



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
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Submission Cover Sheet

Inquiry into Abortion and reproductive choice in the ACT

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**Inquiry into Abortion & Reproductive Choice
in the ACT**

August 2022

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and/or Torres Strait Islander peoples. We celebrate Aboriginal and/or Torres Strait Islander cultures and ongoing contributions to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS is a member of the nationwide COSS Network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's vision is for Canberra to be a just, safe and sustainable community in which everyone has the opportunity for self-determination and a fair share of resources and services.

The membership of the Council includes the majority of community-based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

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Acronyms

ACTCOSS	ACT Council of Social Service Inc.
ADACAS	ACT Disability, Aged Care Advocacy Service
AGA	A Gender Agenda
ANUSA	ANU Students' Association
CMCF	Canberra Multicultural Community Forum
CRCC	Canberra Rape Crisis Centre
DFV	Domestic and family violence
DVCS	ACT Domestic Violence Crisis Service
GCA	Gynaecology Centres Australia
GP	General Practitioner
HCCA	Health Care Consumers Association
IPTAS	ACT Interstate Patient Travel Assistance Scheme
MSI	Marie Stopes Reproductive Choices
SA	Sexual assault
SHFPACT	Sexual Health and Family Planning ACT
WHM	Women's Health Matters
WWDACT	Women with Disabilities ACT

Introduction

The ACT Council of Social Service (ACTCOSS) welcomes this opportunity to make a submission to the Inquiry into Abortion and Reproductive Choice in the ACT. Accessibility, affordability, and safety of reproductive healthcare speaks to a broader issue of equity and respect for bodily autonomy.

Legislation and policy surrounding abortion and reproductive healthcare impacts a diverse people. People with capacity for pregnancy including women of varying backgrounds and experiences, gender diverse people including non-binary individuals and transgender men all experience varying quality of reproductive healthcare services. Reproductive healthcare needs to be consistently safe, inclusive, affordable and accessible. Without culturally safe and inclusive practices, we will continue to see [disproportionate rates of suicidality](#) for pregnant people from Aboriginal and/or Torres Strait Islander backgrounds, as well as people from lower socioeconomic areas.

Intersections with broader issues around access to quality healthcare

We were pleased to see the announcement of funding for [free access to safe abortion services](#) in the recent ACT Budget. However, our support also comes with several questions regarding the application of funding and operation of the program. If executed in an equitable and accessible way, this program will be an excellent step in advancing inclusivity, equity and reproductive choice.

We are primarily concerned about how the program will be made equitable, inclusive and safe for all. Our initial questions are:

What will the process for accessing a free abortion be? Will any documentation or paperwork be necessary in accessing free abortion? Will there be any hoops to jump through for pregnant people seeking access to an abortion and what kind of records be kept regarding their use of the service?

Will non-ACT residents be able to access free abortion services, including people in border communities in Queanbeyan and further interstate, temporary residents such as international students or non-citizen residents?

How will free abortions be made accessible after 16 weeks given the ACT's infrastructure limitations that have forced pregnant people post 16-weeks gestation to seek interstate care? Will greater financial accommodations be made to support pregnant people who need to access later term abortions in other jurisdictions?

How will community sector organisations and experts be involved in the creation and implementation of the free abortion program?

How will other forms of accessibility (other than affordability) be addressed in removing barriers to abortion care, particularly in terms of cultural-awareness, LGBTQIA+ safe and inclusive practice, and accessibility for people with disabilities seeking access to services?

Given that Marie Stopes already provides free insertion of long-acting reversible contraceptives post-surgical abortion – does the announcement of free long-acting contraceptives as part of the new program refer to covering the cost of the contraceptive device itself?

Given that long-acting reversible contraceptives will be made available for free post abortion – will any concessions or subsidies be made to alternate forms of birth control? If so – will free/subsidised birth control be made available to people who have not had an abortion? Will the emergency contraception pill be made universally free?

