

Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia

Recommendations from a Senate inquiry's report, May 2023

https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000075/toc_pdf/EndingthepostcodelotteryAddressingbarrierstosexual,maternityandreproductivehealthcareinAustralia.pdf

Recommendation 1

The committee recommends that the Therapeutic Goods Administration reviews its approval processes to ensure that Australian consumers have timely access to the latest and safest contraceptive methods available internationally.

Recommendation 2

The committee recommends that the National Scope of Practice Review considers, as a priority, opportunities and incentives for all health professionals working in the field of sexual and reproductive healthcare to work to their full scope of practice in a clinically safe way.

Recommendation 3

The committee recommends that state and territory governments work towards aligning supply quantities of Pharmaceutical Benefits Scheme (PBS) and non-PBS oral contraceptive pills allowed under state and territory emergency supply legislation.

Recommendation 4

The committee recommends that the Australian Government reviews, considers and implements options to make contraception more affordable for all people.

Recommendation 5

The committee recommends that the Australian Government ensures that there is adequate remuneration, through Medicare, for general practitioners, nurses, and midwives to provide contraceptive administration services, including the insertion and removal of long-acting reversible contraceptives.

Recommendation 6

The committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Council work with the pharmaceutical industry to consider options to improve access to a broader range of hormonal contraceptives that are not currently Pharmaceutical Benefits Scheme subsidised, including newer forms of the oral contraceptive pill, the emergency oral contraceptive pills and the vaginal ring.

Recommendation 7

The committee recommends that the Department of Health and Aged Care

considers and implements an option to subsidise the non-hormonal copper intrauterine device to improve contraceptive options for people with hormone-driven cancers and people for whom hormonal contraception options may not be suitable.

Recommendation 8

The committee recommends the Australian Government works with the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to improve access to workforce training for the insertion and removal of long-acting reversible contraceptives to support their increased utilisation in Australia.

Recommendation 9

The committee recommends that the Australian Government considers the continuation of funding for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) to provide ongoing support and professional development for practitioners.

Recommendation 10

The committee recommends that the Australian Government considers and implements a separate Medicare Benefits Schedule item number for contraceptive counselling and advice for all prescribers, including midwives.

Recommendation 11

The committee recommends that the Australian Government and/or relevant organisations support research into the availability and development of contraceptive options for males.

Recommendation 12

The committee recommends that the Australian, state, and territory governments ensure that maternity care services, including birthing services, in non-metropolitan public hospitals are available and accessible for all pregnant women at the time they require them. This is particularly important for women in rural and regional areas.

Recommendation 13

The committee recommends that the Australian Government implements outstanding recommendations made by the Participating Midwife Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce regarding midwifery services and continuity of care.

Recommendation 14

The committee recommends that the Australian Government works with the sector to increase birthing on country initiatives and other culturally appropriate continuity of care models.

Recommendation 15

The committee recommends that all public hospitals within Australia be equipped to provide surgical pregnancy terminations, or timely and affordable pathways to other local providers. This will improve equality of access, particularly in rural and regional areas and provide workforce development opportunities.

Recommendation 16

The committee recommends that the Australian Government develops an implementation plan for the National Women's Health Strategy 2020–2030 with annual reporting against key measures of success. This could include establishing a taskforce as part of the implementation plan.

Recommendation 17

The committee recommends that the Australian Government, in consultation with state and territory governments, implements a national support, information, and referral model for sexual and reproductive healthcare services. The committee envisages that such a national telephone service would leverage the experiences of existing initiatives, such as 1800 My Options and healthdirect, to ensure that it is fit for purpose, delivers accurate local information, and builds on the experiences of services operating in those jurisdictions.

Recommendation 18

The committee recommends that the Australian Government reviews the existing Medicare arrangements which support medical termination consultations with the aim of ensuring adequate remuneration for practitioners to deliver these services while also ensuring patient privacy.

