AUSTRALIAN GOVERNMENT RESPONSE

to the Report of the Independent Review of Assisted Reproductive Technologies
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The Commonwealth Government supports access to IVF, or Assisted Reproductive Technologies (ART), for families who cannot otherwise have children.

The Government has publicly funded ART services under the Medicare Benefits Scheme (MBS) since 1990. The former Labor Government imposed restrictions on access to Medicare funded IVF. This Government lifted these restrictions in 2000 and Medicare now covers as many cycles of ART treatment as couples choose to undertake.

The Government is concerned to ensure that Australians are able to access quality health services at an affordable price.

The costs of ART treatment can be substantial due to the need for sophisticated interventions, specialised support services and often, multiple treatment cycles to achieve success. On 10 May 2005 the Government announced that it would undertake an independent review of ART for the purposes of public funding under Medicare. The review was timely in view of the rapidly changing environment in the area of infertility treatment in Australia and other countries.

The ART Review Committee considered the clinical and cost-effectiveness of ART for the purposes of public funding under Medicare in light of the most recent evidence from Australia and overseas. The review also considered the clinical appropriateness of ART services, suitable methods of reporting outcomes, equity of access, and other issues relating to the delivery of quality ART treatment.

The ART Review Committee made 13 recommendations in the report which are directed to the Commonwealth, clinicians and ART peak bodies. The Government has responded to each recommendation and has accepted most, in full, or in part. The Government is concerned to ensure that doctors are aware of, and practise, according to relevant clinical guidelines and that patients are fully informed about the costs and likely success of treatment. The Government will not limit funding for ART by age or the number of cycles.

The ART report addresses key issues relating to maternal age and infertility, governance arrangements, and quality assurance mechanisms for the continued provision of high quality ART services. A key recommendation of the report is that there be improvements to national accreditation arrangements of ART facilities. This will be undertaken in conjunction with the profession in the near future.

Since the introduction of ART services to the MBS, the descriptions of items have not been revised. Given the pace of technological change, the report recommended that the descriptions of items be reviewed to describe more accurately the services being provided and ensure that they reflect safe, effective and cost-effective medicine.

The Committee has produced a high quality report on a complex and sensitive issue.
The Government’s response to each of the ART Review Committee’s recommendations is outlined below.

**Recommendation 1**

That public funding of Assisted Reproductive Technologies (ART) continue to be provided by the Australian Government where ART is the clinically appropriate response to cases of medical infertility.

- The clinical appropriateness of ART services should be determined by the treating physician/s, consistent with the national clinical practice guidelines.
- Given the success rate of less than 2% noted in the most recently available age-specific data, it is not clinically appropriate to initiate a new cycle of in vitro fertilisation (IVF) treatment in women using their own eggs at 44 years and over.

**Response**

The Government supports this recommendation in part, but will not introduce restrictions on MBS funding for ART services. The Government supports the findings of the review that clinicians should take into account relevant clinical practice guidelines when discussing treatment choices with patients to ensure that decisions made are fully informed.

**Recommendation 2**

ART is an area of rapid technological change that should be subject to the existing assessment processes of the Therapeutic Goods Administration and/or the Medical Services Advisory Committee, to ensure that Australians have access to medical services that are shown to be safe and cost-effective.

**Response**

The Government supports this recommendation. Existing arrangements require new technologies and services to be assessed for assurance of patient safety and that treatment options are effective prior to consideration for public funding. These processes will continue.

**Recommendation 3**

Single embryo transfer should be used where a successful treatment outcome is likely, as determined by the treating physician/s.

**Response**

The Government supports this recommendation, noting that clinical practice guidelines should feature in any discussions with patients around decisions for ART treatment options. The Government will consult with relevant professional groups in regard to implementation.

**Recommendation 4**

The provision of Intracytoplasmic Sperm Injection (ICSI) (and sperm retrieval when required) is recommended in couples where infertility is due to severe male factor or where there is demonstrated fertilisation failure with conventional IVF.
Response

The Government supports this recommendation noting that the Medical Services Advisory Committee has already assessed Intracytoplasmic Sperm Injection (ICSI) for safety, effectiveness and cost-effectiveness. Intracytoplasmic Sperm Injection will be included in the update of existing ART items in the Medicare Benefits Schedule advocated by the Review under Recommendation 12.

Recommendation 5

That access to Medicare Benefits Schedule (MBS) items and prescription medicines provided through the Pharmaceutical Benefits Scheme for ART services is conditional on the accreditation of the practice to provide ART services.

Recommendation 6

That to be accredited, an ART practice would be required to deliver services consistent with evidence-based guidelines and be subject to regular assessment and review of performance against those guidelines.

Recommendation 8

The accreditation of ART practices should be conducted by an appropriately skilled and resourced body, with governance structures in line with established national standards.

Response

The Government supports recommendations 5, 6 and 8. National accreditation will promote consistent standards in the provision of all ART services across Australia, based on updated national clinical practice guidelines. As is the case with any new policy, clinicians engaged in providing ART services will be engaged and involved in the development of appropriate implementation strategies for accreditation, in line with the development of similar requirements in other health professions.

Recommendation 7

Mechanisms to facilitate national incident reporting of ART services should be considered.

Recommendation 9

That support is provided for the improvement to data collection and reporting structures as a matter of priority, in particular, to facilitate collection of information about access to ART, clinical outcomes of ART treatment, and the costs of ART, including:

- the generation of a patient-based database for ART services;
- the development of linkages between ART and national perinatal databases; and
- appropriate resources for a national ART statistics unit.

Response

The Government supports recommendations 7 and 9 in-principle, noting that any associated financial implications will be subject to consideration alongside other priorities.
in the annual Budget cycle taking into account existing funding provided for national perinatal databases through the Australian Institute of Health and Welfare.

**Recommendation 10**

That advertising by ART practices to consumers should describe success rates using standardised outcome measures with the primary outcome presented being the rate of live birth-per-cycle started.

**Response**

The Government supports the provision of better and comparable information to prospective patients about success rates of ART services offered by clinics.

**Recommendation 11**

That Australian Government funding of ART should, in consultation with the relevant health care providers, take into account evidence in relation to the success and costs of different patient groups.

**Response**

Whereas the Government has decided not to limit funding for ART by age or the number of cycles, the Government strongly supports the use of evidence based practice by clinicians in determining what services are provided. Patients should be fully informed about the costs and likely success of treatment.

**Recommendation 12**

That the Australian Government, in consultation with the relevant health care providers, revises the current arrangement of ART items in the MBS.

**Response**

The Government supports this recommendation. To ensure that MBS items are clearer, an update of the item structure for ART services will be undertaken. This will be done in consultation with clinicians engaged in providing ART services and the Australian Medical Association.

**Recommendation 13**

That the Australian Government funds a national educational campaign to increase public knowledge of factors affecting both female and male infertility, with particular reference to maternal age, preventable infertility, multiple births and suitable alternative treatments.

**Response**

The Government supports the need to ensure greater understanding of relevant factors affecting both male and female infertility, noting that the release of the Report of the Review and the Government response will be an important first step in raising public awareness of ART and fertility related issues. The Government also notes that a key role of individual practitioners working with their patients is to explain the evidence, costs and benefits of any proposed course of treatment.