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Submission Cover Sheet

Inquiry into Abortion and reproductive choice in the ACT

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Submission - Inquiry into abortion and reproductive choice in the ACT

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I would like to thank the ACT government for launching an inquiry into the issue of access to abortion and reproductive choice in the territory, and for the opportunity to make a submission. I would like to also commend the government for their recent decision to make abortion free in the territory - particularly for all residents of the ACT, with or without medicare.

This submission will focus on barriers to access that exist for those residing in the ACT who are not eligible for medicare, particularly international students. These barriers are the ones I am most acutely aware of on a personal level, as a non-citizen residing in the ACT. I have called Canberra home for four years, with approximately three of those years being spent on a student visa, and approximately one year being spent on a working holiday visa.

In February of 2020, a few weeks after I started studies at the University of Canberra I had a pregnancy scare. I was using the contraceptive ring, which can be removed and left out for up to three hours, but I had taken it out during sex, and then left it out for nearly twelve hours before realising and inserting a new ring. Then my period was late. For a period of about two weeks, I was taking regular pregnancy tests, monitoring for symptoms of pregnancy, and spending the time in between desperately researching what my options were for terminating a pregnancy, and how much it would cost.

Thankfully, I was not pregnant, but suffice to say, that was not how I expected to spend my first month back at university. The information available about accessing abortion for international students that was available was confusing and often contradictory, and the ultimate conclusion was that if I needed a procedure, I would be liable for a significant amount of upfront costs, which I was unsure I would be able to afford.

I am also very aware of the privileges I had compared to other international students. English is my first language, and I'm from Canada which has a similar medical system and similar culture. I have a background working in sexual health, and therefore had above average knowledge surrounding abortion procedures. It also, at that time, wasn't my first time accessing the Australian healthcare system.

Despite all of those privileges, trying to find the right information about where to go, and about costs added even more stress to an already difficult time. The sections of my submission outline several gaps that exist when accessing reproductive care in the ACT, particularly focusing on those that impact international students and temporary workers.

With Australia reopening its borders, there has been an influx of international students and temporary workers coming to the ACT for opportunities to study and work in our community. We need to ensure that these residents are not left behind, or left out of the conversation when it comes to access to reproductive choice.

Health Insurance for Overseas Students and Workers

Excluding a handful of countries with reciprocal healthcare agreements¹, most temporary visa holders must maintain private health insurance as a visa condition. For Student Visa Holders, there is a specific type of insurance required - Overseas Student Health Cover (OSHC) which is regulated by the Commonwealth Department of Health and Aged Care², who set out minimum standards for what OSHC must cover and how much it should cost.

This regulation works quite well, especially when compared to the higher costs and coverage limitations prevalent in Overseas Visitor Health Cover (OVHC), for other temporary visa holders, something acknowledged by the department on its own website³. Most of the issues with health cover for immigrants fall to the federal government to fix - but there is still work that can be done by the territory government to address them.

There are several significant gaps that OSHC coverage creates for accessing reproductive care, both in terms of information and costs. I have spent the majority of my time in Australia insured by OSHC and therefore have a greater breadth of knowledge on this specifically, but it is likely safe to assume that OVHC for temporary workers, owing to a lack of similar regulation, has even greater gaps.

OSHC Waiting Periods

The biggest issue I encountered during my pregnancy scare was that my OSHC provider had a 12 month waiting period before any coverage would apply for “pregnancy related expenses.” At the time, there was no information stating clearly whether this waiting period would apply to seeking the termination of a pregnancy, though there was information that the waiting period could be waived if a treating medical professional, and my OSHC fund agreed that my treatment was an emergency⁴.

The language in the deed regulating OSHC is also unclear on this front, specifying a waiting period of no more than 12 months can apply to “Hospital treatment or hospital-substitute treatment that is for a pregnancy related condition, except for Emergency Treatment.”

¹<https://www.servicesaustralia.gov.au/when-reciprocal-health-care-agreements-apply-and-you-visit-australia?context=22481>

²<https://www.health.gov.au/resources/publications/deed-for-the-provision-of-overseas-student-health-cover-1-july-2016>

³ https://www.privatehealth.gov.au/health_insurance/overseas/overseas_visitors_health_cover.htm

⁴ https://www.medibank.com.au/content/dam/b2c/docs/mpl/Essentials_OSHC_Cover_Summary.pdf

Information that is now public facing on the [New South Wales International Student Health Hub](#) website states that my fund would pay benefits towards the cost of an abortion⁵, but other funds simply link back to the same policy documents⁶ that caused my confusion back in 2020. The language on this website also does not specify in any detail how coverage would apply to accessing medication abortion, and does not explicitly state that abortion care is not subject to a waiting period.

Ultimately I'm still unsure whether my OSHC provider would have subjected me to a 12 month waiting period and therefore declined to pay benefits towards an abortion had I needed one. And in fact regardless, if I had been pregnant and chosen to give birth - something that should be my choice, and my choice alone - I would have been subject to especially high out of pocket costs to give birth in Australia.