What will the additional funding for supporting the development of communications to improve awareness of abortion services be specifically allocated to?

Will engagement and safeguards be introduced to ensure that certain communities are not being pushed into or pressured to undergo abortions? Particularly people with disabilities, people on low incomes and Aboriginal and/or Torres Strait Islander peoples.

In supporting empowerment of decision-making and access to all reproductive choices, what early supports and training will be made available for people with disabilities who choose to carry pregnancies to term? The ACT Government must ensure that training, with reasonable adjustments, is available to support parenting capacity.

Where a pregnant person receives a disability diagnosis for an embryo or fetus, what assurances will be made that they will receive sufficient counselling and information to inform decision-making?

If the ACT Government intends to follow through on the commitments made to affordable and accessible health services in the [ACT Women's Plan 2016-26](#), there needs to be a heavy emphasis placed on health equity and intersectionality. The Plan itself recognises the importance of simultaneously considering disability, age, class, sexual orientation, and cultural identity alongside gender.

While developing this submission, we consulted with Women's Health Matters (WHM), ACT Domestic Violence Crisis Service (DVCS), A Gender Agenda (AGA), Canberra Multicultural Community Forum (CMCF), Canberra Rape Crisis Centre (CRCC), Sisters in Spirit Aboriginal Corporation, ACT Disability, Aged Care Advocacy Service (ADACAS), ANU Students' Association (ANUSA) and Health Care Consumers Association (HCCA). All consultation informed a consistent message that abortion and reproductive choice access in the ACT is fraught with lacking infrastructure, limited-service provision and visibility, anti-choice rhetoric, abortion stigma and unaffordability.

In this Inquiry, the ACT Government must consider and empower the voices of marginalised community members – particularly; Aboriginal and/or Torres Strait Islander peoples, CALD community members, victims of domestic, family and sexual violence, people with a disability, members of the LGBTQIA+ community and people on low-incomes.

Recommendations made in this submission for improving the accessibility of abortions and reproductive choices for diverse communities should be read alongside the recommendations made by the above organisations and the detailed input provided by WHM.

Recommendations

To increase access and affordability for abortions and reproductive healthcare, the ACT Government must invest in:

Increasing the visibility of abortion and reproductive healthcare services and points of access for medication

Compiling a list of GPs and pharmacists who have the training and willingness to prescribe medical abortions (including clear indications of practitioners that are culturally sensitive, multilingual and/or LGBTQIA+ friendly and inclusive).

Disseminating accessible and culturally sensitive information, education and community health promotion targeting reduction of abortion stigma

Clearly communicating eligibility requirements for different services/treatments from different providers

Providing education and training to support healthcare providers as well as the wider community to approach reproductive healthcare with cultural sensitivity and inclusive language

Ensuring affordability of reproductive healthcare including contraception, birth control and abortions

Improving the timeliness of access to reproductive healthcare access including shorter wait times for appointments and streamlined referral pathways

Investing in infrastructure to support provision of abortions post 16-week gestation in the ACT

Independently or working with the Commonwealth Government, incentivising bulk billing for GPs as well as training to accredit as a medical abortion provider

Investing in systems to accommodate and care for reproductive healthcare provision for interstate and rural Aboriginal and/or Torres Strait Islander peoples who travel to the ACT to access care

Increasing provision of counselling and targeted information provision to CALD communities

Legislating an increase in the exclusion zones covered by Safe Access Zones to 150m in line with the rest of Australia

Legislation (rather than guidelines) requiring conscientious objectors who refuse to provide abortion care to provide referrals to appropriate care providers

Consulting with DFV and sexual assault support services regarding necessary accommodations for pregnant people who have experienced violence and are seeking timely wraparound care

Ensuring that a wide variety of reproductive choices are being consistently distributed and explained to people seeking care (including providing information to people with disabilities about available supports for parenting, early supports and training)

Providing financial accommodations to ensure the high incidental costs of abortions are covered for people on low incomes

Accessibility of Abortion & Reproductive Choice

The ACT lacks the necessary infrastructure for providing abortions beyond 16 weeks despite legislation clarifying that there is no gestational limit on accessing abortion services. Without the infrastructure and capacity to provide abortion care post 16-week gestation, the official health advice for pregnant people is to [travel interstate](#).

