**Sexual Health & Family Planning Australia**

*Leading the way in sexual and reproductive health*

Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
PO Box 6100
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Australia

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Dear Secretary,

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

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

**1. Organisation making submission**

Sexual Health and Family Planning Australia (SH&FPA) is a national federation of eight independent state and territory sexual health and family planning organisations. These organisations provide one to one clinical and counselling services as well as community and workforce education programs, research, clinical practice training, resource development and community participation programs.

The advocacy work of SH&FPA seeks to achieve specific changes in policy, strategy, laws, funding, program and service provision to improve sexual and reproductive health and rights for all Australians. SH&FPA is also responsible for an international program which contributes to sexual and reproductive health in the Asia Pacific Region.

No member organisation provides abortion services.

SH&FPA believes that knowledge and freedom of choice in sexual and reproductive health is a basic human right.

**For further information please contact:**
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## 2. General comment

SH&FPA believes that the business of termination of pregnancy is between a woman and her health care provider. Item 16525 was approved nearly 30 years ago. The effect of any recommendation to remove it would be to disadvantage those women who attend as a private patient in a public or private hospital or clinic for a second trimester termination of pregnancy due to serious maternal health issues, intrauterine foetal death or gross foetal abnormalities.

As for any medical procedure, it is not the role of politicians to determine medical treatment. This is the role of doctors in consultation with their patients and their professional colleagues, based on examination of the best international evidence. Women deserve access to best practice health care interventions whether they receive care in the public or private health care systems in Australia. Anything less is inequitable and would put excessive burdens on the under-resourced public sector. It would put additional financial pressure on women who are already facing a major personal health crisis, and in the case of women in poverty or financial stress, any exclusion from Medicare entitlements could lead to them being unable to access appropriate medical services.

We therefore strongly urge the Committee to recommend that the basis upon which payments of benefits are made under this Medicare item not be changed in light of the negative effect of disallowing this item [4].

## 3. Abortion in Australia

Australia does not have an agreed national abortion reporting system. Abortions are provided in public and private health facilities in levels and proportions varying from state to state. There are no accurate data on the number of abortions in Australia [3]. Abortion rates and numbers are often extrapolated from the South Australian abortion reporting data. In 2006 in South Australia 97% of abortions were performed in public hospitals; 92.3% of terminations were performed under 14 weeks gestation (first trimester) and 7.7% 15 to 27 weeks gestation (second trimester). Mental health of the woman was indicated for the decision to carry out 0.7% of terminations over 20 weeks gestation [1].

## 4. Medicare data and abortions

Health Insurance Commission data on Medicare-funded procedures which may result in an abortive outcome are derived from two procedures which may include both spontaneous abortions (or miscarriages), and medical or induced abortions.

Medicare benefits can be claimed for two items representing these procedures:

- Item 35643: evacuation of the gravid uterus by curettage or suction curettage (a procedure considered most suitable in the first trimester)

- Item 16525: management of second trimester labour, with or without induction, for intrauterine foetal death, gross foetal abnormality or life threatening maternal disease in the second trimester. This item number can only be utilised by private medical practitioners providing care to patients in private hospitals or private patients in public hospitals.

A precise calculation of the proportion of Medicare claims for these item numbers that are pregnancy terminations is impossible, since Medicare claims for actual abortions cannot be disaggregated from the other procedures claimed under these item numbers.

**National data collection and coding**
The number of Medicare claims processed for the two relevant items on the MBS (ie those that may result in an abortive outcome) is commonly cited in the public debate as the number of 'Medicare funded abortions'. This is misleading.

MBS items which may result in abortive outcomes also apply to procedures which are not pregnancy terminations, such as those undertaken as a result of miscarriage or foetal death, or other gynaecological conditions not necessarily related to pregnancy. Therefore Medicare claims data on these item numbers includes claims for procedures which are not induced abortions as implied in the terms of the current public discussion.

We would support the recommendation by Chan and Sage (2005) [3] that there be a de-identified national collection system, coordinated through the Australian Institute of Health and Welfare, with data items from two sources:

***1. Hospitals***
National hospital morbidity statistics for public and private hospitals are already held by the Australian Institute of Health and Welfare. Provision should be made for using coding specifications to capture abortions performed at ≥ 20 weeks and for including any hospitals not currently included.

***2. Private clinics.***
The same information could be collected, by agreement, from private clinics, either directly or through the Abortion Providers Federation of Australia.

**Testing for foetal abnormality**
Pregnant women receiving care in the public and private health systems are routinely offered antenatal genetic screening, consisting of a combination of ultrasound and blood testing, followed by amniocentesis where a pregnancy is determined to be at higher risk of foetal abnormality (primarily neural tube defects and Down syndrome) [2]. Uptake of this screening is extremely common and has become a normal feature of antenatal care.

Of necessity, testing for foetal abnormality and accurate diagnoses can only be made after the first trimester. Amniocentesis, which is an invasive diagnostic test, is generally carried out at 15 – 18 weeks gestation and sometimes later. Receiving accurate results from this test generally requires two weeks. Sometimes amniocentesis needs to be repeated if the original sample was inadequate.

This leaves women well into their second trimester of pregnancy contemplating a termination of the pregnancy for foetal abnormality, which is a difficult and sad decision to have to make. Women require access to medically sound information and safe services in this situation, whether they are public or private obstetric patients.

**Use of Item 16525 and the effects of disallowing the Item** [6]

- Medicare Item 16525 recognises the medical care provided to pregnant women in their second trimester (14 -26 weeks) who experience diagnosis of intrauterine foetal death, gross foetal abnormality and life threatening maternal health conditions.

- 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.[5] 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

- Management of second trimester labour with induction is internationally recognised as appropriate. This is evidence-based medical specialist treatment for women with high risk obstetric conditions and is never undertaken without very sound medical reasons.

- Removal of the Medicare item number will not affect these services when provided in public hospitals. Its removal will punish pregnant women accessing care outside of the public hospital system and delay their access to services. It may place unnecessary pressure on public hospitals at a time when their services are under heavy demand. The result may simply be, in fact, to impose unnecessary hardship for women who have been diagnosed with intrauterine death, adding additional financial concerns and emotional stresses to the stress and grief associated with making a decision to terminate at this time of a pregnancy

- Much misinformation surrounds the use of Item 16525. It is not used by medical practitioners for the provision of surgical termination of pregnancy in the second trimester as has been claimed.

- If the aim of removal of Item 16525 is to restrict termination of pregnancy over 20 weeks it is an unwarranted political intrusion on the practice of medicine in Australia. Second trimester medical termination for foetal abnormality is already strictly controlled via legal regulations and hospital review panels and committees, along with doctors working in consultation with highly trained professional colleagues.

**References**


[1] Annual Report of the South Australian Abortion Reporting Committee 2006. Parliament of South Australia 2008.

[2] Maternal, Perinatal and Infant Mortality in South Australia 2006. Government of South Australia Department of Health 2007.

[3] Chan A., Sage L., Estimating Australia's Abortion Rates 1985-2003. Australian Medical Journal, MJA 2005; 182 (9): 447-452 http://www.mja.com.au/public/issues/182_09_020505/cha10829_fm.html

[4] Terms of Reference for Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007, Senate Finance and Public Administration Committee, Australian Parliament, 2007

[5] Medicare Australia: Medicare benefits paid for item 16525; 2002-2005

[6] From Calcutt, C. Protecting the health care of pregnant women in the second trimester, Children by Choice, 2008.