I'm unsure what has guided the policy decision to subject pregnancy care to a waiting period, but I find it doubtful that without that limitation, there would be an influx of international students arriving in Australia and getting pregnant in their first 12 months of study.

OSHC and out-of-pocket costs for reproductive care and contraception

Even if a OSHC provider will pay benefits, there are still several cost related issues that arise. The first issue is the significant gap between the MBS benefit for abortion and the actual cost of the procedure in the ACT, which has been largely addressed by the government's commitment to make abortion free in the territory by 2023.

A cost gap that is unique to OSHC holders is that OSHC pays comparatively limited benefits towards pharmaceuticals - for my provider and many others, they cover up to \$70 per prescription, after a \$30 co-pay⁷, when the base cost for MS-2 step, the abortion pill is \$353.84⁸, leaving OSHC holders liable to pay \$323.84 out of pocket for just the medication alone - excluding costs associated with obtaining the prescription.

Another prescription-related cost gap is the cost of accessing contraceptives. OSHC providers specifically do not cover the costs of oral contraceptives, though a partial rebate (the \$70 after a \$30 co-pay listed above) can be provided for long-acting contraceptives listed on the PBS, such as intrauterine devices (IUDs), the contraceptive implant or contraceptive shot. Again, these

⁵ <https://internationalstudents.health.nsw.gov.au/medibank/>

⁶ <https://internationalstudents.health.nsw.gov.au/allianz-care/>

⁷ <https://www.medibank.com.au/overseas-health-insurance/oshc/essentials-oshc/?productType=students>

Note: this coverage is also subject to a \$300 annual maximum for single OSHC holders, \$600 for combined/family OSHC.

⁸ <https://www.pbs.gov.au/medicine/item/10211K>

contraceptives carry a much higher private cost, leaving OSHC holders liable to pay the bulk of the cost out of pocket.

The second costs-related issue, which needs to be taken into consideration while the commitment to free abortion is implemented, is that Marie Stopes, as the only provider of surgical abortion services in the ACT, does not, to my knowledge (having obtained long acting contraception there in late 2020) bulk bill to OSHC providers. It also does not currently publicly list the cost to access an abortion for non-medicare holders.

The process to obtain OSHC coverage for pregnancy care is also confusing, and there is limited public facing information what care providers will charge upfront for care and what providers will bill to OSHC. Having previously obtained emergency care unrelated to pregnancy at the Canberra Hospital, my understanding is they also do not directly bill to OSHC providers.

Recommendations:

OSHC/OHVC Bulk-billing: Facilities exist for medical providers to bulk bill to OSHC. With abortion being made free in the ACT for all residents, including international students, arranging for abortion providers to bulk bill to OSHC (or OHVC) the portion of the cost they are willing to cover would be a sensible measure to undertake. Doing so would mean either that the territory does not need to incur additional costs, or that those costs (though rebatable) would not fall directly to international students.

Information provision: Despite the identified gaps in information, the NSW International Student Health Hub is a fantastic initiative for international students, and contains a wealth of information on our healthcare system, and particularly on sexual and reproductive healthcare. This initiative is something the ACT government should either try to replicate, or refer international students to, as a large amount of OSHC information will be the same between jurisdictions.

Providing a point of contact and additional information about options to access reproductive care would help significantly lower the barriers to access for temporary workers and international students. Another model to consider is Victoria's 1 800 My Options service⁹, which provides web information as well as a helpline for those seeking access to abortion.

Emergency support: Coming to Australia as an international student, or as a temporary worker is an expensive proposition on several levels, and one of the visa conditions associated with being an international student is that you are expected to have enough funds to cover the costs of studying and living in Australia.

⁹ <https://www.1800myoptions.org.au/>

That being said, it would be to our benefit to offer some form of emergency financial support to temporary residents of the ACT who need to access reproductive care and contraception, and would otherwise be subject to high out of pocket costs for that care.

For example, the territory government could offer subsidies towards the cost of long acting reversible contraceptive, such as the implant or IUD - something it currently plans to do as part of the commitment to free abortion for Canberrans - for temporary residents outside of the context of providing abortion care.

Information Access - Medical Abortion

This final section is significantly more brief, and more widely applicable than my above concerns: the lack of a public list of GPs qualified to provide medication abortion creates a significant number of hoops for those seeking the service to jump through in finding a provider.

Recommendation:

The establishment of some form of list of general practitioners qualified to provide medical abortion would help Canberrans find the abortion care they need. Something like a voluntary registrar, or attaching access conditions to the list in some way, would likely help balance access to information for those seeking services with safety for practitioners from harassment.

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Thank you again for the opportunity to make a submission. I would be happy to provide additional information to the committee if it is helpful to their work, i.e. in the form of a public hearing. I look forward to seeing the report that results from the inquiry and hope the information in this submission has been of assistance to the committee.