Without post 16-week abortions locally available, the freedom of not having gestational limits on abortion – is rendered meaningless. Given that the ACT is the only Australian jurisdiction with no gestational limits on abortion (in the [Health Act 1993](#)), pregnant people seeking abortion care post 16-weeks then fall prey to the legislation and gestational limits of other jurisdictions. For most people this would mean legal abortion up to 22 weeks gestation in NSW, or with approval of two doctors beyond this point.

As it stands, there is only one official surgical abortion provider in the ACT - Marie Stopes (MSI). Gynaecology Centres Australia (GCA) in Queanbeyan is also proximate, though managed according to NSW Health regulations. The Canberra Hospital also provides abortions 'in specific cases', though information about what this means is not widely available, and likely refers to medically necessary terminations.

People are able to undergo a dilation and curettage (D&C) procedure, or access a medical termination at The Canberra Hospital in the case of pregnancy loss, though anecdotal evidence suggests the wait time for non-emergency procedures (such as for missed miscarriage or fetal death) can be quite lengthy. The lack of reproductive healthcare infrastructure is a primary accessibility issue for all Canberrans who may need a surgical abortion.

Access to medical abortions is possible through a small pool of trained General Practitioners (GPs), as well as telehealth services and MSI. The lack of transparency around who exactly can prescribe or provide a medical abortion is also a major accessibility issue. People navigating early pregnancy are often in stressful situations and require transparent, accessible information to enable decision-making.

The availability of doctors with the training required to prescribe abortifacients (misoprostol and mifepristone) is a significant barrier to access of medical abortions. Only [3,441 GPs nationally are qualified to prescribe medical abortions](#), representing just under 10% of the registered GPs in Australia. As of July 2022, there were only [54 active prescribers, and 157 active dispensers](#) in the ACT. Consistent with national averages, this means that 9% of GPs in Canberra can prescribe abortifacients. However, Marie Stopes estimates there are [2,933 'women of childbearing age' per prescriber](#) in the ACT, the second highest in the country. This is because we also have the second lowest number of full-time equivalent GPs per capita with only 93 doctors per 100,000 people, well below the national average of 114.¹ As far as we can tell, there is no way for consumers to quickly identify which of the GPs are able to prescribe for medical abortions.

The small number of GPs qualified to prescribe medical abortions is often explained as the result of the financial and time [costs associated with training](#) and pressure of stigma on the doctors themselves. Without support in place to encourage GPs to undertake the training and prescribe medical abortions, the service will continue to be inaccessible to many Canberrans.

Booking an appointment with a GP in the ACT can be difficult and expensive. In 2020-21, we had the lowest rate of bulk-billed consumers in the country at 40.6%, compared with a national average of 67.6%.² Our out-of-pocket costs are the second highest in the country, with an average cost of \$47 per appointment, compared with a national average of \$41.³ In the ACT in 2020-21 for people who saw a GP for urgent care, the [proportion who waited 24 hours or more was 33.4 per cent](#). These figures do not account for the fact that many pregnant people only feel comfortable consulting a familiar healthcare provider, may not classify their appointment type as urgent and may have already been through a process of consulting another healthcare professional or are following a referral. Short time frames are exacerbated by the difficulty involved in finding someone who can and will prescribe a medical abortion.

Timeliness and efficient referral processes are essential for delivering reproductive healthcare. As of August 2022, the wait time to [access an in-office medical abortion at MSI](#) is 22 days, with the second available appointment a further 14 days later. Medical abortions in the ACT can only be performed up to nine weeks gestation, and many people do not realise or confirm pregnancy until after five weeks gestation, later if they have irregular menstrual cycles or are taking birth control. This leaves a very small window to access this minimally invasive procedure.

