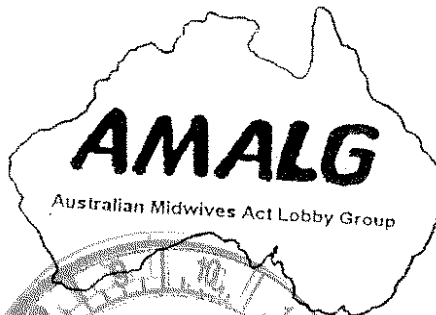


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18 July 2003



AMALG  
PO Box 467  
MARDEN 5070

The Secretary  
Select Committee/Medicare  
Suite S1 30  
Parliament House  
Canberra ACT 2600



Dear Chairperson

We welcome the opportunity to make a submission to the Senate Select Committee on Medicare under the Terms of Reference for the inquiry as publicised on the government website: <http://www.aph.gov.au/senatemedicare>.

This submission addresses the Committee's Terms of Reference, but confines itself to the area of maternity service funding arrangements currently administered under the Medicare Agreement. It also makes specific recommendations for reform in the area of maternity funding to improve the Medicare principles of access and affordability within an economically sustainable system of primary health care.

Members of our group would be pleased to meet with the Committee at the public hearing phase of consultations to provide further evidence and support for the recommendations in the attached submission.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Roslyn Donnellan-Fernandez'.

Roslyn Donnellan – Fernandez  
(Convenor: AMALG Submission to Senate Select Committee on Medicare)



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**Submission to the Senate Select Committee Inquiry into Medicare  
Prepared by the Australian Midwives Act Lobby Group (AMALG)**

**Focus**

This submission is specific to the area of maternity service funding arrangements currently administered by the Australian Government under the Medicare Agreement with the States and Territories.

**Committee Terms of Reference: Specificity**

This submission specifically addresses point (d) in the Committee's Terms of Reference, ie: **"alternatives in the Australian context that could improve the Medicare principles of access and affordability, within an economically sustainable system of primary care....."**

**Principles on which this submission is based**

With reference to maternity services, AMALG requests the Committee to note:

- (a) that the majority of women are able to be attended throughout pregnancy and birth by a midwife, who is primary carer.
- (b) that primary care by a known midwife, with access to specialist services when and if required, throughout the pregnancy/birth episode is safe in terms of all measurable outcomes. (This is supported by the World Health Organization and current national and international research literature: references attached)
- (c) that primary care by a midwife is no more expensive to public funds than other models.
- (d) that Medicare's current framework is anticompetitive, preventing midwives from providing primary care services to women during pregnancy, and giving an effective monopoly of community based prenatal services, and acute services for well women, to medical practitioners. This framework does not conform to longstanding government policy directives or current international evidence that supports widespread reform of funding mechanisms within maternity care enabling women to access basic primary care midwifery services and a range of care models.
- (e) that Medicare and the Medicare Agreement unfairly exclude midwives from offering competitive options to the consumer for the same services provided by doctors who have access to Medicare.
- (f) that there is inefficiency and under utilization of the current midwifery labour force through confinement in acute care funding models.



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## **Recommendations**

Based on the above principles AMALG submits to the Committee that sustainable reform in the area of basic maternity funding to improve Medicare principles of access, affordability, and primary health care, would encompass the following:

- (a) removal of basic maternity service funding from Medicare.  
The establishment of a new fund specifically designed to cover basic maternity services. Basic maternity services include prenatal care and screening, attendance during labour and birth, and postnatal care.
- (b) Under a proposed new funding scheme, a new basic maternity services Fund would provide equal rebates for the same service, whether that service is provided by a midwife, within the sphere of midwifery practice, or a doctor.
- (c) Under a proposed new funding scheme, the medical profession would continue to provide medical services for which Medicare rebates are available. The sphere of midwifery practice is well defined. Services for which basic maternity service funding would apply are also well defined and suitable to the maternity episode.

## **Economic and Health Advantages of Funding Reform**

AMALG submits to the Committee that basic maternity services funding reform will facilitate:

- (a) economic advantages through more efficient use of limited health dollars;
- (b) safety and choice for consumers. This is congruent with evidence and research, including current national policy recommendations for reform implementation in the maternity services;
- (c) more effective use of the current obstetric workforce, enabling specialist obstetricians to concentrate on the complex medical and obstetric needs of those women who need their specialist services;
- (d) reduced reliance on general medical practitioners, particularly in rural and regional Australia to be present at all births. The midwife primary carer is able to identify those women for whom medical attention is appropriate;
- (e) current principles of equity and social justice in birth to be realized, by enabling access to basic maternity services in all Australian communities at a cost affordable to the public health funding scheme.



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## Legislative Reform

AMALG refers the Committee to current New Zealand legislation, specifically the Public Health & Disability Act 2000, and the New Zealand Nurses Amendment Act 1990, as examples of proactive legislative reform that would address the anti – competitive medical monopoly on maternity services in Australia. In particular, Section 88 Maternity Notice (2002) details the terms, conditions, service specifications and payments to midwives under the NZ Public Health & Disability Act 2000.

We look forward to the public hearings of this Committee and would welcome the opportunity for our members to provide further supporting evidence for the claims made in this submission at these hearings.

Yours Sincerely

Roslyn Donnellan - Fernandez  
(Convenor: AMALG Submission to Senate Select Committee on Medicare)  
Phone Contact: (08) 8278 1429 or Mobile 041 785 1883

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