

Australian Reproductive Health Alliance



Submission to the Senate Standing Committee on Finance and Public Administration

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

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Contact

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Summary

The Australian Reproductive Health Alliance recommends that the move to disallow item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007 be denied on the grounds that:

- abolishing item 16525 violates the stated intentions of the Australian Medicare system;
- it would remove women's access to a legal medical procedure;
- it would place undue strain on the Australian public health system;
- it would have a negative impact on the emotional and mental health of women;
- it would have a negative impact on the communities of Australia; and
- it is a violation of the human rights of Australian women of reproductive age.

About the Australian Reproductive Health Alliance

The Australian Reproductive Health Alliance's (ARHA) mission is to promote public support for enhanced reproductive and sexual health in Australia and internationally, and to promote the advancement of the status of women and girls by:

- producing educational materials;
- organising seminars and workshops;
- preparing briefing materials for members of the press;
- networking with parliamentarians, government and non-government agencies and other interested parties as required; and
- supporting and promoting alliances with opinion makers with comparable aims and objectives.

ARHA was established in 1995 following the International Conference on Population and Development (ICPD) held in Cairo in 1994. Since it began ARHA has been actively involved in sexual and reproductive health programs throughout the Asia Pacific region that broaden people's access to and information about good sexual and reproductive health policies, programs and services.

ARHA was central to the campaign in 2005/06 for the unbanning of Mifepristone, the pharmaceutical used for non-surgical termination of unplanned pregnancy, commonly known as RU486.

ARHA provides the secretariat for the Parliamentary Group on Population and Development, a cross-party group of over 100 parliamentarians drawn from both the Federal and State and Territory parliaments who support the empowerment of women and girls through their commitment to gender equality and the advancement of women as set out in the ICPD Programme of Action.

In 2005 ARHA was granted United Nations ECOSOC Status enabling it to participate in its own right at certain UN meetings and conferences. ARHA is an incorporated body that is governed by a board.

Terms of reference

- (a) The terms of item 16525 of Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007;
- (b) The number of services receiving payments under this item and the cost of these payments;
- (c) The basis upon which payments of benefits are made under this item; and
- (d) The effects of disallowing this item.

(a) The terms of item 16525 of Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

Health Insurance (General Medical Services Table) Regulations 2007

Select Legislative Instrument 2007 No. 355 as amended

made under the

Health Insurance Act 1973

This compilation was prepared on 1 July 2008
taking into account amendments up to SLI 2008 No. 112

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Part 3 Services and fees

| Item | Service | Fee (\$) |
|-------|--|----------|
| 16525 | Management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies (Anaes.) | 267.00 |

Item 16525 of the Health Insurance Regulations 2007 provides for the payment of a Medicare benefit to a medical professional who carries out a service considered to be "Management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease"¹, when this service is not a procedure to which item 35643 is applicable. "Second trimester" refers to weeks 14 to 26 of a pregnancy. The item also applies to women who are "spontaneously miscarrying or are in spontaneous premature labour associated with relevant clinical conditions."²

¹ *Health Insurance (General Medical Services Table) Regulations 2007*
[http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/6ECDAD9C9EC4C548CA2573780025AC0D/\\$file/0712628A070907EV.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/6ECDAD9C9EC4C548CA2573780025AC0D/$file/0712628A070907EV.pdf), pp. 252

² Pesce, Dr. A. Chair, National Association of Specialist Obstetricians and Gynaecologists, 31st August 2008

(b) The number of services receiving payment under item 16525

As stated by Senator the Hon. Kay Patterson in 2005,

“There is no single authoritative or complete data source on terminations of pregnancies in Australia. That means that it is not possible to give a precise number of terminations each year”.³

At this stage, there is no national data collection on abortion, no uniform method of data collection, collation or publication across the states and territories, and the available data sources are all recognised as having significant limitations⁴

Current data relating to the number of medical terminations carried out in Australia, including those under item 16525, is made up of information from a number of sources including the National Morbidity Casemix Data Set, the National Hospital Morbidity Dataset, and the Medicare Benefits Scheme.