Existing stress is often exacerbated by founded concerns around the cultural sensitivity, inclusivity, and safety of accessing different abortion services. This is particularly true of medical abortions given that the only way to discern which

¹ Productivity Commission, *Report on Government Services: Primary and Community Health*, Australian Government Productivity Commission, 2022, accessed 15 August 2022.

² Productivity Commission, *Report on Government Services: Primary and Community Health*, Australian Government Productivity Commission, 2022, accessed 15 August 2022.

³ Productivity Commission, *Report on Government Services: Primary and Community Health*, Australian Government Productivity Commission, 2022, accessed 15 August 2022.

GPs are willing and equipped to provide treatment, as well as which pharmacies stock the medication – is through trial and error. Anxiety around abortion stigma is amplified as the process is prolonged through wait times and complicated or lengthy referral pathways and can be made near impossible if practitioners do not have the necessary cultural sensitivity or competency.

For pregnant people from marginalised backgrounds (including Aboriginal and/or Torres Strait Islander peoples, CALD community members, victims of violence, people with disabilities, members of the LGBTQIA+ community and, young people), there are a number of significant concerns around being denied care, encountering discrimination, and struggling with services that are not trauma-informed or culturally sensitive to their needs. These issues will be discussed further below.

Aboriginal and/or Torres Strait Islander Peoples

We must begin by recognising that Aboriginal and/or Torres Strait Islander people do not have reproductive choice or autonomy while their children are being removed at alarming rates and they are more likely to experience miscarriage, stillbirth and neonatal death due to medical bias, racism and neglect. In the ACT; Aboriginal and Torres Strait Islander children are 13 times more likely to be in out of home care than non-Indigenous children⁴, and Aboriginal and Torres Strait Islander families are almost twice as likely to experience perinatal death.⁵ Access to abortion services and reproductive healthcare cannot be considered outside of this context.

The ACT's Aboriginal and/or Torres Strait Islander population face significant barriers in accessing culturally sensitive and safe healthcare and struggles with a lack of targeted health promotion. Without visible and tailored information provision, Aboriginal and/or Torres Strait Islander peoples can be unsure where to find support and relevant services.

There is a mainstream service gap for Aboriginal and Torres Strait Islander peoples seeking reproductive healthcare. Not all Aboriginal and/or Torres Strait Islander peoples in Canberra utilise Winnunga Nimmityjah Aboriginal Health and Community Services and we need to ensure that every single GP and health service is culturally competent and safe as an alternative.

ACTCOSS is not aware of any work that has or will be done to assess and address the cultural significance of abortions for Aboriginal and/or Torres Strait Islander peoples, which has meant a significant gap in the provision of holistic care for the community. Care cannot be holistic without awareness of and insight into the cultural implications of abortions, including ties to spirituality and individual care needs following treatment. For example, Aboriginal and Torres

⁴ Productivity Commission, [Report on Government Services: Community Services](#), Australian Government Productivity Commission, 2022, accessed 25 January 2022.

⁵ Australian Institute for Health and Welfare, *Australia's mothers and babies: National perinatal data collection 2020*, Australian Government AIHW, 2022, accessed August 2022.

Strait Islander women seeking reproductive healthcare or abortions may only be comfortable with female practitioners, adding a further barrier to access.

A number of Aboriginal and/or Torres Strait Islander community members travel from rural NSW to ACT to access safe abortions. Investing in the system to accommodate for this and demonstrating an awareness of complex needs is vital to creating an accessible healthcare system. Ensuring continuity of care when crossing jurisdictions and realistic recovery periods can create a large financial burden for those forced to travel for this care. The need for emotional and cultural supports for people in this position is not something we have seen acknowledged.

