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Mr Johnathan Davis (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Petterson MLA

Submission Cover Sheet

Inquiry into Abortion and reproductive choice in the ACT

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SUBMISSION

ACT Legislative Assembly Standing Committee on Health and Community Wellbeing Inquiry into Abortion and Reproductive Choice in the ACT

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Health Care Consumers' Association

100 Maitland Street, HACKETT ACT 2602 Phone:02 6230 7800

ABN: 59 698 548 902 Email: adminofficer@hcca.org.au

hcca.org.au |  [ICCA.ACT](https://www.facebook.com/ICCA.ACT) |  [HealthCanberra](https://twitter.com/HealthCanberra)

Background to HCCA's Submission to the Inquiry

The Health Care Consumers' Association (HCCA) is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

Thank you for the opportunity to provide a consumer perspective to the ACT Legislative Assembly Inquiry on Abortion and Reproductive Choice in the ACT.

As HCCA is a member-based organisation we draw on the views and experiences of our membership and networks. We recognise there are diverse and wide-ranging views about abortion and reproductive choice. For this submission, given the limited timeframe, we primarily consulted with a range of community organisations with an interest in reproductive health care rights, as well as supporting women and people with uteruses to access the care they need.

HCCA proposes a range of recommendations, many of which echo the recommendations of our colleagues in other organisations with whom we collaborated in developing this submission. We have chosen to only detail here recommendations relevant to the remit and expertise of HCCA. Our colleagues, including the ACT Council of Social Services, the ACT Human Rights Commission Health Services Commissioner, SHFPACT and Women's Health Matters among others will detail a wider range of recommendations, which relate to their particular experience and expertise. HCCA supports full consideration of all recommendations addressing the complex social factors at play in the reproductive health care space.

1. Introduction

HCCA welcomes the Inquiry into Abortion and Reproductive Choice in the ACT. It is timely now to analyse and recommit to the reproductive rights of women and people with uteruses in the ACT.

While the scope of this inquiry is limited by the Terms of Reference, HCCA is keen that this Inquiry also address the principles of reproductive justice that we believe must underpin any holistic review of reproductive choice in the Territory.

HCCA views reproductive justice as including both the right not to have a child, through access to abortion and contraception, and the right to have a child without fear of violence or discrimination.¹

It is vital that the principles of reproductive justice are central in any fulsome review of reproductive choice in the ACT. In particular, Aboriginal and Torres Strait Islander people, people with disabilities, people living in poverty, and people being subjected to coercion, have not been afforded reproductive justice under current services and systems.

HCCA believes support for reproductive choice must also include action to provide services which meet the needs of the women and people with uteruses exercising their right to choose. Supporting reproductive choice means not only supporting access to stigma free pregnancy termination but also access to appropriate counselling, social supports and high-quality maternity services, as well as ongoing medical, emotional and financial support for people choosing to proceed with a pregnancy.

The ACT community as a whole tends to hold progressive values and strongly supports reproductive choice, indeed the ACT was early to legalise abortion when it was introduced to the *Health Act 1993*². However, the provisions of that legislative change and the services available to uphold the reproductive rights enshrined therein are inadequate and outdated and do not reflect the ACT's progressive community values. Existing policies, legislation and health care services do not meet the health needs of ACT women and people with uteruses seeking reproductive health care nor the providers of that care.

HCCA is supportive of the recently announced 2022-2023 ACT Budget commitment to establish free, universal abortion access and improved information for consumers. We suggest that this commitment could be strengthened by expansion to encompass development of a wholistic and cohesive strategy for sexual and reproductive health services in the ACT.

HCCA believes that by analysing the issues of reproductive health care more broadly, a functional and well-integrated model of care can be developed. To achieve

¹ See SisterSong, who coined the term reproductive justice: <https://www.sistersong.net/reproductive-justice>, accessed 18 August 2022,

² *Health Act 1993*, <https://www.legislation.act.gov.au/a/1993-13/default.asp>, accessed 18 August 2022

an optimal model of care, design of the universal service committed to in the 2022-2023 ACT Budget must be carefully considered and developed through a rigorous co-design process with stakeholders, including a diversity of consumers. HCCA would be pleased to participate in any eventuating co-design process along with other community stakeholders and organisations.

HCCA views abortion as health care and agrees with the ACT Government that there should be universal access to high quality, stigma free services as per any other health procedure. For this reason, we would further advocate for development of an overarching strategy for sexual and reproductive health in the ACT, which incorporates, but is not limited to, abortion. The wide-ranging issues related to sexual and reproductive health will be identified and addressed through the process of developing an overall strategy, avoiding siloed services that may not meet community needs.

Abortion as health care was formalised by legislative change in the ACT through the *Health ACT 1993* and this recognition within the Act means that the Australian Charter of Health Care Rights³ (the Charter) should be considered to apply to abortion services. In effect, access, safety, respect, partnership, information, and privacy are enshrined as rights for consumers of reproductive health care including abortion.

HCCA would like to see the Inquiry into Abortion and Reproductive Choice in the ACT consider:

- the rights set out in the Charter in relation to the Terms of Reference and provision of services, as well as
- analysis of how the Charter intersects with the principles of reproductive justice which should underpin policy in the reproductive health care space.

HCCA considers that existing ACT health services may not be meeting obligations under the Charter – including ensuring access to information as well as safe, timely and respectful abortion services.

