

Key Policy in discussion	Health – Reproductive Health
Portfolio and or agency	Department of Health and Aged Care
Date Issued	20 May 2023
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Key Portfolio Issues

The Budget takes some small steps forward on reproductive health and rights. For example, as women tend to have more complex and undiagnosed reproductive health issues, more time with their GP will help to improve their reproductive health (see **Health**). There is some welcome increased investment in support for the treatment of endometriosis and for Indigenous women’s management of pregnancy.

Yet more remains outstanding, and the Budget is largely silent on reproductive health issues. To some extent, this is understandable since there is an ongoing Senate Committee investigating the next steps, but a down-payment on some of the most urgent concerns should have been included. Funding in the Budget is inadequate to address the needs.

Budget Measures

Assistance for IVF – assisted reproductive technology storage

Payments (\$m)

	2022-23	2023-24	2024-25	2025-26	2026-27
Services Australia	-	3.5	0.5	0.5	0.5
Department of Veterans’ Affairs	-	-0.1	-	-0.8	0.2
Department of Health and Aged Care		-2.6	-1.6		
Total — Payments	-	0.9	-1.1	-0.3	0.7

Source: 2023-24 [Budget Paper No 2](#), p. 126

The Government will subsidise, from 1 July 2023, storage costs of eggs, sperm or embryos for patients with cancer and people at risk of passing on genetic diseases or conditions. This

measure builds on the 2022–23 October Budget measure titled Support for New and Expecting Parents (2022-23 Budget Paper No. 2, p. 126, 2023).

The Government will provide \$19.8 million over 4 years from 2023–24 to extend activities to support the prevention, intervention and treatment of blood-borne viruses and sexually transmissible infections (Budget Paper 2, p. 130, 2023).

Enhancing National Strategies for Bloodborne Viruses and Sexually Transmissible Infections
Payments (\$m)

	2022-23	2023-24	2024-25	2025-26	2026-27
Department of Health and Aged Care	-	9.8	-	0.5	0.5
Department of the Treasury	-	2.5	2.5	2.5	2.5
Total — Payments	-	12.3	2.5	2.5	2.5

Source: 2023-24 Budget Paper No 2, p. 130

The Government will also provide:

- \$5.3 million to continue support for the Australian Breastfeeding Association’s (ABA) National Breastfeeding Helpline (2023-24 Budget Paper No. 2, p. 152);
- \$6.0 million to extend the Australian Red Cross Lifeblood’s role to maintain and expand the delivery of donor milk across Australia (2023-24 Budget Paper No. 2, p. 152);
- \$50.2 million over 4 years from 2023–24 to establish the Primary Care and Midwifery Scholarships program to support registered nurses and midwives to undertake post-graduate study and improve their skills (2023-24 Budget Paper No.2, p. 149); and
- \$46.8 million over 4 years from 2023–24 to recognise the important role nurse practitioners and participating midwives play in the delivery of health care services, through:
 - increasing Medicare Benefits Schedule (MBS) schedule fees for standard nurse practitioner attendance items;
 - expanding the eligibility for MBS case conferencing items to enable nurse practitioners to participate in allied health multidisciplinary case conferences;
 - removing the legislated requirement for collaborative arrangements between participating midwives, nurse practitioners and medical practitioners to prescribe Pharmaceutical Benefits Scheme medications (2023-24 Budget Paper No.2, p. 149-50, 2023).

The National Foundation for Australian Women is a feminist organisation, independent of party politics and working in partnership with other women’s organisations. NFAW is dedicated to promoting and protecting the interests of Australian women, including intellectual, cultural, political, social, economic, legal, industrial and domestic spheres.

The [2023-24 Women's Budget Statement notes](#) that:

[t]he Government has established 20 Endometriosis and Pelvic Pain GP Clinics (GP clinics) across Australia at a cost of \$16.4 million, to support those experiencing endometriosis and pelvic pain.... The GP clinics are part of a \$58.3 million suite of initiatives aimed at improving approaches to endometriosis and pelvic pain including establishing a digital platform for key resources and developing a new endometriosis management plan (p. 77).

