



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or 'gender audit' of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC's advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC's review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women's health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step[®] amending restrictions to prescribing and dispensing MS-2 Step[®]. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step[®] subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step[®] are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan.

Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024–25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023–24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023–24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC’s advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC’s review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women’s health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024–25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023–24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023–24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:
*Ending the postcode lottery – Addressing barriers to sexual,
maternity and reproductive healthcare in Australia*

2025

Overview

On 28 September 2022, the Senate referred the issue of universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report.

Supporting, protecting, and promoting the sexual and reproductive health and rights of all Australians is critical to the Australian Government. The Government recognises the importance of ensuring access to sexual and reproductive health information, treatment and services that empower individuals to have choice and control in decision-making about their bodies. Ensuring appropriate access to sexual and reproductive health services and information is a key priority in the National Women's Health Strategy 2020-2030 (Women's Health Strategy) and the National Men's Health Strategy 2020-2030.

The Government is committed to health equity and is supporting access to sexual and reproductive healthcare and services and maternity services. Through the 2024-25 Budget, the Government is investing over \$160 million in measures which support a number of recommendations from the inquiry and demonstrates the Government's commitment to supporting the sexual and reproductive health needs of women. In addition, a range of initiatives are being implemented to respond to the Strengthening Medicare Taskforce, which recommended significant changes to how primary care is funded and delivered. The recommendations aim to enable quality, integrated and person-centred care for all Australians. The package of reforms includes a review of scope of practice to ensure all health professionals are utilising their skillset, including being able to effectively support individuals, families, and communities with their reproductive health needs.

The Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for long-acting reversible contraception (LARCs). This includes increasing the LARC item fees on the Medicare Benefits Schedule (MBS) and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimable where a provider provides a bulk-billed LARC MBS service. The Government will also build on its commitment to increase training for health professionals in LARC insertion and removal by establishing Centres of Training Excellence.

The Government, supported by expert advice from the Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Advisory Committee (PBAC), has also introduced changes to the dispensing and prescribing of mifepristone and misoprostol (MS-2 Step[®]) to make medical termination of pregnancy more accessible to those in need. The Committee's report highlights the roles of all levels of government in addressing the barriers to sexual and reproductive healthcare access in Australia.

Some of the recommendations (12¹) fall within areas of state and territory responsibility or require collaboration between the Australian Government and jurisdictions. In-principle support indicates agreement with these recommendations but recognises state and territory governments are responsible for their funding and implementation. These recommendations were discussed at the 10 November 2023 Health Ministers' Meeting and all Health Ministers agreed in-principle to support the 12 recommendations related to jurisdictional areas of responsibility.

¹ The 12 recommendations are: 3, 4, 12, 14, 15, 17, 20, 22, 23, 30, 34, and 35.

For a number of other recommendations where in-principle support is given, they may relate to matters where further collaboration with stakeholders is required or where there are existing activities underway which go to addressing the intent of the recommendation.

The Government response supports (or supports-in principle) 36 of the 40 recommendations, while 4 responses are noted.

The Government acknowledges other women related policies, such as Working for Women: A Strategy for Gender Equality and the Senate inquiry into issues related to menopause and perimenopause which also reflect the Government's commitment to improve outcomes for women.

Recommendation 1

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.

The Australian Government **supports in-principle** this recommendation.

For a therapeutic good to be authorised for use and supply in Australia, the sponsor of the product needs to make an application to the Therapeutic Goods Administration (TGA) to register the good on the Australian Register of Therapeutic Goods (ARTG). The Government cannot compel a sponsor to make an application for registration of a new medicine or medical device.

The TGA works collaboratively with other international partners and has strong working relationships with many international agencies and overseas regulators. For new therapeutic goods, including contraceptives, the TGA is able to use assessments from comparable overseas regulators and international assessment bodies, in the regulation of medicines and medical devices. This can streamline the approval process and reduce the duplication of effort where an assessment has been completed internationally. Depending on the scope of the assessment provided to the TGA, the need for a new evaluation may be reduced or removed.

The TGA is a member of the Access Consortium along with Health Canada, Health Sciences Authority of Singapore, Swissmedic and the United Kingdom's Medicines and Healthcare products Regulatory Agency. A key focus of the Access Consortium is to work collaboratively during the evaluation of a new registration application to minimise regulatory burden, by completing a global evaluation used by each partner participating in this work-sharing arrangement.

Generally, therapeutic goods must be included in the ARTG before they can be imported into, supplied in or exported from Australia. Therapeutic goods not included in the ARTG (described as 'unapproved') have not been evaluated by the TGA for quality, safety, efficacy or performance. The TGA encourages the use of medicines which have been approved in Australia and included in the ARTG.

It is recognised there are times when approved and available products may not meet the needs of all patients and clinical situations. There are provisions which allow health practitioners and patients to access therapeutic goods not included in the ARTG. These provisions include the Special Access Scheme, Authorised Prescriber or Personal Importation Schemes, and Clinical Trials. It is the responsibility of the prescribing health practitioner to determine the most suitable pathway for supply.

Recommendation 2

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.

The Australian Government **supports** this recommendation.

The independent *Unleashing the Potential of our Health Workforce (Scope of Practice) Review* was released on 5 November 2024. This review made recommendations to all Health Ministers regarding enabling health professionals, including Nurse Practitioners, to work to their full scope of practice.

This includes recommendations relevant to health professionals working in the field of sexual and reproductive health such as:

- A bundled payment for maternity care to remove barriers for midwives to provide care across health settings (Recommendation 11).
- New direct referral pathways to non-GP specialist Medicare Benefits Schedule (MBS) items such as midwife referrals to non-GP medical specialists within their scope of practice (Recommendation 12).

The Government will carefully consider the findings and recommendations of this review alongside other recently released primary care and workforce reviews.

Recommendation 3

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.

The Australian Government **supports in-principle** this recommendation.

The Government will explore opportunities to work with states and territories to align jurisdiction emergency supply legislation to ensure equitable access for all Australians. The supply quantities of PBS and non-PBS oral contraceptive pills allowed under emergency supply legislation is a decision for state and territory governments. Health Ministers considered this recommendation through the Health Ministers' Meeting in November 2023, and all Health Ministers agreed in-principle support for the recommendation.

The emergency supply legislation ensures the supply of medicine when there is an immediate need and a patient cannot obtain a script. For PBS medicines, this is covered by national Continued Dispensing arrangements where the person has previously been supplied the medicine under the PBS in the last three months, their condition is stable, and the PBS prescriber is unable to be contacted or is unable to provide an electronic or owing PBS prescription.

Oral contraceptives subsidised under the PBS have been able to be supplied since the commencement of Continued Dispensing in 2013.

Supply of non-PBS medicines relies on jurisdictional emergency supply legislation. Depending on the jurisdiction, this ranges from three to seven days' worth of supply, or the minimum standard pack. New South Wales (NSW), South Australia (SA) and Tasmania have permanently expanded pharmacist scope of practice to allow for the resupply of the oral contraceptive pill without a prescription. The Australian Capital Territory (ACT), Queensland, Victoria and Western Australia (WA) have established pilots to trial the prescribing of the oral contraceptive pill without a prescription.

In late 2023, NSW expanded their Pharmacy Trial to allow eligible women to visit a participating pharmacy to get a resupply of their oral contraceptive pill. In November 2023, the ACT also commenced a 12-month pilot program which is being implemented through an agreement with the NSW Government to participate in their trial. NSW announced in September 2024 that the trial would transition to usual practice.

In September 2023, Queensland announced an expansion of their pharmacy prescribing trial to cover the whole state, initially slated for Northern Queensland only, and to also include the oral contraceptive pill. Pharmacists who take part in the trial are required to undergo extra training and have suitable private consulting spaces. The trial will roll out over 2024 and 2025.

From October 2023, Victoria commenced a 12-month state-wide pilot for participating and appropriately trained community pharmacists to provide continued supply of select oral contraceptive pills without a prescription for women under a structured prescribing model. The trial has subsequently been extended to June 2025.

In May 2024, SA and WA announced that pharmacists who have completed appropriate training will be able to provide resupply of oral contraceptives as part of usual practice. Tasmania announced similar arrangements in July 2024.

Recommendation 4

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

The Australian Government **supports in-principle** this recommendation.

The Government supports increasing access to affordable contraception. The Government provides relevant subsidised healthcare services through the MBS and some subsidised contraception options through the PBS. The MBS provides patient rebates for professional services delivered in private healthcare settings. There are a number of MBS items which provide patient rebates relevant to contraception services, including general attendance consultations during which contraception counselling could occur, as well as specific items that provide a rebate for the insertion and removal of long-acting reversible contraception (LARCs).