Aboriginal and Torres Strait Islander communities hold serious concerns about systemic reproductive coercion, where people are encouraged to have abortions or undergo tubal ligation to prevent future pregnancies. Given [Australia's \(recent\) history of unlawful forced sterilisations](#) as well as the continuing disparity in life expectancy and [maternal mortality rates](#) of Indigenous peoples, it can be distressing when health policy ignores the very real impacts of medical racism and bias.

CALD Communities

Some people from CALD backgrounds are hesitant to access abortions and reproductive healthcare due to cultural stigma and language barriers. The Canberra Multicultural Community Forum (CMCF) highlighted the need for culturally appropriate reproductive counselling and targeted information provision for CALD communities. Currently, there is a lack of information around reproductive choices and options provided directly to CALD communities and in languages other than English. Culturally aware and easily available health promotion is needed to encourage community conversation and acceptance of all reproductive choices.

CALD communities can be small, with many community members attending the same GP or other support services, which can make it difficult to raise issues that are potentially stigmatising. Multicultural advocacy organisations in the ACT have consistently advocated for the ACT Government to provide a list of multilingual and culturally sensitive GPs to ensure that CALD community members have access to effective and safe treatment.

We have heard through CMCF that accessing GPs can often be an issue for CALD community members, particularly those seeking reproductive healthcare and abortions given complex cultural influences. The CMCF noted having heard stories about the use of herbal medicines in community members' attempts to perform abortions by themselves. There needs to be an investment in ensuring that information about reproductive choices is reaching CALD communities to ensure safer practices and visibility of support services.

Victims of domestic, family, and sexual violence

ACTCOSS has heard from DVCS that victims of domestic and family violence (DFV) are in an exceptionally vulnerable position when considering reproductive abortion care. It is well established that people are at an [increased risk of experiencing family violence from an intimate partner during pregnancy](#), both from existing partners and previous partners and in cases where violence does not predate the pregnancy.

Victim survivors of family violence are also often subject to coercive reproductive control, surveillance and monitoring of finance, health, and activities. This means there is an incredibly small window of time available for accessing care, especially if they feel they need to conceal their pregnancy from a perpetrator. Financial abuse also makes spending money on access to abortions, appointments with doctors and any associated costs such as travel or leave from employment very difficult. These specific needs must be met with sensitivity and a trauma informed approach from providers.

Victim-survivors of sexual assault (SA) can find medical procedures re-traumatising if services are not trauma-informed or sensitive. The Canberra Rape Crisis Centre (CRCC) has found that many health organisations and providers do not consider or ask about SA in providing care to their clients. Gender diverse people are also often missed in post SA incident services as potentially requiring access to reproductive choices and abortions.

Further, the CRCC has relayed instances in which victim-survivors have not been provided access to emergency contraceptives/the morning after pill by conscientious objectors. For individuals seeking emergency care this removal of reproductive choice presents a significant disempowerment. Access to emergency contraceptives/the morning after pill is imperative.

People with disabilities

People with disabilities face major barriers to accessing comprehensive healthcare across the board. Compared with 65% of people without disability, only 24% of people with disability in Australia experience very good or excellent health.⁶ These barriers can also prevent access to quality and discrimination free reproductive healthcare.

It is incredibly important for the needs of pregnant people with disabilities to be included in the design and implementation of abortion and reproductive care policy and legislation.

The ACT Government must ensure that a wide variety of reproductive choices are distributed and explained to people seeking care. This should include supports to navigate and access abortion procedures and information about available supports for parenting as well.

⁶ Australian Institute of Health and Welfare (2022) People with disability in Australia 2022, catalogue number DIS 72, AIHW, Australian Government.

To empower informed decision-making and true reproductive choice there need to be early supports and training available to people with disabilities who are assessing their reproductive options and may choose to carry a pregnancy to term. Empowering reproductive choice necessarily means providing supports for people who may be being coerced into or dissuaded from pregnancy – particularly people with disabilities. This means providing training to support parenting capacity and providing reasonable adjustments for parents with disabilities accessing care.

