RURAL DOCTORS ASSOCIATION OF AUSTRALIA
Caring for the Country

8 October 2008

The Secretary
Senate Finance and Public Administration Standing Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms McDonald

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

Thank you for your understanding in agreeing to accept a late submission to the above inquiry. This has enabled us to incorporate input from rural doctors in various jurisdictions.

As the only advocacy body with a specific focus on the provision of medical services to Australia's rural and remote communities, the Rural Doctors Association of Australia (RDAA) welcomes the opportunity to provide professional comment to the Committee.

We note that the Committee will be focusing in particular on four aspects of this matter. However, the RDAA) will confine its contribution to (d): **the effect of disallowing this item, with particular reference to the health and wellbeing of rural women.** Our comments are based on the premise that Medicare is a payment mechanism for a necessary medical procedure.

Item 16525 refers to the *management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease.* As the Association is unaware of any clinical reason for removing this item from the Schedule, it presumes that any proposal to do so relates to non-clinical policy or opinion. The Association points out that changes to the Schedule should be based on evidence relating to the need for the service and the health impact of these changes.

It is widely assumed that the proposed change is premised on the supposition that it will lead to a decrease in second trimester termination of pregnancy. We are unaware of any evidence to support this rationale and suggest that second trimester terminations are usually undertaken in circumstances and for imperatives that are not susceptible to policy change. In other words, they will be undertaken in any case. The only difference should the item be deleted from the Schedule being that there will be no financial support for women for whom this service would otherwise attract a Medicare rebate. The impact of this would be to add to the trauma that, in our experience, has brought the woman to the considered, but usually reluctant, decision that the procedure is necessary.

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Many observers believe that the motion to remove item 16525 that led to this Inquiry was based on ideology or religious belief. Manipulating a system designed to ensure *that all Australians have access to free or low-cost medical and hospital care* in this way would be repugnant and improper.

Deleting the item is highly unlikely to decrease the number of or need for second trimester terminations. There would therefore be no financial benefit to the Commonwealth through the proposed change as removing the benefit for this procedure would increase the pressure on state public hospitals where the service is not Medicare funded, but funded through other Commonwealth transfers.

Medicare is not a proxy legal mechanism. The removal of item 16525 from the Schedule would have no effect on the current legal status of this procedure in any jurisdiction.

However, it would have a negative effect on low income women. Rural women's ability to access this procedure is already constrained by distance, continuing rural hospital downgrades and closures that limit reproductive health interventions and shortages of appropriately credentialed medical practitioners. Nor do they have the same access to services like preconception counselling and sophisticated diagnostic testing as women who live in or close to a major city. Yet the acknowledged lower health and socio-economic status of rural populations suggests they are particularly vulnerable to financial pressures which limit their access to essential health services even further.

In some jurisdictions, women would still be able access this procedure without charge in their local public sector hospital should the item be deleted. However, this would become impossible in jurisdictions like Western Australia where regional funding is managed differently and women in this sad situation would have no option but to travel to Perth. It should also be pointed out that withdrawing the item number would impact upon those private hospitals that use the number to cover induction for fetal death in utero even though they do not support genetic pregnancy terminations.

This means many rural women will face economic hardship on top of the costs of their travelling to another centre for the procedure and their separation from their families and local health care providers at a very difficult time. Some may have to delay their journey, prolonging the distress of their situation.

RDAA believes that rural women would be disadvantaged if this item 16525 were deleted from the Medical Benefits Schedule and supports its retention.

Please contact RDAA policy advisor Susan Stratigos (02 6273 9303 or policy@rdaa.com.au) if you have any queries or would like any further comment from the Association.

Yours sincerely

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President