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will ensure a larger number of providers can provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

Also in the 2024-25 Budget, the Government committed to a review or ‘gender audit’ of the MBS items available for LARC insertion and removal as well as diagnostic imaging. Women should not face higher out-of-pocket costs for health services simply due to their gender, and this audit is examining these specific items and any gender bias in the rates of Medicare rebates and payments.

From 2025-26, the government will build on the 2024-25 Budget workforce measure by providing an additional \$17.5 million over three years with ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will further enhance health professionals’ ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

In addition to this, Government will invest an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee (MRAC). A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service.

Contraception can be accessed through primary care providers, gynaecology medical specialist practices, family planning services, and some sexual health services and hospital run contraceptive clinics.

There are currently a range of contraceptive medicines listed on the PBS, including combined oral contraceptive pills, progestogen-only pills, intrauterine devices (IUD), hormonal implants and injections.

Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost. Contraceptives that are not PBS-listed are dispensed as private prescriptions, and patient charges for private prescriptions are a matter for each pharmacy to determine. Prices can vary between pharmacies.

Under legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of listing. The PBAC is an independent and expert body, comprising doctors, health professionals, health economists and consumer representatives.

When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies. The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration.

Pharmaceutical companies are private entities, and each company makes its own decisions about availability of its medicines, pricing of its medicines in the private market (outside the PBS), and whether it will apply for PBS listing. In March 2024, the Department of Health and Aged Care wrote to pharmaceutical companies with contraceptive medicines that are TGA registered and available on the private market in Australia, requesting they consider applying to the PBAC to list these products on the PBS. The Department of Health and Aged Care has since met with various companies to discuss potential applications to list their contraceptive products on the PBS. However, the Government cannot compel companies to apply for PBS listing.

The Government recognises the need for more contraceptive options to be listed for PBS subsidy. The Government is considering options for reform (including those made by the Health Technology Assessment (HTA) Policy and Methods Review) to encourage pharmaceutical companies to apply for PBS listing of medicines which address an unmet clinical need (which would include different contraceptive medicines).

The Government also provides funding contributions through the National Health Reform Agreement (NHRA) to assist states and territories with the cost of delivering public health and hospital services, including for contraception services delivered through emergency departments, admitted and non-admitted care, subacute care and some community health settings.

Recommendation 5

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.

The Australian Government **supports** this recommendation.

In the 2024-25 Budget, the Government committed to a review or 'gender audit' of the MBS items available for LARC insertion and removal as well as a review of any gendered differences in MBS items for diagnostic imaging services. As part of the review, consideration is being given to the appropriateness of the items to support equitable and affordable access for women to high quality, safe services provided by appropriately trained health practitioners, including doctors, Nurse Practitioners, midwives and nurses.

The MRAC commenced this work and provided preliminary recommendations to the Government in August 2024. In line with the MRAC's advice, Government committed to investing an additional \$124.6 million over three years from 2025-26 with ongoing funding of \$44.7 million per annum from 2028-29 to remove access and affordability barriers for LARCs. This includes increasing the LARC item fees on the MBS and creating new items for Nurse Practitioners in line with advice from the MBS Review Advisory Committee. A MBS loading item will also be implemented which can be claimed where a provider provides a bulk-billed LARC MBS service. This better recognises the costs incurred by the range of providers involved in delivering these services.

The MRAC's review work is ongoing to consider how a broader range of health professionals may be well placed to support access for patients for LARC insertion and removal, as well as to consider more broadly how the MBS may unintentionally create disincentives for health professionals to address women's health.

Medicare rebates are benefits paid to patients to provide financial assistance towards the costs of their health services. On 1 November 2023, new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. These new general attendance items were accompanied by a tripling of the bulk billing incentives for patients with a Commonwealth Concession Card and children under 16 years of age for the most common GP consultation items that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth phone and video general attendance consultations where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

The tripled bulk billing incentive reflects the incentive scaling based on the rurality of the practice. This means the incentive increases for patients attending practices in regional, rural and remote communities. This investment increases benefits for healthcare provision for eligible patients for consultations which may include counselling and the prescribing of

contraception, such as the oral contraceptive pill. For procedural items, such as the introduction of an IUD, standard bulk billing incentives continue to apply.

From 1 November 2024, Nurse Practitioners will have expanded requesting rights that will allow them to request further ultrasound services under Medicare to assist with patient care, including the before and after care requirements of the MS-2 Step medical abortion program.

Nurse Practitioners and Endorsed Midwives (EMs) have access to the MBS. Nurse Practitioners have time tiered items and EMs have several MBS items that may be applied to address contraception administrative services and counselling. From 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms. From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for LARCs.

The ability of Registered Nurses and midwives to distribute, prescribe and administer medicines listed within the Schedules to the Poisons Standard, including some contraceptives, is regulated by state and territory legislation.

In addition to remuneration, there are a range of Government supported programs and incentives to improve the availability of GPs with advanced skills and broader scopes of practice as part of a rural healthcare team, through the National Rural Generalist Pathway.

The Workforce Incentive Program – Practice Stream (WIP-PS) aims to improve access to multidisciplinary care at a community level by providing financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health practitioners and health workers. In the 2023 -24 Budget, an additional \$445.1 million over 5 years was allocated under the WIP-PS to help improve the financial sustainability of multidisciplinary general practice and support more accountability and transitions to new models of care that are responsive to community needs. This is on top of the financial incentives of more than \$400 million per year already available through the WIP-PS.

Nurses are the largest health professional type engaged under the WIP-PS and are an integral and central part of many multidisciplinary teams around the country. As at the end of August 2024, there were 13,804 Registered Nurses and 266 Nurse Practitioners engaged under the WIP-PS program.

Recommendation 6

6: The Committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Committee 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.

The Australian Government **supports in-principle** this recommendation.

The listing of medicines on the PBS generally occurs at the request of the pharmaceutical company responsible for the supply of the medicine in Australia (the sponsor) via an application to the PBAC.

Under legislation, a medicine cannot be listed by the Government on the PBS unless the PBAC makes a recommendation to the Minister in favour of listing. To make a recommendation, the PBAC is required by the legislation to consider the comparative clinical effectiveness and costs of the proposed medicine with that of alternative therapies. The PBAC and the PBS listing process relies in part on the scientific assessment of evidence regarding safety and clinical effectiveness undertaken by the TGA when it evaluates medicines for approval and inclusion in the ARTG. Medicines are only listed on the PBS for the treatment of conditions for which they are registered by the TGA. The TGA does not make recommendations for listing medicines on the PBS.

Government can encourage sponsors to come forward, and in March 2024 the Department of Health and Aged Care wrote to sponsors of oral contraceptive pills and the vaginal ring which are not currently subsidised through the PBS to invite applications to the PBAC. However, as noted in response to recommendations 1 and 4, pharmaceutical companies are private entities and cannot be compelled by the Government to apply for PBAC consideration or list their medicines on the PBS. It is important to note that the Government does not interfere with the PBAC's considerations or processes to develop recommendations to Government.

In October 2024, at the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to discuss evidence available that may demonstrate additional benefits of newer contraceptives compared to older generation oral contraceptives. Invited participants included those representing professional organisations, pharmaceutical companies responsible for newer contraceptives, individuals representing PBAC and Department representatives. The outcomes from the stakeholder meeting are available on the PBS website.

At its November 2024 meeting, the PBAC recommended listing drospirenone 4 mg tablets (Slinda) on the PBS. The PBAC also provided further advice to its July 2024 recommendation to list the combined oral contraceptives 3 mg drospirenone with 20 micrograms ethinylestradiol (Yaz) and 3 mg drospirenone with 30 micrograms ethinylestradiol (Yasmin) on the PBS. When the PBAC recommends PBS listing and the sponsor agree to the terms of listing, the Government would support the sponsor to finalise arrangements and proceed to a PBS listing as quickly as possible.

Recommendation 7

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.

The Australian Government **supports in-principle** this recommendation.

Copper IUDs are regulated by the TGA as medical devices and, unlike hormonal IUDs, do not contain medicines. As such, they are not appropriate for subsidy through the PBS, which subsidises medicines or medicinal preparations.

The Government will consider this recommendation in the context of the implementation of the Australian Cancer Plan. The plan aims to improve the lives of all Australians affected by cancer. The plan includes a focus on improving survivorship care, to better manage the longer-term impacts of cancer treatment.

There are a number of MBS items which provide patient rebates specifically for access to IUD services. These include MBS item 35503 which provides a patient rebate for the insertion of any type of IUD, including a copper IUD, used for contraceptive purposes, and item 35506 which provides a patient rebate for the removal of any type of IUD when an anaesthetic is required. GPs, Nurse Practitioners and EMs attendance items, as well as specialist consultation items, may also provide a patient rebate for consultations associated with insertion and removal of IUDs. These items are being reviewed as a part of the 'gender audit' of LARC insertion and removal MBS items.