Dr Andrew Pesce, Chair of the National Association of Specialist Obstetricians and Gynaecologists, estimates that utilization of item 16525 represents 1-2% of best estimates of all abortions in Australia⁵.

Please see Table One for a detailed state breakdown of the services under Medicare item 16525 from July 1994 to June 2008.

(c) The cost of service payments under item 16525

The current Medicare fee for item 16525 is \$267.00. Procedures performed under item 16525 on a private patient as part of a hospital stay attract a rebate of 75% of the scheduled fee (\$200.25). Services under item 16525 in an approved non-hospital setting receive a rebate of 85% of the scheduled fee (\$226.95).⁶

Please see Table Two for a detailed state breakdown of the Medicare contributions to services claimed under item 16525 from July 1994 to June 2008.

³ Patterson, K. (Minister for Family and Community Services), ‘Question on Notice: Abortion’, Senate, *Debates*, 4th October 2005, pp. 68

⁴ Pratt, A., Biggs, A. and Buckmaster, L. Research Brief no. 9. *How many abortions are there in Australia?* 14th February 2005

⁵ Pesce, Dr. A. Chair, National Association of Specialist Obstetricians and Gynaecologists, 31st August 2008

⁶ Australian Government Department of Health and Ageing, *Medicare Benefits Schedule Book*, Department of Health and Ageing, November 2007

Table One: Services under Medicare item 16525 from July 1994 to June 2008 by State

Source: *Medicare Item Reports-Medicare Benefits Schedule Item Statistics Reports*
https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

| Financial Year | NSW | VIC | QLD | SA | WA | TAS | ACT | NT | Total Number of Services |
|-----------------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|---------------------------------|
| 1994/1995 | 233 | 304 | 193 | 62 | 192 | 14 | 20 | 14 | 1,032 |
| 1995/1996 | 237 | 227 | 161 | 49 | 118 | 15 | 7 | 12 | 826 |
| 1996/1997 | 230 | 171 | 113 | 52 | 62 | 16 | 7 | 4 | 655 |
| 1997/1998 | 212 | 162 | 117 | 55 | 63 | 10 | 9 | 11 | 639 |
| 1998/1999 | 188 | 157 | 118 | 54 | 48 | 22 | 6 | 4 | 597 |
| 1999/2000 | 210 | 196 | 108 | 57 | 46 | 18 | 5 | 5 | 645 |
| 2000/2001 | 209 | 229 | 124 | 59 | 45 | 11 | 7 | 8 | 692 |
| 2001/2002 | 208 | 191 | 116 | 59 | 42 | 8 | 7 | 5 | 636 |
| 2002/2003 | 246 | 170 | 133 | 53 | 31 | 9 | 8 | 10 | 660 |
| 2003/2004 | 203 | 179 | 140 | 60 | 27 | 12 | 11 | 5 | 637 |
| 2004/2005 | 222 | 304 | 122 | 57 | 29 | 18 | 8 | 7 | 767 |
| 2005/2006 | 221 | 272 | 112 | 54 | 54 | 26 | 11 | 5 | 755 |
| 2006/2007 | 220 | 286 | 123 | 67 | 59 | 20 | 14 | 13 | 802 |
| 2007/2008 | 242 | 286 | 113 | 57 | 49 | 27 | 15 | 5 | 794 |
| Total | 3,081 | 3,134 | 1,793 | 795 | 865 | 226 | 135 | 108 | 10,137 |

Table Two: Medicare contribution to services under item 16525 from July 1994 to June 2008 by State