The Women's Budget Statement also notes that:

[t]he Government is continuing to deliver the investment of \$22.5 million over 3 years (2022–23 to 24–25) to build a dedicated Birthing on Country Centre of Excellence in Nowra, New South Wales to ensure First Nations babies are born healthy and strong in a culturally safe environment. Birthing on Country returns maternity services to First Nations communities and enables self-determination, connection to family, culture and community throughout pregnancy and birth (p. 69).

Background: current circumstances of women in this portfolio

The last several years have seen progress towards women's reproductive rights in Australia, particularly with the decriminalisation of abortion in several Australian States. Yet there is more to be done to support women's comprehensive reproductive health and rights.

The Government recognises this and has referred to the Senate Community Affairs References Committee an [inquiry](#) into "barriers to achieving priorities ... for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies.'" The Committee is due to report on 25 May 2023.

As the Women's Budget Statement recognises, women's reproductive health needs are complex and often under-diagnosed and treated (p 68), often relating to "...mental health conditions, family, domestic and sexual violence, chronic conditions as well as reproductive health matters like menopause" (p. 75).

It points out that women account for over 60 per cent of longer Medicare Benefits Schedule (MBS) consultations (over 20 minutes under level C items, over 40 minutes under level D items) (p 75). The introduction of longer consultations in the Budget will be important for the effective treatment of women and men with more complex health needs and is welcomed by NFAW (see also **Health**).

[A recent study on access to abortion in Queensland](#) found that "affordability, violence, stigma, knowledge, and information" were key factors influencing access to abortion.

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Surgical abortion is often only available in hospitals, which can be expensive and difficult to access, particularly for low-income women or those living in rural and remote areas. There is some evidence of health professionals refusing to deliver services, provide referrals or dispense abortion medications. (See [NFAW Submission No.2](#) to Senate Community Affairs References Committee Inquiry into Universal Access to Reproductive Healthcare.)

As the [submission to the Senate Community Affairs References Committee Inquiry into Universal Access to Reproductive Health Care](#) by the Australian Nursing and Midwifery Federation notes, “...poor access to local and trusted health care services limits pregnancy and early postnatal care for many Aboriginal and Torres Strait Islander peoples with increased adverse maternity outcomes compared to other people living in Australia.” Greater access to nurse practitioners for reproductive health will assist in addressing this issue.

Gender implications of this budget measure

The [UN Working Group on the issue of Discrimination against Women in Law and in Practice has emphasised](#) that the “...right of a woman or girl to make autonomous decisions about her own body and reproductive functions is at the very core of her fundamental right to equality and privacy...” (p. 1). Given the restrictions and danger to reproductive health and access in particular to abortion in the US and elsewhere, NFAW urges Australian governments to continue to focus on reproductive justice to ensure access to abortion and contraception are comprehensively protected. The federal Government should provide leadership in this regard through the development of model laws to provide comprehensive access to abortion.

While it is understandable for the Government to wait for the outcome of the Senate Inquiry into Universal Access to Reproductive Healthcare noted above, NFAW would have liked to have seen greater initial investment in this Budget on areas of need.

NFAW also considers that the Government should commit to further investment in the diagnosis and treatment of endometriosis. The Birthing on Country investment should be considerably scaled up and maintained across the forward estimates.

Recommendations

NFAW recommends that the Government should

- mandate the provision of, or referral to, reasonably accessible abortion services by medical professionals and pharmacists
- investigate and provide national leadership on nurse practitioner-led access to medical and surgical abortions and the parameters that might be appropriate to facilitate this

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- provide leadership for harmonised laws across each State and Territory on legal access to abortion, and
- commit to further investment in the diagnosis and treatment of endometriosis.

The Birthing on Country investment should be considerably scaled up and maintained across the forward estimates.