Similarly, in terms of education and decision-making, when a pregnant person receives a disability diagnosis for a fetus they should be provided sufficient counselling and support around all of their options.

ACTCOSS also heard concerns from the disability community that there are no clear safeguards to ensure that people with disabilities are not pressured into abortions by healthcare providers, family members or carers. This may contribute to fear around accessing medical advice or support regarding pregnancy or reproductive choices.

In Australia, more than 70% of women with disabilities have experienced a sexually violent encounter and 90% of women with an intellectual disability have experienced sexual abuse.⁷ We also know that rates of intimate partner and family violence are high for people with disabilities, so we must ensure that all reproductive healthcare service providers are accessible and trauma-informed.

Members of the LGBTQIA+ community

Reproductive healthcare and abortion provision is often discussed with limiting language that fails to recognise that it impacts more than just women. This means that transgender, intersex and gender diverse people and some lesbian or bisexual women might not feel comfortable accessing care or seeking information when necessary.

Abortion stigma is aggravated for LGBTQIA+ community members given the cultural failure to separate reproductive healthcare from binary metrics of gender. For gender diverse people, intersex people, non-binary people, and transgender men, a lack of acceptance and recognition from healthcare providers and pharmacists creates an additional barrier to care. People whose presentation does not conform with cultural norms of femininity or womanhood need to be supported and provided reproductive healthcare without fear of discrimination or having to explain their identities.

A lack of visibility of the LGBTQIA+ community in reproductive healthcare poses a major issue to accessibility. We have heard from specialist organisations AGA and Meridian ACT that people who are not cisgender and heterosexual face consistent stigma in healthcare settings, which can manifest as facial

⁷ Frohmader, C., Dowse, L., Didi, A. Preventing Violence against Women and Girls with Disabilities: Integrating a Human Rights Perspective, Women With Disabilities Australia (WWDA), January 2015, accessed 12 July, 2021.

expressions, body language and choice of words used by doctors and pharmacists.

Navigating potentially discriminatory or unwelcoming services is time consuming and costly and could be addressed with a well maintained and rigorously reviewed list of specialist and safe healthcare services for the LGBTIQIA+ community. This should also include healthcare providers for medical abortions.

LGBTIQIA+ organisations are currently referring clients to Sexual Health and Family Planning ACT (SHFPACT) to provide an additional referral and seek advice on which providers are safe and inclusive. Not only do members of the LGBTIQIA+ need to be assured of safe, trauma-informed, and inclusive treatment, but also knowledge around the potential complexities surrounding hormonal treatments. For gender diverse people it is highly likely that in assessing reproductive choices they will need long-acting contraceptives that coincide and complement existing hormonal treatments. Having access to doctors who are informed and have experience with treating gender diverse people is imperative to ensuring positive experiences for this community.

Young people

Young people, particularly those from marginalised backgrounds, on low incomes and students, can sometimes lack confidence and comfort when seeking out or accessing healthcare.

We heard from ANUSA that cost and a lack of familiarity with the healthcare landscape in Canberra can be significant barriers to accessing quality and inclusive services. Many students do not have a regular GP and are more likely to access on-campus medical clinics or walk-in centres. Walk-in centres are staffed by Nurse Practitioners who do not prescribe medical abortions in the ACT.

It is not clear whether the GPs on the ANU or University of Canberra campuses are qualified to provide medical abortions. We regularly hear that a lack of diversity among doctors on campus can make it difficult for students to approach them and receive welcoming and inclusive care. Additionally, the compounding impacts of existing within the university space (both geographically and socially) may limit the comfort and perceived confidentiality of students in seeking sensitive care from these providers.

Limited experience and familiarity with Canberra's healthcare services contribute to existing difficulty navigating reproductive healthcare and abortions. There is a significant need for additional education and health promotion for young people, particularly in and through educational institutions. As with other vulnerable groups, young people are likely to face stigma in accessing contraception and abortions, so it is especially important that they be informed and empowered to understand what to expect in accessing health services and pharmacies.