Recommendation 8

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.

The Australian Government **supports in-principle** this recommendation.

In the 2024-25 Budget, the Government committed \$5.2 million over three years to support health professionals, including regional and remote practitioners, to undertake free LARC training. Funding will ensure cost is not a barrier to health professionals – including GPs, Nurse Practitioners, Registered Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners – in undertaking LARC training, including if they need to travel to participate. This will support a larger number of healthcare providers to provide LARC services across Australia and support increased uptake of LARCs, particularly for women living in regional and remote locations.

The Government will provide a further \$17.5 million over three years from 2025-26 and ongoing funding of \$6.6 million per annum from 2028-29 to create LARC Centres of Training Excellence. The LARC Centres of Training Excellence will leverage existing infrastructure to provide training for health professionals in LARC insertion and removal. This training will enhance health professionals' ability to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options.

The Centres of Training Excellence will also provide LARC services to the community for patients wanting a LARC inserted and removed and will be a referral point for providers not trained or confident in delivering these services. An outreach component will be included as part of this model to alleviate the barriers for both health professionals in accessing training and patients accessing LARC services in rural and remote areas.

The Government has also provided \$107.1 million between 2019-20 and 2025-26 for the Rural Procedural Grant Program (RPGP) to cover related costs of continuing professional development (CPD) for procedural GPs working in rural and regional (defined as Modified Monash Model 3-7) locations to ensure these communities have access to highly qualified health professionals. Under the RPGP, GPs with procedural skills in anaesthetics, obstetrics and surgery can access a grant of up to \$2,000 per day for up to 10 days each year for CPD activities in their procedural discipline.

Health professionals in Australia are trained according to the accreditation standards for their specific profession which is approved by the profession's National Board.

The Australian Medical Council is responsible for the development of training standards and the assessment of training programs for medical professionals including GPs.

Medical colleges are responsible for maintaining standards for quality clinical practice, education and training, and research in Australia.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) sets standards for specialist training in obstetrics and gynaecology, including LARC training principles and standards for health practitioners.^{2,3}

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) set the training curriculum for GP registrars and practice requirements, including for CPD. Both colleges require trainees to achieve competency in contraception advice, with the ACRRM curriculum requiring that trainees should be competent in the insertion of subcutaneous and intra-uterine contraceptive devices (IUCD)⁴. RACGP trainees who do advanced training in obstetrics and gynaecology gain competency in LARC insertion.

² www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

³ <https://ranzcog.edu.au/wp-content/uploads/2022/05/Long-Acting-Reversible-Contraception.pdf>

⁴ The Australian College of Rural and Remote Medicine Rural Generalist Curriculum
<https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Recommendation 9

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.

The Australian Government **supports** this recommendation.

In the 2023-24 MYEFO, \$1.1 million was provided to support the continued operation of the AusCAPPS Network to December 2026. This funding will ensure the AusCAPPS Network are able to continue providing essential support and professional development to providers of LARC and medical abortion services.

Recommendation 10

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring Australians have access to contraceptive counselling and advice. Relevant prescribers have existing MBS items which can be used for contraceptive counselling and advice. To support doctors to provide general practice services to patients, there are a number of service items and payments available under the MBS. These include time-tiered general attendance items, which are designed to allow doctors to use their clinical judgement and to support flexibility and responsiveness in providing patient centred care.

As per recommendation 5, from 1 November 2023 new general attendance items for consultations of 60 minutes or more (known as level E) became available to support improved access and service affordability for patients with complex needs. Medical practitioners can also access higher bulk billing incentives for general attendance items when they bulk bill patients under 16 years of age and Commonwealth Concession Card holders.

Telehealth services by GPs and prescribed medical practitioners specifically for blood borne viruses and sexual and reproductive health transitioned to permanent MBS items on 1 July 2024. These items are exempt from the existing relationship rule to allow patients to access health services relevant to their needs despite location or medical practitioner availability.

Nurse Practitioners can use time tiered general attendance items to discuss the contraceptive needs of their patients. The schedule fee for these items increased by 30 per cent on 1 July 2024. From 1 March 2025, the Government will introduce two new general attendance MBS items for Nurse Practitioners (face-to-face and telehealth) of at least 60 minutes duration. These items will further support service provision for LARCs. EMs can use the existing postnatal MBS items to discuss the contraceptive needs of their patients.

Recommendation 11

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

The Australian Government **supports in-principle** this recommendation.

The Government is committed to health and medical research and is investing in Australian research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges. The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC):

- The MRFF funds priority driven research with a focus on research translation and commercialisation.
- The NHMRC focuses on investigator-led research.

Decisions regarding the expenditure of disbursements from the MRFF are guided by the Australian Medical Research and Innovation Strategy 2021-2026 and related set of Australian Medical Research and Innovation Priorities (2024-2026) (Priorities) developed by the independent and expert Australian Medical Research Advisory Board following national consultation in accordance with the *Medical Research Future Fund Act 2015*. The Government is required to consider the Priorities that are in force when making decisions on MRFF disbursements.

Between 2000 and 2023 the NHMRC expended \$24.9 million towards research relevant to male contraception, including investigating male hormonal and biochemical contraceptive targets, sexual health education and reproductive health policy frameworks.

Since its inception, the MRFF expended \$1.5 million towards research relevant to male contraception, including a clinical trial of a next generation condom that has the potential to reduce condom avoidance.

Recommendation 12

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.

The Australian Government **supports in-principle** this recommendation.

The planning and delivery of Australian maternity services is undertaken by states and territories with the Government providing significant funding through the NHRA to assist states and territories with the costs of public hospital and community health services, including maternity services.

The Government supports this recommendation through its contribution to states and territories towards the costs of delivering safe and quality public health services under the NHRA. In return, the states and territories have agreed to the Medicare Principles, under which they have committed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The NHRA also requires states and territories to ensure arrangements are in place to allow for equitable access to necessary reproductive health services, regardless of geographical location.

The Woman-centred Care: Strategic directions for Australian maternity services (2019) (Woman-centred Care Strategy) recognises the diversity of funding and delivery arrangements underpinning maternity services in Australia. Of primary importance is that Australian families have access to safe, high quality, respectful maternity care. The Woman-centred Care Strategy is wide-reaching. On 21 April 2023, all Australian Health Ministers agreed the six priority areas for implementation of the Woman-centred Care Strategy. One of these priority areas is improving access to, and understanding the awareness of, maternity models of care to support greater choice for women in maternity care. This also includes midwifery continuity of care and maternity continuity of carer models.

To support implementation of the Woman-centred Care Strategy, Health Ministers tasked the Health Workforce Taskforce to develop a National Maternity Workforce Strategy. A National Maternity Workforce Strategy is being developed and co-led by Queensland and NSW.

Recommendation 13

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.

The Australian Government **supports** this recommendation.

The MBS Review Taskforce endorsed eight recommendations made by the Participating Midwives Reference Group. Three recommendations have been implemented and the remaining five were funded in the 2024-25 Budget and will be implemented on 1 March 2025. These include:

- Recommendation 1: minimum duration for initial antenatal attendances.
- Recommendation 2: antenatal attendances of at least 90 minutes.
- Recommendation 3: a new item for a complex antenatal attendance leading to a hospital admission.
- Recommendation 9: postnatal attendances of at least 90 minutes.
- Recommendation 10: mandatory clinical activities and increase the minimum time for a 6 week postnatal attendance.

The Participating Midwife Reference Group also recommended that the need for mandated Collaborative Arrangements be removed. Following a review of the evidence, as recommended by the MBS Review Taskforce, and extensive stakeholder consultation, the Australian Government introduced the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024* to the House of Representatives on 20 March 2024. The Bill removes the legislated requirement for eligible midwives and eligible Nurse Practitioners to be in a specified collaborative arrangement with a medical practitioner, for that eligible midwife or eligible Nurse Practitioners to prescribe certain PBS medications or provide services under Medicare. This change came into effect from 1 November 2024.

Midwives in Australia are educated and highly skilled to deliver specialised sexual, reproductive, maternal, and newborn healthcare including care of women and newborns with complex needs, working collaboratively within a multidisciplinary team. Midwifery continuity of care, with the same known midwife across the childbearing continuum to 6-weeks postnatal, is the gold standard of maternity care and is demonstrated to have the best outcomes for women and their babies. Midwifery continuity of care is known to be of additional benefit for women at higher risk of stillbirth, First Nations women, and women from disadvantaged groups. Midwifery continuity of care improves clinical outcomes for both the woman and her baby, promotes maternal and midwifery workforce satisfaction and is cost effective, especially in rural settings.

Australian Health Ministers developed the Woman-centred Care Strategy to provide national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments. The Woman-centred Care Strategy prioritises improving access to, and understanding and awareness of, maternity models of care available to women in their

region, to support greater choice in maternity care, including midwifery continuity of care and other maternity continuity of carer models.

