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## Senate Standing Committee on Community Affairs

### **Inquiry into Universal Access to Reproductive Healthcare**

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#### **Authorisation**

This submission has been authorised by the NFAW Board

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## **Inquiry into Universal Access to Reproductive Healthcare**

This submission is being made by The National Foundation for Australian Women (NFAW).

NFAW is dedicated to promoting and protecting the interests of Australian women, including intellectual, cultural, political, social, economic, legal, industrial and domestic spheres, and ensuring that the aims and ideals of the women's movement and its collective wisdom are handed on to new generations of women. NFAW is a feminist organisation, independent of party politics and working in partnership with other women's organisations.

**NFAW believes that no matter where people are born and live, everyone seeking an abortion should have access to legal, safe, timely and compassionate abortion care.**

### **Recommendations**

- 1. The federal Government should provide universal abortion and contraception access**
- 2. The federal Government should mandate the provision of, or referral to, reasonably accessible abortion services by medical professionals and pharmacists.**
- 3. The federal Government should 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.**
- 4. The federal Government should provide leadership for harmonised laws across each State and Territory on legal access to abortion**

### **Discussion**

**NFAW believes that no matter where people are born and live, everyone seeking an abortion should have access to legal, safe, timely and compassionate abortion care.**

NFAW welcomes the decriminalisation of access to abortion for patients in most Australian States and Territories. We also acknowledge that this achievement is built on the centuries of reproductive rights advocacy at the grassroots level, particularly by First Nations, disability justice, LGBTIQ+ and multicultural communities.

We reiterate our solidarity with [over 700 gender equality organisations and advocates](#) who have expressed their grave concern for the United States Supreme Court's overturning of *Roe v Wade* (410 U. S. 113) in June 2022 in the case of *Dobbs v Jackson Women's Health Organization* (No. 19-1392, 597 US (2022)). *Dobbs* has wound back universal, national level access to abortion in the US by deciding that access to abortion is a state level matter. Many US States have introduced restrictive abortion legislation since the decision was handed down. While this is against the global trend of protecting reproductive rights and justice, we note that this decision contributes to the stigmatisation of reproductive justice.

NFAW considers that we must therefore continue to press for reproductive justice in Australia to ensure access to abortion and contraception are comprehensively protected. NFAW makes the following recommendations to address the outstanding barriers to comprehensive abortion care in Australia.

## Uniform Access across All States and Territories

Currently, the provision of surgical abortions is mostly through private hospitals in many States and Territories. This means patients must self-fund the fee gap between the cost of care and the Medicare Benefits Schedule (MBS). This can often amount to hundreds or thousands of dollars and puts timely abortion out of reach for many low-income patients. This can be addressed by the federal Government amending the National Health Reform Agreement to mandate the MBS item number for abortion be a no-gap service, including surgical abortion, and telehealth medical abortion services, at least for those with a health care concession card or for patients under a certain age.

The Government should revise the Private Health Insurance Partnership Agreement to prevent private health insurers from discriminating against women and pregnant people without access to Medicare. Currently, the MBS item numbers only apply to people with Medicare access, which means abortion care is even more expensive for women and pregnant people on temporary visas. NFAW congratulates the [ACT Government's recent announcement to provide contraceptive and abortion services to all, irrespective of visa status, free of charge in the ACT from mid-2023](#). We encourage the federal Government to follow suit and develop an alternative model to provide universal abortion and contraception access for people without access to Medicare by amending the Private Health Insurance Partnership Agreements.

**Recommendation one: the federal Government should provide universal abortion and contraception access**

## Conscientious Objection and Access to Services

Health professionals can conscientiously object to providing abortion services. In such cases, they are obligated to refer patients seeking an abortion to other practitioners. However, [some refuse to do so while some pharmacists refuse to provide medical abortion pills](#).

To increase the accountability of medical professionals and pharmacists in providing safe and timely abortion services, we suggest provide leadership to State and Territory Governments to legislate to ensure service providers who conscientiously object to providing services refer patients to another accessible provider.

The federal Government should also provide leadership and clarity that doctor and pharmacist licenses are contingent upon an agreement to refer people to reasonably accessible providers when they seek advice for medical and surgical abortion services if they are unwilling to provide those services themselves. Where there is only one doctor or pharmacist in a town, it should not be possible to refuse to provide such services. Further, failure to provide should explicitly be considered a licensing breach.

**Recommendation two: the federal Government should mandate the provision of, or referral to, reasonably accessible abortion services by medical professionals and pharmacists.**

## Other Models of Service Provision

Limiting abortion provision to doctors only overlooks alternative community led, culturally safe models of abortion care and makes access to abortion care in remote areas more difficult.

As the federal Government focusses on workforce shortage issues in the care economy and the health workforce, it would be useful to plan for the expansion of the provision of abortion care to be led by nurse practitioners, midwives and Aboriginal and Torres Strait Islander health workers. Nurse led care is already possible in the ACT and parts of Qld and these should be investigated as a precedent for a more national approach.

**Recommendation three: The federal Government should 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.**

### **Harmonisation of Laws**

Accessing abortion care is complicated by [varying legal provisions in each State and Territory](#). It is important that abortion be decriminalised for patients and providers in WA, to ensure consistency across each jurisdiction.

Beyond that, it would be useful for provisions around when abortion services are provided to be harmonised to deliver clarity and consistency. For example, abortion care can be accessed with no gestation limits in the ACT while in Tasmania, it is legal up to 16 weeks and any legal termination thereafter requires agreement of two medical professionals.

To minimise confusion among people accessing abortion care, we urge the federal Government to work with State and Territory Governments to develop harmonised legal provisions across the country, reflecting the most liberal provisions as provided in the ACT. This could be done through a whole-of-government model law process as part of the National Women's Health Strategy and National Preventative Health Strategy.

**Recommendation four: The federal Government should provide leadership for harmonised laws across each State and Territory on legal access to abortion**

There is now an opportunity in Australia for State and Territory Governments to work cooperatively to finish the work of providing full access for all to reproductive health and rights in Australia. This means ensuring that all people seeking abortions should in practice, as well as in law, be able to access abortion services. We consider the above recommendations would protect this universal human right and move Australia closer to advancing reproductive justice across the country.