Affordability of Abortion & Reproductive Choice

In the ACT, healthcare can be a particular challenge for people on low incomes because of the shortage of bulk billing medical services. Without enough bulk billing GP practices, Canberrans (especially those seeking urgent time sensitive care) are forced to seek out private providers. Canberrans seeking inclusive and culturally sensitive healthcare especially struggle to access bulk-billing GPs due to incredibly high demand and long wait times for reputable practitioners. This has contributed to a heavy reliance on emergency departments as well as walk-in centres.

We also know that prices increase for abortions that take place after 11-weeks gestation, and even further after 14-weeks. Without immediate access to appropriate and affordable GP care, patients are likely to incur additional costs because of long wait times. WHM has found that cost of abortions in the ACT varies not only based on gestational stage, but also clinic, Medicare status, whether the patient has access to a health care or pension card and based on additional costs of travel. WHM has found that the [cost of medical and surgical abortions](#) starts from \$440 at MSI Canberra Clinic, and \$410 at GCA. We know that this is simply unaffordable for many Canberrans.

Given that ACT Health is referring pregnant people to [interstate services](#) post 16-weeks gestation, there clearly needs to be financial and social support provided for this travel. Under the [ACT Interstate Patient Travel Assistance Scheme](#) (IPTAS) there are stringent eligibility criteria for financial support . Financial support cannot be used for meals, taxi fares, public transport, tolls or parking fees. As a result, it seems that the IPTAS is ill-equipped to support consumers to navigate interstate travel and high incidental costs associated with accessing care and recovery time.

Some community organisations including DVCS have previously provided limited financial support to subsidise clients struggling to access abortion care, however they have very limited financial capacity to provide this support. There need to be financial accommodations made to ensure the high incidental costs of abortions can be covered for people on low incomes.

It is also important for the ACT Government to assess the high cost of birth control and contraceptives for people with the capacity for pregnancy. This is especially of concern for people with specific complex medical needs including endometriosis or polycystic ovarian syndrome, history of migraines, blood clotting, breast cancer, strokes, or heart disease, all of which can increase the likelihood of requiring more expensive birth control. For people who do not have a Medicare card, or people who require non-PBS listed birth control – the high cost can be prohibitive.

The lack of free birth control points to a major equity issue and undue cost to people with capacity for pregnancy. Access to a wide variety of birth control options is also an imperative element of reproductive choice and autonomy.

Legal Protections for Abortion Rights

As discussed under Accessibility of Abortion & Reproductive Choice, the varying gestational limits on legal abortions in different Australian jurisdictions threatens the legal protection of abortion rights in the ACT. With post 16-week abortions not available in the region, ACT residents are forced to seek interstate care and thus limited by other jurisdictions' gestational limits.

The ACT has the smallest Safe Access Zones in Australia with only 50m of exclusion zones in place (legislated in the [Health \(Patient Privacy\) Amendment Bill 2015](#)) to prevent harassment, obstruction, humiliation, and intimidation of people accessing abortion services and staff in these facilities. The ACT is the only jurisdiction with a 50m Safe Access Zone, [all other Australian jurisdictions have 150m Safe Access Zones legislated](#). WHM have heard reports of people being harassed and made uncomfortable at/near abortion sites in Canberra.

Conscientious objection (as legislated under Section 84A of the [Health Act 1993](#)) has also presented considerable concerns for abortion access in the ACT. Where healthcare providers or institutions refuse to prescribe, supply, or administer medical and surgical abortions, many patients have had to access multiple providers before receiving help, a process that is not only time-intensive but can be highly distressing. This clearly speaks to the express need for a publicly available list of abortion providers in the ACT.

Given the numerous touch points necessary to access abortions at different stages of pregnancy (including blood testing, ultrasounds, GP visits, and accessing pharmacies), the incidence of abortion stigma often has a relentless and inescapable quality. People have reported to community organisations that experiences of stigma and objection at any point builds shame and long-term trauma and make it increasingly difficult to have a positive experience of care.