Recommendation 14

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.

The Australian Government **supports** this recommendation.

Research has demonstrated that where trialled, Birthing on Country models of care contribute to better health outcomes for First Nations mothers and babies including a 50 per cent reduction in preterm birth rates and a reduction in child removals at birth. These outcomes directly contribute towards achieving Closing the Gap Outcome and Target 2, that babies are born healthy and strong within a healthy birthweight range.

In guiding the nation's maternity services, the Woman-centred Care Strategy recognises the importance of developing and implementing culturally safe, evidence-based maternity models of care in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) women and communities, including but not limited to Birthing on Country models of care. Health Ministers have agreed a priority area of focus for implementation of the Woman-centred Care Strategy is the review and expansion of information available online to ensure information is culturally appropriate.

The Government has invested \$169.2 million over four years (2021-22 to 2024-25) under the Commonwealth's Closing the Gap Implementation Plan to support Outcome 2: babies are born healthy and strong and Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent. This investment includes:

- \$32.2 million over four years (2021-22 to 2024-25), under the Healthy Mums Healthy Bubs budget measure, to grow the maternity health workforce, redesign maternity services and support Birthing on Country and culturally safe continuous midwifery care activities for women pregnant with a First Nations baby (this funding was allocated to 9 organisations).
- \$12.8 million over four years (2021-22 to 2024-25) to expand the Australian Nurse-Family Partnership Program (ANFPP) from 13 to 15 sites. The two new sites will support First Nations families in the Kimberley and Pilbara regions of Western Australia.
- \$101.7 million over four years (2021-22 to 2024-25) for the continuation of the ANFPP in the 13 existing sites until June 2025.
- \$22.5 million over three years (2022-23 to 2024-25) for a dedicated Birthing on Country Centre of Excellence (the Birth Centre) at Waminda in Nowra, NSW.
 - The construction of the Birth Centre is expected to be completed in September 2026. Once operational, it will service up to 211 mothers in its first year, with this figure expected to grow to 246 by 2032; and grow the First Nations workforce by 70 positions, inclusive of midwives and nurses.
 - The Birth Centre will provide culturally safe care and wrap around services for First Nations families across the perinatal period, inclusive of case

management services, drug and alcohol rehabilitation and accommodation when leaving custody or domestic violence situations.

The Government announced in the 2024-25 Budget measures to address longstanding gaps in insurance coverage for privately practising midwives providing intrapartum care, including homebirths. This will include coverage of these services provided under Birthing on Country models of care.

In addition, the Government is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the development of an Aboriginal and Torres Strait Islander Antenatal to School Ready Health Plan 2024-2034 (due October 2024). This work will guide future investment in culturally safe models of care across the perinatal and early-childhood period.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Underpinned by the National Agreement on Closing the Gap, the Workforce Plan outlines a number of recommendations and contains comprehensive information on retention barriers and enablers (across all health disciplines) specific to Aboriginal and Torres Strait Islander people in rural and remote areas. The Workforce Plan will directly impact multiple Closing the Gap targets, including Target 2: by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight increases to 91 per cent.

Recommendation 15

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.

The Australian Government **supports in-principle** this recommendation.

State and territory governments are the system managers of their public hospitals systems, responsible for the day-to-day administration and performance of their public hospitals. This management role includes determining the availability, types, and range of their public hospital services, including reproductive health services and the locations where they can be delivered safely in their jurisdiction.

The Government does not have the power to direct states and territories to provide public hospital services at specific locations. The Government, however, remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals

States and territories are also required to have arrangements in place to ensure equitable access to such services, regardless of geographic location.

The Government is committed to improving access to health and hospital services so that all Australians receive appropriate health care when and where they need it, particularly in regional, rural, and remote areas. The Government also supports efforts to increase pathways to timely and affordable surgical pregnancy terminations.

Most reproductive health services are considered public hospital services, and the Government makes a contribution towards the costs of services delivered by states and territories.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The scope for states and territories to increase the provision of surgical pregnancy terminations in public hospitals, and to better identify pathways to other local providers and support patients to access them where appropriate, was discussed at the Health Ministers' Meeting in November 2023. All state and territory Health Ministers gave in-principle support and committed to working together on the 12 recommendations that cross into their respective jurisdictional responsibilities.

Recommendation 16

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.

The Australian Government **supports** this recommendation.

The Government has established the National Women's Health Advisory Council to provide strategic advice and recommendations directly to Government to improve health outcomes for Australian women and girls. The Council will also perform the role of a taskforce in providing advice on the implementation of the Women's Health Strategy.

A Monitoring and Reporting Framework for the Women's Health Strategy has been developed and will support implementation of the Strategy. It includes performance indicators to assess and report against key measures of success and implementation of Women's Health Strategy actions. An initial assessment using the Monitoring and Reporting Framework has also been developed to serve as a baseline scorecard to determine the Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting were completed in late-2024 and will inform the Council's advice on implementation of the Strategy.

Recommendation 17

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.

The Australian Government **supports in-principle** this recommendation.

There are well-established and known services (such as 1800 My Options or Children by Choice), and there is a risk that a new national model could duplicate these services and create confusion for health consumers.

The Australian Government will work with Healthdirect to improve advice (through web and phone services), and work with the sector to improve service information available through Healthdirect's Service Finder.

The Australian Government will progress a feasibility study with jurisdictions on the concept of a national model, to be considered by Health Ministers in 2025.

Recommendation 18

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.

The Australian Government **supports in-principle** this recommendation.

From 1 November 2023, new general attendance items for general practice consultations of 60 minutes or more (to be known as level E) are available to support improved access and service affordability for patients with complex needs.

GP general attendance items can be used to support medical termination consultations. Government policy in relation to GP general attendance items (Level A to D consultations and, from 1 November 2023, Level E consultations) support complex consultative care across the full range of patient presentations, including patients who require support in association with a termination procedure.

As contained in the response to recommendation 5, the Government is supporting GPs to bulk bill their patients by providing a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age, and from 1 November 2023 the bulk billing incentive was tripled for the most common GP consultation items, that is:

- All face-to-face general attendance consultations more than six minutes in length.
- All telehealth general attendance consultations which are between six and 20 minutes in length (known as Level B consultations).
- Longer telehealth general attendance consultations (known as level C and D consultations) where a patient is registered through MyMedicare and the service is provided at the practice where they are registered.

Following investment in the 2024-25 Budget, the Medicare GP telehealth item for blood borne viruses and sexual or reproductive health became permanent from 1 July 2024. This helps to ensure adequate remuneration for practitioners, while also providing a vital service – often for rural and regional women who seek privacy if they require a medical termination.

Also from 1 July 2024, MBS rebates for Nurse Practitioners general attendance items increased by 30 per cent as part of the Strengthening Medicare Taskforce reforms.

From 1 November 2024, requesting rights for Nurse Practitioners will be expanded to enable them to request additional ultrasound items to support patients in the before and after care requirements of MS-2 Step[®].

From 1 March 2025, new general attendance items for Nurse Practitioners consultations of 60 minutes or more (to be known as level E) will be available to support improved access and service affordability for patients with complex needs.

Authorised Nurse Practitioners and Authorised Eligible Midwives with the appropriate qualifications and training are able to prescribe MS-2 Step[®] through the PBS, subject to state and territory prescribing rights.

Recommendation 19

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.

The Australian Government **supports in-principle** this recommendation.

The Medicare GP telehealth item for blood borne viruses and sexual or reproductive health (BBVSRH) became permanent from 1 July 2024. This continuation will enable accessibility to time-critical treatments including medical termination and specialised medicines including pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV). The availability of these telehealth services will ensure patients' access to approved prescribers and help patients who have privacy concerns about discussing sexual-health matters with their regular GP. Patients can continue to receive telehealth consultations for BBVSRH from any GP or prescribed medical practitioner, if safe and clinically appropriate.

The BBVSRH services complement a range of other GP telehealth services which may also provide information and access to medical termination if appropriate, including non-directive pregnancy support counselling and non-specific general attendances. From 1 July 2024, GP non-directive pregnancy support counselling telehealth services have the requirement for an established clinical relationship that applies to most common telehealth services. This means eligible patients have received at least one face-to-face service from their telehealth practitioner in the 12 months preceding the telehealth attendance, or from another medical practitioner who is located at the same medical practice. Where clinically relevant, BBVSRH items, which are not subject to the established clinical relationship requirement, can be used instead of non-directive pregnancy counselling items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.

These changes implement recommendations from the independent clinician-led MRAC Post Implementation Review of MBS Telehealth. The review considered the range of telehealth services, their efficacy, safety and potential access issues. The MRAC provided interim advice to the Government in late 2023, and a final report in May 2024.

