quantify the number of terminations funded by the Commonwealth each year. If a separate MBS item for pregnancy terminations were introduced, women would be required to declare that they had had a termination when claiming the Medicare rebate. This record of the termination would remain on their Medicare record permanently. Whilst this may assist in better informing policy decisions through improved data collection, such a move would more likely represent the placing of an additional burden on a women who has undergone a termination and potentially expose a women to a breach of privacy at the time of the termination or at a later stage in her life.

There is a need for accurate data in relation to the prevalence of various forms of pregnancy termination. It is highly unlikely that a change in the recording of Medicare statistics, so that terminations and other procedures are recorded separately in the Medicare data, will result in accurate data given the intrinsic limitations of Medicare data related to such procedures.

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1 Angela Pratt, Amanda Biggs and Luke Buckmaster, Social Policy Section Parliamentary Library of Australia, 14 February 2005 Research Brief no. 9 2004–05. "How many abortions are there in Australia? A discussion of abortion statistics, their limitations, and options for improved statistical collection" http://www.aph.gov.au/library/Pubs/RB/2004-05/05rb09.htm#comb, accessed 24th September, 2008

However, it is recognised that such a distinction would begin to provide greater differentiation within the current data collections.

Disallowance of 16525

CHA will support the disallowance of item 16525 of Part 3 of Schedule 1 to the *Health Insurance (General Medical Services Table) Regulations 2007* only if provision is made for differentiation between termination of pregnancy on demand and other procedures. This greater degree of differentiation would need to be in place to ensure women who have gone through the traumatic experience of miscarriage or non-pregnancy termination procedures are not disadvantaged by the disallowance.

This *Bill* will have little impact on Catholic Hospitals due to the conscientious objection of the Catholic Church to the provision of terminations of pregnancy. CHA holds the view that health care is a commitment to the common good and the flourishing of persons. For this reason, our members are impelled by the desire to be of service to the community, especially to those living in social disadvantage.

The *Bill* may, however, have unintended impact on the public hospital system. Increasingly, publicly and privately funded health care is interdependent: changes in funding regimes or mechanisms of one will have an impact on the other. Should Item 16525 be disallowed, it will reduce the scope for private providers, usually clinics, to offer these kinds of services and will likely cause a greater demand for these services in public hospitals, resulting in an adverse impact on acute care facilities, without reducing the demand on the incidence of abortion in Australia. CHA argues that it is appropriate to put in place adequate positive supports for women in vulnerable situations. The level of demand for termination services is more likely to fall if sufficient levels of funding are made available to women and families in need of care.

Medicare was established as a means of providing universal access to health care and CHA supports access to health care for all members of the community. In our view it would be contrary to the common good if women in need of medical care during traumatic events related to pregnancy were inadvertently excluded from Medicare coverage due to this proposed legislation.

Yours Sincerely

Martin Laverty
Chief Executive Officer
CATHOLIC HEALTH AUSTRALIA