Recommendation 19

The committee recommends that the Australian Government continues current Medicare Benefits Schedule telehealth items for sexual and reproductive healthcare, including pregnancy support counselling and termination care.

Recommendation 20

The committee recommends that the Therapeutic Goods Administration and MS Health review barriers and emerging evidence to improve access to MS-2 Step, including by:

- ☑ allowing registered midwives, nurse practitioners, and Aboriginal Health Workers to prescribe this medication—including pain relief where indicated; and
- ☑ reducing training requirements for prescribing practitioners and dispensing pharmacists.

Recommendation 21

The committee recommends that the Australian Government, in consultation with relevant training providers, reviews the availability, timing, and quality

of sexual and reproductive healthcare training in undergraduate and postgraduate tertiary health professional courses, including vasectomy procedures, terminations and insertion of long-acting reversible contraception.

Recommendation 22

The committee recommends that the Australian Government commissions work to improve its collection, breadth, and publication of statistical data and information regarding sexual and reproductive healthcare, particularly in relation to pregnancy terminations, both medical and surgical, and contraceptive use across Australia.

Recommendation 23

The committee recommends that the Department of Health and Aged Care works closely with its state and territory counterparts to consider the effectiveness of local programs providing free menstrual hygiene products.

Recommendation 24

The committee recommends that the Australian Government work with the relevant medical and professional colleges to support the development and delivery of training to health practitioners providing sexual, reproductive and maternal healthcare on:

- ☑ engaging and communicating with people with disability;
- ☑ providing culturally aware and trauma-informed services to culturally and linguistically diverse migrants and refugees; and
- ☑ ensuring culturally safe healthcare for First Nations people in mainstream non-community-controlled organisations, by ensuring practitioners are aware of intergenerational trauma, cultural norms and taboos.

Recommendation 25

The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the 'Health in My Language' program.

Recommendation 26

The committee recommends that the Department of Health and Aged Care consider sexual and reproductive healthcare for LGBTIQ+ people in the context of the 10-year National Action Plan for the Health and Wellbeing of LGBTIQ+ people.

Recommendation 27

The committee recommends that the Australian Government consult with people with innate variations of sex characteristics regarding surgical interventions in the context of the 10-year National Action Plan on the Health and Wellbeing of LGBTIQ+.

Recommendation 28

The committee recommends that the Australian Government commissions research into reproductive coercion and abuse with a view to developing clinical guidelines, resources and training for primary care providers.

Recommendation 29

The committee recommends that the Australian Government works with the sector to develop sexual and reproductive health education programs and resources for people with disability and their families and carers that are accessible, disability inclusive and empowering for young people with disability.

Recommendation 30

The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.

Recommendation 31

The committee recommends that the Australian Government work with relevant overseas health insurance providers to amend Schedule 4d of the Overseas Student Health Cover Deed to abolish pregnancy care related wait periods.

Recommendation 32

The committee recommends that the Australian Government explores the feasibility of Medicare rebates for in vitro fertilisation (IVF) services for cohorts not currently eligible for subsidised services.

Recommendation 33

The committee recommends that the Australian Government implement the recommendations of the Medicare Benefits Schedule Review regarding removal of the exclusion of in vitro fertilisation (IVF) services for altruistic surrogacy purposes.

Recommendation 34

The committee recommends that the Australian Government work with jurisdictions to improve the quality of sexual health and relationships education in schools including building capabilities of educators to deliver this training.

Recommendation 35

The committee recommends the Department of Health and Aged Care work with jurisdictions and the health sector to implement options for targeted public awareness and sexual health literacy campaigns in target communities, including for the LGBTIQ+ community, community-led initiatives for First Nations and culturally and linguistically diverse groups, and sexually

transmitted infections campaigns in vulnerable cohorts.

Recommendation 36

The committee recommends that the Australian Government considers commissioning research and policy responses on the impact of reproductive health on women's participation in the workforce and the adequacy of existing leave entitlements under the National Employment Standards.