Recommendation 20

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.*

The Australian Government **supports** this recommendation.

The TGA has approved an application from the sponsor of MS-2 Step® amending restrictions to prescribing and dispensing MS-2 Step®. From 1 August 2023, healthcare practitioners with the appropriate qualifications and training, including Nurse Practitioners are able to prescribe MS-2 Step® subject to state and territory prescribing rights and pharmacists no longer require certification to dispense. Nurse Practitioners (as of 1 August 2023) and EMs (as of 1 September 2023) are now able to prescribe MS-2 Step® through the PBS, subject to state and territory prescribing rights.

State and territory laws regulate the safe storage, prescribing, supply, and use of medicines in their jurisdiction. These jurisdictional laws describe who can lawfully distribute, prescribe, and administer scheduled substances. Legislative amendments to enable Nurse Practitioners and EMs to prescribe MS-2 Step® are being considered by jurisdictions. A key action in the Nurse Practitioner Workforce Plan (the Plan) is to review regulations that allow Nurse Practitioner medication prescribing, with the outcome to remove variations and limitations on Nurse Practitioners' ability to prescribe medication. Endorsed by Government, the Plan was released in May 2023 and implementation has commenced.

Further consideration of expansion of the prescribing workforce to include those without prescribing rights, such as Registered Nurses, Aboriginal and Torres Strait Islander Health Practitioners and Workers, should be discussed with the relevant authorities.

The Nursing and Midwifery Board of Australia (NMBA) has responsibility for developing standards, codes and guidelines which together establish the requirements for professional and safe practice by nurses and midwives in Australia. The Australian Nursing and Midwifery Accreditation Council establishes education standards for nursing and midwifery education on behalf of the NMBA.

Recommendation 21

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.

The Australian Government **supports in-principle** this recommendation.

The Australian Health Practitioners Regulation Agency regulates Australia's registered health practitioners in partnership with 15 National Boards, to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

These matters will be referred to the National Boards who are responsible for setting the standards required for educational programs for health practitioners. Accreditation standards for undergraduate and postgraduate training programs are regularly reviewed, best practice is a 5 yearly review, for content and relevant updates can be included in this process.

As outlined in recommendation 8, medical colleges are responsible for relevant medical training, and are also responsible for maintaining the standards for quality clinical practice, education and training in Australia.

The Medical Board of Australia sets codes and guidelines to guide medical practitioners as to what is appropriate professional conduct. In addition to this, some states and territories have specific guidelines which may inform clinical judgements.

Governments do not have the levers to direct accreditation authorities. The Independent review of complexity in the National Registration and Accreditation Scheme is currently underway. Its Terms of Reference include whether additional levers should be available to governments to direct accreditation authorities. The final report is expected in April 2025.

It is acknowledged that there are a range of topics that health students could learn to better align with community expectations. It is important that accreditation standards keep step with advances in health care and community expectation of care and conduct by health practitioners.

Recommendation 22

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.

The Australian Government **supports** this recommendation.

The Australian Institute of Health and Welfare (AIHW) receives funding for the National Maternity Data Development Project 2023-26 to provide nationally consistent maternal and perinatal data.

In the recent 2024-25 Budget, the Australian Government invested \$8 million for data and evaluation activities on miscarriage, early pregnancy loss, and sexual and reproductive health. This includes:

- \$5.5 million over three years for the AIHW to develop a sexual and reproductive health data set. This will support an understanding of service access deserts, regional needs, contraception uptake and preferences, and pregnancy outcomes. The AIHW has access to a range of data sources, analytical expertise and validated methodologies to develop such a dataset. The development of this data set will help inform sexual and reproductive health policy and ensure improved access to sexual and reproductive healthcare services for all Australians.
- \$1.5 million over two years for a national audit of Early Pregnancy Assessment Service (EPAS) clinics. This will provide baseline data to measure EPAS clinics' service provision, staffing levels, patient numbers, satisfaction levels, and accessibility over time, including areas of shortfall where targeted interventions are required. A service listing will be developed that can be used by healthcare providers to refer women experiencing miscarriage to an appropriate service in their local area for treatment and follow-up care.
- \$1 million over two years for the AIHW to undertake a miscarriage data scoping study. This will provide clarity around definitions of miscarriage for data collection purposes, establish existing and potential data sources, and report on options for national collection of miscarriage data.

Recommendation 23

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.

The Australian Government **supports in-principle** this recommendation.

The Government acknowledges that access to menstrual hygiene products is essential to support full participation for women, girls, and gender-diverse people in education, employment and social activities.

Several states and territories are providing or trialling access to free sanitary products, mainly through schools. State and territory education authorities are responsible for managing schools and ensuring appropriate measures are in place so students can learn in safe, healthy, and supportive environments. Some jurisdictions, for example, NSW, Tasmania, and Victoria, are also providing free menstrual hygiene products in public spaces and/or healthcare settings. It should be noted that any evaluation of the jurisdiction programs to determine effectiveness nationally would require consultation with jurisdictions.

Through the 2024-25 Budget, \$12.5 million over four years will be provided to the NACCHO to provide free menstrual hygiene products to rural and remote First Nations women and girls. This will enable NACCHO to facilitate community-led, fit for purpose distribution of free menstrual hygiene products that best meets the needs of rural and remote First Nations communities. In many rural and remote communities' menstrual hygiene products are expensive, the cost is often double that of metropolitan items^{5,6} and can be hard to access.

⁵ Plan International Australia, '[A tough period](#)', A tough period Australia report, *Plan International Australia*, May 2023.

⁶ Share the Dignity, [Indigenous Menstrual Health](#), accessed December 2023.

Recommendation 24

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.*

The Australian Government **supports** this recommendation.

Addressing inequities in healthcare, between and within different priority population groups, is a key focus of the Women's Health Strategy and National Men's Health Strategy 2020-2030. To support this the Government has:

- Invested \$5.6 million in the 2024-25 Budget to continue delivery of Health in My Language (HIML), which will pivot its program to specifically target CALD women on sexual and reproductive health issues. The program will run across all jurisdictions.
- Awarded a contract of \$5.9 million from 2022-23 to 2023-24 to update the Clinical Practice Guidelines: Pregnancy Care and develop new Postnatal Care Guidelines. The project includes targeted consultation and guidance for priority populations including CALD and First Nations people. Practice support tools will also be developed to assist health professionals to translate both sets of guidelines into practice.
- Funded education and awareness of stillbirth, and bereavement support in relation to stillbirth and miscarriage including tailored approaches for First Nations and CALD women. This includes cultural adaptation and translation of resources.
- Funded the Migration Council of Australia (now the Social Policy Group) in 2019 to develop and launch:
 - Competency Standards Framework which provides cultural responsiveness competency standards for working with people from migrant and refugee backgrounds. This framework has been widely endorsed by peak professional bodies for clinicians.
 - A guide for clinicians working with interpreters in healthcare settings which provides evidence-based recommendations for effective communication in the event of doctor-patient language discordance, specifically with regard to engaging and working with interpreters. This guide is officially recognised as an accepted clinical resource by the RACGP.
- Provided more than \$16 million from 2022-23 to 2025-26 to the GP Colleges to form the Joint Colleges Training Services Pty Ltd (JCTS). The objective of this funding is to:

- Support the delivery of GP training in First Nations health settings.
- Ensure that the training program is culturally safe for all participants (through cultural education and mentoring).
- Support First Nations registrars to achieve GP Fellowship.
- Provided funding of \$0.89 million from 2024 to 2025 to the Indigenous General Practice Trainee Network (IGPTN) to provide independent, culturally appropriate support to Aboriginal and Torres Strait Islander GP registrars. This includes the design, development, coordination and management of professional development activities and education resources; provision of independent advice and mentoring; and representation of First Nation registrars' interests in vocational GP training.
- Provided funding of \$0.54 million from 2022-23 to 2025-26 to the Cultural Educators and Cultural Mentors Network to provide capacity building and professional development activities; independent representation, coordination and support mechanism for all cultural educators and cultural mentors to deliver culturally appropriate in GP training.
- Provided funding of \$29.5 million from 2021 to 2025 towards the Flexible Approach to Training in Expanded Settings (FATES) program. The FATES program responds to priorities in the National Medical Workforce Strategy (NMWS) to rebalance supply and distribution of many specialities by improving systems and structures to encourage training in regional, rural, and remote areas, and to increase the number of First Nations doctors, as well as ensuring Australia's medical workforce can provide culturally safe services.
- Through the FATES, program funding of \$350,000, from 2023 to 2025, is being provided to support RANZCOG's First Nations Trainees and Fellows through financial support, attendance at workshops, and the development of peer networks outside their usual work settings.
- Funded the Australian Indigenous Doctors' Association Specialist Trainee Support Program \$4.92 million from 2023 to 2028. The program complements the NMWS and is a consortium project led by the Australian Indigenous Doctors' Association with all 13 non-GP Specialist Medical Colleges. The program aims to improve recruitment, selection, and retention of First Nations specialist trainees, increase the focus of cultural safety in medical college-led training, and provide tailored one-on-one support to current and prospective trainees. The program will help grow the First Nations workforce, reduce barriers for doctors to work and train in rural and remote communities, and increase the number of trainees in undersupplied specialities.
- Funded the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver online training resources that assist health workers to provide meaningful, accessible and culturally appropriate sexual health advice and care to First Nations people and CALD groups. ASHM has expertise in training and resource development to support the health workforce, including training accredited with a variety of professional colleges to meet CPD requirements that healthcare professionals complete as part of their continuing registration.