Source: *Medicare Item Reports-Medicare Benefits Schedule Item Statistics Reports*
https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

| Financial Year | NSW \$ | VIC \$ | QLD \$ | SA \$ | WA \$ | TAS \$ | ACT \$ | NT \$ | Total Benefits Paid \$ |
|-----------------------|---------------|---------------|---------------|--------------|--------------|---------------|---------------|--------------|-------------------------------|
| 1994/1995 | 37,167 | 48,284 | 31,356 | 9,854 | 32,312 | 2,223 | 3,203 | 2,336 | 166,736 |
| 1995/1996 | 38,359 | 36,843 | 26,708 | 7,899 | 20,147 | 2,453 | 1,156 | 1,937 | 135,502 |
| 1996/1997 | 37,398 | 27,745 | 18,320 | 8,468 | 10,118 | 2,627 | 1,162 | 676 | 106,515 |
| 1997/1998 | 34,945 | 26,597 | 19,259 | 9,058 | 10,380 | 1,621 | 1,488 | 1,800 | 105,148 |
| 1998/1999 | 31,493 | 26,144 | 19,658 | 9,013 | 8,014 | 3,660 | 1,026 | 692 | 99,700 |
| 1999/2000 | 35,560 | 33,325 | 18,365 | 9,654 | 7,765 | 3,053 | 848 | 846 | 109,416 |
| 2000/2001 | 35,936 | 39,017 | 21,378 | 10,193 | 7,737 | 1,830 | 1,202 | 1,373 | 118,667 |
| 2001/2002 | 36,131 | 33,164 | 20,202 | 10,140 | 7,247 | 1,392 | 1,201 | 874 | 110,352 |
| 2002/2003 | 43,645 | 30,105 | 23,710 | 9,404 | 5,553 | 1,610 | 1,421 | 1,785 | 117,234 |
| 2003/2004 | 36,922 | 32,634 | 25,509 | 10,917 | 4,937 | 2,185 | 2,019 | 908 | 116,031 |
| 2004/2005 | 41,714 | 56,781 | 22,781 | 10,650 | 5,396 | 3,365 | 1,490 | 1,302 | 143,479 |
| 2005/2006 | 44,418 | 52,054 | 21,972 | 10,308 | 10,305 | 4,957 | 2,093 | 970 | 147,077 |
| 2006/2007 | 43,037 | 55,587 | 24,639 | 13,005 | 11,473 | 3,871 | 2,700 | 2,531 | 156,843 |
| 2007/2008 | 54,239 | 57,399 | 22,423 | 11,342 | 9,705 | 5,351 | 2,969 | 997 | 164,425 |
| Total \$ | 550,963 | 555,680 | 316,282 | 139,907 | 151,090 | 40,199 | 23,977 | 19,027 | 1,797,126 |

(d) The basis upon which payments of benefits are made under item 16525

The payment of a benefit under item 16525 is made when a medical service, the “management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease”⁷, is provided to a private patient by a medical practitioner in a public or private hospital, or approved day surgery centre⁸.

(e) The effects of disallowing this item

Senator Guy Barnett has moved to remove Medicare item 16525 from the Health Insurance (General Medical Services Table) Regulations and therefore cease government funding of second trimester terminations. The failure to continue government financial support of this item will have a number of negative outcomes.

Medicare and item 16525

Medicare states that it is “Australia’s universal health care system”⁹, aiming to “give all Australians, regardless of their personal circumstances, access to health care.”¹⁰ The removal of item 16525 from the Health Insurance Regulations ignores the stated intentions of Medicare, denying universal access to affordable and safe termination of a pregnancy, and removing women’s right to choose a practitioner based on personal preference, rather than financial circumstance.

The removal of funding from a legal medical procedure

The procedures covered under item 16525 include not only the termination of a pregnancy, for whatever reason, but also procedures undertaken in the event of spontaneous miscarriage or premature labour. Removing funding from this item is removing funding from a series of legal and required medical procedures, denying women in this situation the access to funded healthcare afforded to other members of Australian society.

