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Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Email: fpa.sen@aph.gov.au

Dear Committee Secretary

Please accept this submission to the *Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007*.

The submission addresses the following Terms of Reference:
c) the basis upon which payments of benefits are made under this item; and
d) the effects of disallowing this item.

Introduction
The Royal Women's Hospital (the Women's) is the largest specialist hospital in Australia dedicated to improving the health and wellbeing of all women. The Women's delivers a comprehensive range of services related to pregnancy care. This includes care for women with normal and complicated pregnancies and births, women with miscarriage, women with unplanned or untenable pregnancy, and those who have been diagnosed with a fetal abnormality. Our services include antenatal and maternity care, screening and diagnostic services, counselling and multidisciplinary assessment and management of a range of conditions and complications, including abortion when clinically appropriate.

We are concerned that removing Medicare funding for necessary health services, such as miscarriage and abortion, will discriminate against women because it undermines access to affordable, accessible and publicly funded health care.

Benefits under item 16525

Item 16525 provides for Medicare benefits to be paid in respect of medical services for "management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal illness". This includes the following circumstances:

- spontaneous miscarriage
- termination of pregnancy for serious maternal illness
- termination of pregnancy after diagnosis of serious fetal abnormality.

A minority of all miscarriages occur in the second trimester, for reasons such as infection, uterine abnormality, fetal abnormality and fetal death (for a range of reasons).

In addition, a woman may develop or be diagnosed in the second trimester with a medical disorder (such as mental illness, cancer, renal or heart disease or pre-eclampsia) either related to or coincident with her pregnancy, which is further compromised by her continuing the pregnancy.

The nature of fetal abnormalities, screening and diagnostic testing means that cases of serious fetal abnormality are frequently not able to be diagnosed until the second trimester. It is important that when a serious fetal abnormality is diagnosed, women and their families have prompt access to accurate information and support to explore the implications of the diagnosis and their options. A minority of pregnancy terminations occur in the second trimester.

Barriers to access to care for those wishing to consider termination of pregnancy in these difficult circumstances can result in aggravated distress, delay and ultimately termination at more advanced gestation for those who decide on this option.

Disallowing item 16525

The range of services provided in the public sector by the Women's includes those covered by item 16525, which would attract a Medicare benefit if provided in the private sector.

It would be discriminatory to disallow benefits under item 16525 to those women unfortunate enough to experience a second trimester miscarriage or to face the range of difficult circumstances that can result in a decision to terminate a pregnancy.

Should item 16525 be disallowed, it would reduce the options for care for those women needing this service. A woman who has booked for private antenatal care may need to transfer away from a known and preferred provider, in this already distressing situation, if the care she needs is not covered by Medicare benefits.

There is potential to delay access to services, resulting in induction of labour following miscarriage or termination of pregnancy being undertaken at a later gestation than would otherwise have been necessary.

To accommodate the transfer of care from private to public facilities it would be necessary to increase resources in the public hospital system.

Conclusion
Disallowing benefits in respect of item 16525 would discriminate against women experiencing complex, difficult and distressing health problems. It would reduce these women's choices, compromise their access to timely care, and would require increased resourcing of public hospitals to provide appropriate care for these women.

Recommendation: that Medicare benefits continue to be payable in respect of item 16525 as currently described in the Schedule.

If you require further information please contact Dr Louise Kornman, Director (Medical) of Maternity Services at the Royal Women's Hospital, on 03 8345 2034.

Yours sincerely

Dr Chris Bessell
Chief Medical Officer
The Royal Women's Hospital