There are a number of existing guidelines and training on providing culturally safe care to First Nations people, and migrants and refugees. These include:

- The RACGP 2022 curriculum, which includes a core unit on First Nations health and a contextual unit on migrant, refugee and asylum seeker health.
- The Migrant and Refugee Health Partnership Competency Standards Framework - Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds.
- The Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death includes guidance on cultural safety and highlights the importance of providing services in a culturally safe way, including awareness of vulnerable groups who may have a history of trauma and loss.
- The Clinical Practice Guideline: Pregnancy Care include clinical recommendations around pregnancy care for:
 - First Nations women acknowledging the importance of working in partnership with women, First Nations health professionals and communities, noting this should be informed by cultural safety training for health professionals.
 - Migrant and refugee women, acknowledging the importance of understanding the issues facing families from migrant and refugee groups to improve the care and to use accredited health interpreters and multicultural health workers, wherever possible.

The Government is also supporting the further development of training to provide culturally safe care to CALD, migrant and refugee women. This includes funding of \$699,000 over three years (2023-24 to 2025-26) to the Multicultural Centre for Women's Health (MCWH) to establish a national Community of Practice and develop and deliver training for health professionals to increase the Australian health workforce's ability to address the health impacts of Female Genital Mutilation/Cutting (FGM/C).

The Government has invested in several programs to support the development and delivery of training to health practitioners providing trauma informed care. This includes:

- Increased support to primary care providers to assist in the early identification and intervention of family, domestic, sexual violence and child sexual abuse through \$48.7 million over four years from 2022-23 to 2025-26 including:
 - \$45.5 million to extend and expand a Primary Health Network (PHN) pilot. The pilot focuses on the development and delivery of training, resources and capacity building activities for primary care to enhance the capacity to recognise and respond to family, domestic and sexual violence as well as a range of system integration activities to improve the quality of support provided to victim-survivors.
 - \$450,000 to develop nationally consistent sexual violence resources to support the primary care workforce and its engagement with victim-survivors.

- \$4.75 million for Sexual Health and Family Planning ACT to support development of the family, domestic, sexual violence service sector to support and educate women with disabilities.
- \$34 million from 2022-23 to 2026-27 to Lifeline Australia to deliver DV-alert, a free nationally accredited training program to help health, allied health and community frontline workers better understand and identify domestic and family violence and improve their referral and support skills. DV-alert also offers accredited specialised streams to train frontline workers in the specific needs of particular cohorts, including First Nations, CALD and women with disability, and in specific skills such as working with interpreters and recognising complex forms of violence.
- \$6.4 million from 2022-23 to 2026-27 for Monash University to deliver the Accredited Training for Sexual Violence Responses program, including to medical professionals. This training educates medical professionals on how to respond to victims of sexual violence in a way supports the victim's safety and autonomy and covers responding to sexual violence in at-risk patients.

The Government has invested in several programs to increase the Aboriginal and Torres Strait Islander workforce, and to support the development and delivery of training to health practitioners providing care to Aboriginal and Torres Strait Islander peoples. This includes:

- Funding Aboriginal and Torres Strait Islander Health Professional Organisations \$52.96 million over four years (2022-23 to 2025-26) to support and develop the growing Aboriginal and Torres Strait Islander health workforce. Funding also supports work to increase the cultural capability of the broader health workforce, to support better care of Aboriginal and Torres Strait Islander people.
- Investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship Program. The program will support up to 500 First Nations trainees to become Aboriginal Health Workers or Health Practitioners and work across various health settings to deliver culturally appropriate care.
- Funding the Indigenous Health Workforce Traineeship Program to provide \$20.5 million over five years (2020-21 to 2024-25) to approved NACCHO affiliates. The program aims to improve Aboriginal and Torres Strait Islander health through building the capacity of Aboriginal Community Controlled Health Services to provide culturally appropriate health care.

Further, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan) was co-designed in genuine partnership with the sector and has been endorsed by the Commonwealth, territory and state Health Ministers. The Workforce Plan sets the target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031 and aims to strengthen the cultural safety of the health system more broadly.

Recommendation 25

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.

The Australian Government **supports** this recommendation.

The Government is committed to expanding representation of Australia's multicultural population in the health workforce including sexual and reproductive health workforce.

Funding of \$18.9 million has been provided over four years (2021–22 to 2024–25) for the delivery of the national bicultural health educator program, Health in My Language (HIML). The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters. Through funding provided in the 2024-25 Budget, valued at \$5.6 million, the program is pivoting to specifically target CALD women on sexual and reproductive health.

An evaluation of the HIML program is being supported by \$0.94 million provided in the 2023–24 Budget to review activities undertaken by multicultural communities to support CALD communities throughout the COVID-19 Vaccine rollout. The Review will build an evidence-base to inform a co-designed COVID-19 engagement strategy to activate culturally safe responses to address factors influencing COVID-19 vaccine uptake across CALD communities and to inform future public health responses.

The 2023-24 Budget provided the Federation of Ethnic Communities' Councils of Australia (FECCA) with \$2.5 million over four years in seed funding towards the Australian Multicultural Collaborative (the Collaborative), to support the engagement of health consumers from CALD backgrounds in the design and implementation of the Strengthening Medicare reforms.

Additionally, the 2023-24 Budget allocated \$20 million over two years to establish a new PHN Multicultural Access Program for PHNs to commission services to support CALD communities to access primary care services. Sexual and reproductive health services, support, navigation, and information is in scope for the funding if it is identified as a need based on local needs assessments.

Recommendation 26 and Recommendation 27

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.

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+.

The Australian Government **supports** these recommendations.

Issues related to sexual and reproductive healthcare for LGBTIQ+ people are highlighted in the 10-year [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035](#). The LGBTIQ+ Action Plan was guided by the LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (EAG) and co-designed with LGBTIQ+ people with lived experience through extensive consultations. The LGBTIQ+ Action Plan was delivered by Government in December 2024.

The Government will provide initial investment of \$15.5 million to commence system-wide improvements to give LGBTIQ+ people access to safe, appropriate and stigma-free health and wellbeing care. To support the implementation of the Action Plan, the Government has made a series of investments, including:

- Establishing a \$13 million grants program to scale up dedicated LGBTIQ+ services and support successful initiatives that build the health and wellbeing of LGBTIQ+ communities.
- Investing \$2 million to collect data to underpin priority areas for action through La Trobe University's 'Private Lives' and 'Writing Themselves In' health and wellbeing surveys.
- Providing \$500,000 to expand InterAction for Health and Human Rights InterLink program, a community-led professional psychosocial support service for people with innate variations of sex characteristics.

The Government consulted closely with people with innate variations of sex characteristics regarding surgical interventions in the context of the LGBTIQ+ Action Plan. Intersex Human Rights Australia is a member of the EAG guiding development of the LGBTIQ+ Action Plan.

Recommendation 28

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.

The Australian Government **supports** this recommendation.

The Government collaborated with state and territory governments to develop the National Principles to Address Coercive Control in Family and Domestic Violence (National Principles). The National Principles establish a shared understanding of coercive control, including reproductive coercion, and outline guiding considerations to inform responses to coercive control. The National Principles were launched in September 2023.

To inform development of the National Principles, the Government engaged the Australian Institute of Family Studies (AIFS) to conduct a literature review on coercive control, which includes research on reproductive coercion. The literature review is available on the AIFS website (www.aifs.gov.au).

The National Principles are supported by a range of resources, including two quick reference guides for healthcare practitioners to promote and create awareness of coercive control within the health section.

Some practice guidelines already exist which address reproductive coercion, notably the recent AIFS Reproductive coercion and abuse Practice Guide. The Government has also funded the revision of the RACGP White Book, which includes information on reproductive coercion and case studies.

Recommendation 29

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.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to ensuring reproductive health services are disability inclusive and empowering for young people with disability.

A priority of the Women's Health Strategy is to increase access to sexual and reproductive health care information, diagnosis, treatment and services, and acknowledges women and girls living with disability and carers as a priority population.