⁷ *Health Insurance (General Medical Services Table) Regulations 2007*
[http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/6ECDAD9C9EC4C548CA2573780025AC0D/\\$file/0712628A070907EV.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/6ECDAD9C9EC4C548CA2573780025AC0D/$file/0712628A070907EV.pdf), pp. 252

⁸ Pesce, Dr. A. Chair, National Association of Specialist Obstetricians and Gynaecologists, 31st August 2008

⁹ *Medicare* <http://www.medicareaustralia.gov.au/about/whatwedo/medicare.jsp> Accessed 24th September 2008

¹⁰ *The Australian Health System* <http://www.medicareaustralia.gov.au/about/whatwedo/health-system/index.jsp> Accessed 24th September 2008

Removal of item 16525 and the public health system

Anecdotal evidence suggests that there has been a decrease in the availability of termination services of public hospitals. Removing the financial support currently made available to private medical providers will place further pressure on the dwindling public services available. The removal of item 16525 will see an increased uptake of termination services in public hospitals and an increased wait time for the women wishing to access these services. This has the potential to *increase* the number of second trimester terminations, as women are forced to wait longer because of their economic inability to access private termination services.

The impact of removal of item 16525 on women and the greater community

The impact of the removal of item 16525 on the emotional health of women

Senator Guy Barnett proposes the abolition of item 16525 on the grounds that, among other impacts, terminations in the second trimester are likely to risk women's mental health and increase their risk of death.¹¹ The removal of this item has the potential to increase the number of fetuses with severe and/or life threatening abnormalities being carried to term which, according to the American Psychological Association's review of 20 years of evidence in relation to abortion and mental health, can result in greater negative psychological reactions in a woman than in women who experience miscarriage, still birth, death of a new born or termination of a wanted pregnancy due to fetal abnormality.¹² Removal of item 16525, rather than decreasing the risks to Australian women's mental health as suggested by Senator Barnett, looks set to *increase* the likelihood of mental health issues in women who are pregnant.

The community impact of increased numbers of children with severe disabilities

The removal of item 16525 from the Health Insurance (General Medical Services Table) Regulations increases the likelihood of a greater number of persons being born with severe disabilities and high support needs. **The Australian Reproductive Health Alliance does not suggest that individuals with severe disabilities cannot live a full, productive, and inclusive life in Australian society.** The cost and impact of an increased number of individuals with severe disabilities living in Australia cannot, however, be ignored, and additional resources and services will need to be made available for this.

¹¹ Senator Guy Barnett, *Briefing Paper on Medicare Funding of Second Trimester and Late Term Abortions*, June 2008

¹² Children By Choice Association Incorporated, *Protecting the Health Care of Pregnant Women in the Second Trimester*, pp. 2

Research identifies the great personal and financial stress placed on a family by caring for a child with a severe disability¹³. Families of children in need of high medical and physical support report that the care required is “stressful, demanding, labour-intensive, constant, costly, tiring and mostly unacknowledged”¹⁴.

The financial cost of caring for a severely disabled individual is high not only for the family, but for the greater community. Removing item 16525 would save the Commonwealth, by some estimates, \$181,560 per year based on 2007 utilisation of item 16525¹⁵. Adequately supporting an individual with high support needs costs the community and families far more than this. It is logical to assume that an increase in demand for disability services as a result of the abolishment of item 16525 will place greater demand on what is already an underfunded and overwhelmed sector.

Removing item 16525 from the Health Insurance Regulations would place emotional, physical, mental, and financial stress on families, denying women and couples the right to decide if they are equipped to raise a child with disabilities and result in further strain being placed on Australia’s disability support sector.

Human rights and the removal of item 16525

The removal of item 16525 has the potential to violate the human rights of women of reproductive age in Australia. Removing the item is tantamount to the government deciding who may give birth and who may not. Why are one category of pregnant women denied the government health and payment programs offered to other pregnant women? The removal of item 16525 is discrimination against a category of women based on their reproductive status.

Recommendation

The Australian Reproductive Health Alliance recommends that the move to disallow item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007 be denied.

¹³ Bain, K.J. ‘Children with severe disabilities: options for residential care’, *The Medical Journal of Australia* (169), 1998, pp. 598-600

¹⁴ Bain, K.J. ‘Children with severe disabilities: options for residential care’, *The Medical Journal of Australia* (169), 1998, pp. 598-600

¹⁵ Pesce, Dr. A. Chair, National Association of Specialist Obstetricians and Gynaecologists, 31st August 2008