A further concern regarding conscientious objection, is that the ACT is one of only three Australian jurisdictions in which conscientious objectors are [not required by legislation to provide referrals](#) to services who will provide care. So, whilst a conscientious objector is legally required to tell the person requesting an abortion/abortifacient that they are refusing on account of conscientious objection, they are not legally required to provide a referral or information about alternative pathways to accessing necessary care. Without a referral process legislated for conscientious objectors, yet another barrier to care is created for pregnant people trying to access reproductive choices.

Access to Information to Support a Variety of Reproductive Choices

The ACT community needs widely disseminated, easily accessible information about types of reproductive choices and abortion options, services that can be accessed for different needs and different communities and, the process for accessing abortions and reproductive healthcare.

ACT Government's official [Abortion in the ACT Webpage](#) provides minimal information and refers readers to MSI, SHFPACT, WHM and a 4 minute [What is a Medical Abortion? YouTube Video](#) by Sexual Health Victoria.

There are no publicly available lists of GPs who are trained, willing and able to provide medical abortions. Likewise, there is no publicly available list of which pharmacists can and do dispense abortion medication. People seeking this information are required to consult their GP or contact SHFPACT. GP appointments often incur significant wait times, and many GPs do not have the necessary training to provide abortions or are conscientious objectors. We also know that there are only [54 active prescribers of medical abortions in the ACT](#) so many Canberrans will not be able to access this care from their GP and will have to go through at least one referral if not more.

WHM's research into abortion access demonstrates that a substantial proportion of people are not able to access the type of abortion they would prefer. Lack of immediate access to information, cultural insensitivity, appointment unavailability and long wait times, and unaffordability are all compounding factors that have meant people's choices end up limited, and decision-making capacity is restricted.

Additionally, the ability of medical practitioners and institutions to refuse to provide abortions has contributed to a high level of insecurity around accessing support. Many people have expressed distress after trying to access care through GPs or hospitals like Calvary Hospital and then being denied reproductive care or medication based on conscientious objection – with no forewarning or ability to find this out in advance.

The gatekeeping of information around reproductive choices and where to access abortion care puts additional pressure on community sector organisations like WHM who are heavily relied on for information that should be easily available and publicly accessible. This phenomenon is further exacerbated by a culture lacking sensitivity and inclusivity which has meant that organisations like Meridian, CMCF, WWDACT and AGA have needed to provide support and guidance to vulnerable community members who are concerned about reproductive choices.

To empower informed decision-making and a safer abortion access process we need to see a publicly available, well promoted list of GPs and pharmacists who have the training and willingness to prescribe medical abortions including clear indications of practitioners that are culturally sensitive, multilingual and/or LGBTQIA+ friendly and inclusive.

When particular people find it more difficult to access healthcare, they end up with poorer health outcomes. Information about reproductive options as well as available services needs to not only be made more visible but also actively provided and disseminated to diverse communities.

The emergence of [DocDir - a national volunteer run database website for LGBTQIA+ safe healthcare services](#) speaks to the community's need for this information. The volunteer run service does not have specific references available about reproductive healthcare but does include recommendations for LGBTQIA+ friendly GPs. The nature of the platform as an unfunded service run

by one volunteer leaves it open to a great deal of challenges. We would encourage the ACT Government to ensure that a coordinated list of abortion providers includes a function to recognise LGBTQIA+ safe and friendly practices.

Similarly, CMCF and other multicultural advocacy organisations in the ACT have been advocating over multiple years for the creation of a list of multilingual GPs to ensure that CALD community members can receive consistently inclusive and culturally safe treatment. This function would be a useful inclusion in the list of GPs willing and able to provide abortion services as well.

There is an obvious need in the ACT for education and community health promotion around abortion stigma reduction and awareness that clearly frames reproductive choice as a healthcare issue rather than an ethical issue.