The National Plan to End Violence against Women and Children 2022-2032 recognises that women and girls with disability are at particular risk of forced or coerced sterilisation, forced contraception or limited/no contraceptive choices, menstrual suppression, poorly managed pregnancy and birth, and forced or coerced abortion. The *First Action Plan 2023-2027* (Action Plan) provides a roadmap towards achieving the vision of the National Plan. Responding to recommendation 8.23 of the Disability Royal Commission, the Government has committed to applying a disability lens to implementation of the Action Plan, to support policy, program and service reform and change that responds to the needs of women and girls with disability, and associated communication material and resources that are accessible.

The National Roadmap for Improving the Health of People with Intellectual Disability (the Intellectual Disability Roadmap) (released in August 2021) includes a short-term action for the Commonwealth to work with PHNs, the National Disability Insurance Agency, and other advocacy organisations to better promote mental health and reproductive health services to people with intellectual disability and connect existing services to a National Centre of Excellence in Intellectual Disability Health (the Centre).

The Government is providing \$22 million over four years from 2022-23 to 2025-26 for the Centre. The Centre has been established by a consortium of nine organisations, led by the University of NSW. People with intellectual disability are directly involved in the establishment and running of the Centre.

The Centre's core functions include, but are not limited to:

- Providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing quality, accessible health resources and information for people with intellectual disability and their families.
- Establishing a central hub of expertise, resources, and research in the healthcare of people with intellectual disability and information for people with intellectual disability and their families, to help deliver its core functions.
- Serving as a source of expert advice for implementing other measures under the Intellectual Disability Roadmap. It is anticipated the Centre may undertake some of the other actions in the Intellectual Disability Roadmap.

The response to recommendation 24 contains additional information on support for people with disabilities concerning sexual health, respectful relationships and consent training concerning sexual violence.

Recommendation 30 and Recommendation 31

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.

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.

The Australian Government **supports in-principle** these recommendations.

Eligibility under Medicare is governed by the *Health Insurance Act 1973* and is generally restricted to people who are residing in Australia, and are either:

- Australian citizens.
- Permanent visa holders.
- New Zealand citizens.
- In certain circumstances, applicants for a permanent visa.

Visitors to Australia are strongly recommended to make their own arrangements for private health insurance, regardless of whether it is a visa condition, to ensure they are fully covered for any unplanned medical and or hospital care they may need while in Australia.

When an individual requires healthcare assistance in Australia and are not covered by an appropriate level of private health insurance cover, as a non-resident and non-citizen of Australia, a person will be considered a private patient and will be required to pay any costs at the time of treatment. This will apply whether a person seeks healthcare treatment in either the public or private healthcare system. For routine medical treatment in Australia, out-of-hospital treatment from a GP is normally the most cost-effective solution.

As outlined in the response to recommendations 12, the planning and delivery of Australian maternity services is predominantly undertaken by states and territories with the Australian Government providing national direction and supporting efforts to improve care and outcomes, which includes developing and implementing culturally safe and responsive, evidence-based maternity care in partnership with CALD women and communities.

There has been consultation with insurers and international student representative organisations in the context of improvements to the next Deed for Overseas Student Health Cover (OSHC), commencing 1 July 2025. The intention is that the next Deed will remove waiting periods for pregnancy, birth, miscarriage, and termination, for OSHC products with a duration of two years or more. This accounts for the majority of OSHC products.

The benefits paid for pregnancy related conditions are generally significant, requiring higher premiums to ensure adequate cover. The level of benefits paid by insurers reflects the fees charged by doctors and hospitals. Insurers have advised pregnancy related conditions are a key driver of hospital treatment benefits expenditure, particularly public hospitals, given this is the usual setting for care provided to international students. It is anticipated the removal of the waiting period will result in premiums which are slightly higher than otherwise.

Recommendation 32 and Recommendation 33

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.

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.

The Australian Government **supports in-principle** Recommendation 32 and Recommendation 33.

The Government will further consider implementation issues relating to this recommendation, including the scope of any legislative or other changes that may be required. This will also take into account consideration of recent changes to the sector's definition of infertility adopted by the Australian and New Zealand Society for Reproductive Endocrinology and Infertility, RANZCOG and the Fertility Society of Australia and New Zealand. The Government notes this revised definition encompasses a broader consideration of a patients' sexual orientation, reproductive history and circumstances.

Recommendation 34

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.

The Australian Government **supports** this recommendation.

The Australian Government has committed \$83.5 million through its Consent and Respectful Relationships Education initiative, to partner with jurisdictions and non-government school systems to deliver expert-developed, high quality, age-appropriate, evidence-based respectful relationships education, including consent and sexuality education, in states and territories. This includes, for example, the delivery of whole-school approaches and building capability of educators. Funding will be provided to states, territories and the non-government school sector from 2024.

A National Respectful Relationships Education Expert Working Group was established in June 2023 to support the schooling sector to deliver the Consent and Respectful Relationships Education initiative. Membership includes independent experts and representatives from the Australian Government, state and territory governments, and the Catholic and independent education sectors.

Implementation has been informed by a rapid review on how respectful relationships education is being delivered in schools, identifying gaps and opportunities, and the development of a Respectful Relationships Education Framework. These activities were undertaken by the Monash Gender and Family Violence Prevention Centre at Monash University, in consultation with the National Respectful Relationships Education Expert Working Group.

In addition, under the Australian Curriculum, students study Health and Physical Education from Foundation to Year 10 enabling students to develop skills, understanding and willingness to positively influence the health and wellbeing of themselves and their communities. The relationships and sexuality content in the curriculum addresses physical, social and emotional changes that occur over time and the significant role relationships, identities and sexuality play in these changes. The content supports students to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.

The Fourth National Sexually Transmissible Infections (STI) Strategy 2018-2022, endorsed by Australia's Health Ministers, include the recommendation that effective culturally and age-appropriate sex education should be delivered to Australian school students to improve knowledge and awareness of healthy relationships and STI, and reduce risk behaviours associated with the transmission of STI. The Fifth National STI Strategy 2023-2030 was released for public consultation on 22 November 2024.

Recommendation 35

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.

The Australian Government **supports** this recommendation.

As outlined in the response to recommendations 26 and 27, the Government has committed to community investment to support LGBTIQ+ health literacy in implementing the LGBTIQ+ Health and Wellbeing Action Plan.

A national STI campaign, titled 'Beforeplay', launched on 14 January 2024 and aims to educate and raise awareness of STI prevention, with a focus on regular testing and promoting safe sex behaviours. The campaign is highly targeted to priority groups, including members of the LGBTIQ+ community, First Nations people, and CALD populations. In addition, media partnerships with LGBTIQ+ and First Nations publishers extend the reach to these audiences. Specialists in multicultural communication adapted and translated campaign materials, while a tailored public relations strategy for First Nations audiences was developed to engage and educate through trusted voices, community engagement and meaningful content. The Department of Health and Aged Care has undertaken a pilot to collaborate and co-design below the line First Nations assets with the Northern Territory and Queensland governments that can be delivered nationally.

In 2023, the Government established the HIV Taskforce to develop recommendations on priority areas of action that would contribute to the elimination of HIV transmission in Australia by 2030.

The HIV Taskforce discussed a range of issues including education, prevention, testing, treatment, workforce, legal issues, stigma and discrimination, and government relations. These findings were incorporated into the HIV Taskforce Report, which was released on 30 November 2023. The report sets out the Taskforce's finding and recommendations, organised into 6 sections addressing prevention, testing, treatment, awareness, decriminalisation and partnership.

In the 2024–25 Budget, the Government provided \$43.9 million to support the implementation of a number of recommendations from the HIV Taskforce. These measures address the most pressing actions required to eliminate the transmission of HIV in Australia.

This includes the establishment of a new program to provide subsidised PrEP preventive medication for people who are not eligible for Medicare, as well as a range of initiatives aimed at reducing the transmission of HIV in Australia.

The Budget also included a national rollout of HIV testing vending machines and the expansion of the national HIV self-test mail out program to ensure any individual who wishes to test for HIV is able to do so. These programs are working to bring together community and industry, to reduce barriers to HIV testing nationally.

The Government is funding the University of Queensland to implement the 'Young Deadly Free' (YDF) Program which aims to increase awareness of STIs and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander communities through sexual health literacy.

The 2017 Action Plan: Enhanced Response to Addressing STI/BBV in Indigenous Populations also considered opportunities to improve sexual health education for 13-19 year olds in schools and investigate options for starting sexual health education from age 10. It found sexual health literacy in Australia was mostly decentralised and controlled by individual states, territories and schools in some instances. In response, the Department of Health and Aged Care partnered with Australian Education Services to upload Aboriginal and Torres Strait Islander sexual health material, developed through the YDF Program, on the Student Wellbeing Hub – which is a repository of information for teachers, parents and students on a wide range of curriculum relevant material.

Recommendation 36

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.

The Australian Government **supports in-principle** this recommendation.

The 2024 MRFF Emergency Priorities and Consumer-Driven Research Initiative Infertility, Pregnancy Loss and Menopause Grant Opportunity closed on 6 November 2024, with funding expected to commence from June 2025. Stream four of this Grant Opportunity has a focus on the impacts of perimenopause and menopause research to investigate impacts on workforce engagement and retention, including on paid and unpaid employment.

The Terms of Reference for the Senate inquiry into the issues related to menopause and perimenopause includes 'the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports'.

The Government funds Jean Hailes for Women's Health to undertake an annual study designed to increase understanding of the issues that affect women in Australia, attitudes and behaviours, and the health information and policy changes that will help improve women's health and wellbeing. The 2023 National Women's Health Survey included questions to assess the impact of reproductive health on women's participation in all areas of life, including work, and attitudes to menopause and menstrual leave. Three reports from the National Women's Health Survey have been published, *Pelvic Pain in Australian Women*⁷, *The impact of symptoms attributed to menopause by Australian women*⁸ and *Australian women's attitudes to menstrual and menopause leave*⁹.

The Government provides core funding to the Australian Longitudinal Study on Women's Health (ALSWH). The population-based survey examines the health and wellbeing of over 57,000 Australian women across 4 cohorts. The study has provided data on the health of Australian women since 1995 and supports evidence-based policy and practice in many areas of women's health. ALSWH data is being used in a research project examining reproductive events and workforce participation across the life course, with outcomes expected in 2026¹⁰.

The *Fair Work Act 2009* National Employment Standards (NES) provide permanent employees with an entitlement to paid personal/carer's leave, which can be taken when an employee is unfit for work because of a personal illness or injury, or caring responsibilities.

⁷ www.jeanhailes.org.au/research/womens-health-survey/pelvic-pain-in-australian-women

⁸ www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women

⁹ www.jeanhailes.org.au/research/womens-health-survey/australian-womens-attitudes-to-menstrual-and-menopause-leave

¹⁰ www.alsw.org.au/projects/a785a-reproductive-events-and-workforce-participation-across-the-life-course/

The Government acknowledges that reproductive health leave provisions are being adopted in some workplaces in Australia, directly by employers or through enterprise agreements. The Department of Employment and Workplace Relations has captured IVF/reproductive leave, menstrual leave and menopause leave in its database of approved enterprise agreements since 2023. This information will continue to be captured, providing insights into the implementation of reproductive health leave entitlements in Australian workplaces.

The *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022* amended the Fair Work Act to make gender equality an object of the Fair Work Act, a Modern Awards Objective, and a Minimum Wages Objective.

- The Fair Work Commission must now consider gender equality when making decisions. For example, gender-responsive workplace conditions such as those in relation to reproductive health may be relevant considerations for the Fair Work Commission when dealing with modern awards. This is because the modern awards objective requires the Commission to ensure modern awards, together with the NES, provide a fair and relevant safety net of terms and conditions, taking into account several factors including the need to achieve gender equality in the workplace by providing workplace conditions which facilitate women's full economic participation.

The Secure Jobs, Better Pay reforms also improved access to bargaining through the supported bargaining stream. This will help workers in lower paid and feminised sectors to negotiate better pay and conditions for themselves. This could include negotiating for more generous leave entitlements, including in relation to reproductive health. Supported bargaining may also assist in influencing the prevalence of leave arrangements within these sectors.

Secure Jobs Better Pay reforms also improved access to flexible work arrangements, which may help individuals manage reproductive health issues in their workplaces. The Fair Work Commission can now deal with disputes about eligible employees' requests for a flexible working arrangement, including by arbitration.

Australian Greens Recommendations

Greens 1: That the Australian Government funds the free provision of all approved contraceptive methods.

The Australian Government **notes** this recommendation.

Refer to the response to recommendation 4.

Greens 2: That the Australian Government work with states and territories to:

- *ensure abortion services are provided at no cost; and*
- *maintain locally-administered public funds to assist patients to cover indirect costs where services are not provided in the local hospital.*

Greens 3: That the Australian, state, and territory governments work towards the harmonisation of pregnancy termination legislation across all Australian jurisdictions, based on best practice models of care.

The Australian Government **notes** these recommendations.

The Government provides funding for pregnancy termination services via:

- Public hospitals funding through the NHRA
- MBS items for surgical terminations and for face-to-face and telehealth consultations for access to sexual and reproductive healthcare, and
- PBS listings for medical termination medication.

Fees charged by private providers are not set or controlled by the Government, but MBS rebates may apply.

Access to pregnancy termination services is a state and territory responsibility and the laws relating to pregnancy termination are a matter for individual jurisdictions. Laws relating to pregnancy termination vary between jurisdictions, including the legal conditions under which a termination can be performed and the requirements for patients to access termination services.

The responses to recommendations 15, 18 and 20 provide further information on pregnancy termination in Australia.

Greens 4: That the Government remove legal barriers to accessing IVF and altruistic surrogacy arrangements by:

- *amending the definition of infertility to align with the International Committee Monitoring Assisted Reproductive Technologies' definition of infertility; and*
- *deleting the word 'particular' from subsection 12(1) of the Prohibition of Human Cloning for Reproduction Act 2002.*

The Australian Government **notes** this recommendation.

Refer to the response for recommendations 32 and 33.

The *Prohibition of Human Cloning for Reproduction Act 2002*, subsection 12(1) states:

A person commits an offence if the person intentionally creates a human embryo by a process of the fertilisation of a human egg by a human sperm outside the body of a woman, unless either both of the following apply:

(a) the person's intention in creating the embryo is to attempt to achieve pregnancy in a particular woman...

Section 12 is intended to address ethical concerns around the creation of a human embryo outside the body of a woman for reasons beyond an attempt to achieve pregnancy in a particular woman. The feasibility of amending this legislation would depend on whether the broader ethical concerns in the creation of an embryo at a time when a particular woman is not identified for the purposes of achieving pregnancy can be managed in an alternative way.

Abbreviations

AusCAPPS = Australian Contraception and Abortion Primary Care Practitioner Support
 AIFS = Australian Institute of Family Studies
 ART = assisted reproductive technology
 ARTG = Australian Register of Therapeutic Goods
 BBV = blood borne viruses
 BBVSRH = blood borne viruses and sexual and reproductive health
 CALD = culturally and linguistically diverse
 CPD = continuing professional development
 EAG = Expert Advisory Group
 FATES = Flexible Approach to Training in Expanded Settings
 FTE = full time equivalent
 GP = general practitioner
 HIV = human immunodeficiency virus
 HWT = Health Workforce Taskforce
 Intellectual Disability Roadmap = National Roadmap for Improving the Health of People with Intellectual Disability
 IRTP = Integrated Rural Training Pipeline
 IUD = intrauterine device
 IVF = in vitro fertilisation
 LARC = long-acting reversible contraception
 LGBTIQ+ Action Plan = 10 year National Action Plan on the Health and Wellbeing of LGBTIQ+ people 2025-2035
 MBS = Medicare Benefits Schedule
 MCWH = Multicultural Centre for Women's Health
 MRAC = MBS Review Advisory Committee
 MRFF = Medical Research Future Fund
 MS-2 Step[®] = mifepristone and misoprostol
 MSAC = Medical Services Advisory Committee
 MYEFO = Mid-Year Economic and Fiscal Outlook
 NACCHO = National Aboriginal Community Controlled Health Organisation
 National Centre = National Centre of Excellence in Intellectual Disability Health
 National Principles = National Principles to Address Coercive Control in Family and Domestic Violence
 NES = National Employment Standards
 NHMRC = National Health and Medical Research Council
 NHRA = National Health Reform Agreement
 NMWS = National Medical Workforce Strategy
 NP = Nurse Practitioners
 NSW = New South Wales
 OSHC = Overseas Student Health Cover
 PBS = Pharmaceutical Benefits Scheme
 PBAC = Pharmaceutical Benefits Advisory Committee
 PHN = Primary Health Network
 PreP = Pre-exposure Prophylaxis
 RACGP = Royal Australian College of General Practitioners
 RANZCOG = Royal Australian and New Zealand College of Obstetrics and Gynaecology

RN – Registered Nurses

RPGP = Rural Procedural Grant Program

STP = Specialist Training Program

TGA = Therapeutic Goods Administration

Woman-centred Care Strategy = Woman-centred care: Strategic directions for Australian maternity services

Women's Health Strategy = National Women's Health Strategy 2020-2030

WIP-PS = Workforce Incentive Program – Practice Stream

YDF = Young Deadly Free