³ [Australian Charter of Healthcare Rights | Australian Commission on Safety and Quality in Health Care](#) accessed 18 August 2022

Australian Charter of Health Care Rights

Access:

Healthcare services and treatment that meets my needs.

Safety:

Receive safe and high-quality health care that meets national standards.

Be cared for in an environment that is safe and makes me feel safe.

Respect:

Be treated as an individual, and with dignity and respect.

Have my culture, identity, beliefs and choices recognised and respected.

Partnership:

Ask questions and be involved in open and honest communication.

Make decisions with my healthcare provider, to the extent that I choose and am able to.

Include the people that I want in planning and decision-making.

Information:

Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent.

Receive information about services, waiting times and costs.

Be given assistance, when I need it, to help me to understand and use health information.

Access my health information.

Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe.

Privacy:

Have my personal privacy respected. Have information about me and my health kept secure and confidential.

Give feedback:

Provide feedback or make a complaint without it affecting the way that I am treated. Have my concerns addressed in a transparent and timely way. Share my experience and participate to improve the quality of care and health services.

Source: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights>

2. Recommendations

HCCA proposes a range of recommendations, many of which echo the recommendations of our colleagues in other organisations with whom we collaborated in developing this submission. We have chosen to only detail here recommendations relevant to the remit and expertise of HCCA. Our colleagues, including the ACT Council of Social Services, the ACT Human Rights Commission Health Services Commissioner, SHFPACT and Women's Health Matters, among others, will detail a wider range of recommendations, which relate to their particular experience and expertise. HCCA supports full consideration of all recommendations addressing the complex social factors at play in the reproductive health care space.

Our recommendations are:

Recommendation 1 - Develop a wholistic and cohesive Sexual and Reproductive Health Strategy for the ACT, which:

- a) Is underpinned by the principles of reproductive justice
- b) Supports universal access to sexual and reproductive health care
- c) Is co-designed with stakeholders including community organisations, service providers and, importantly, consumers - women and people with uteruses.

Recommendation 2 - Improve access to services by:

- a) Working with Capital Health Network to update HealthPathways resources to reflect available models of care and evidence based best practice as well as a complete list of local reproductive health care providers. Developing an ACT community of practice to improve coordination of services and increase the skills base of practitioners (including pharmacists, radiographers and phlebotomists) working in the reproductive health space to support provision of trauma-informed, culturally safe and inclusive care.
- b) Amending the *Health Act 1993* to obligate health practitioners to make referrals if they have a conscientious objection to providing abortion care.
- c) Expand the ACT Government commitment to free, universal abortion care in the 2022-2023 Budget to provide for antenatal, birth and postnatal care for women and pregnant people without access to Medicare.
- d) Implement the recommendations of the 2020 Inquiry into Maternity Services in the ACT⁴ to ensure access to high quality and safe maternity care services that meet the needs of ACT consumers.

⁴ [Inquiry into Maternity Services in the ACT - ACT Legislative Assembly](https://www.parliament.act.gov.au/parliamentary-business/in-committees/previous-assemblies/standing-committees-ninth-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-Maternity-Services-in-the-ACT), <https://www.parliament.act.gov.au/parliamentary-business/in-committees/previous-assemblies/standing-committees-ninth-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-Maternity-Services-in-the-ACT>, accessed 18 August 2022

Recommendation 3 - Improve access to information by:

- a) Developing the communications package committed to in the 2022-23, ensuring it meets a range the needs of a wide range of consumers. This includes tailored resources developed for and appropriate to different groups of women and pregnant people, including Aboriginal and Torres Strait Islander women, migrant and refugee women, trans men, nonbinary people, and people with disability.
- b) Ensure the public has access to clear and candid information regarding the reproductive health care currently available at public health services. This includes addressing any limitation to service accessed through at Calvary Public Hospital Bruce.
- c) Ensure equity of access to reproductive health care services through expansion of public services available on the north side of Canberra and standardisation of referral processes.
- d) Collecting and publishing data on medical and surgical abortions provided in the ACT.

Recommendation 4 - Enhance the safety and availability of services by:

- a) Expanding nurse practitioners and Aboriginal and Torres Strait Islander health workers' scope of practice to enable nurse-led medical abortion care.
- b) Expanding clinical staffing and infrastructure in the ACT to provide for local surgical abortion after 16 weeks.
- c) Resourcing any government funded abortion service system to provide adequate follow-up and post-procedure support.
- d) Ensuring that reproductive health care providers have the information they need to use extant exclusion zone legislation to its full effect, and easy access to ministerial approval of expanded exclusion zones beyond the standard 50m, as required.

Recommendation 5 - Improve affordability of services, by:

- a) Trialing reproductive health and wellbeing leave in ACT Government workplaces, as best practice for supporting abortion access
- b) Co-designing⁵ services with stakeholders and implementing a best practice, universal, free abortion model of care, as committed to in the 2022-23 Budget.

⁵ HCCA Position Statement on Co-Design <https://www.hcca.org.au/publication/co-design-position-statement/>

The remaining sections of HCCA’s submission go into greater detail about a range of issues relating to abortion and reproductive choice for people in the ACT.

3. Accessibility of abortion and reproductive choice for people in the ACT

a. Legal Environment

While decriminalisation and incorporating abortion care into health legalisation are vital components of improving access (and have certainly enhanced access to abortion in the ACT), these changes in the legal context of abortion service provision have occurred without conscious consideration of:

- the continuing impact of non-legal barriers on access, and
- the ability of existing models of care to meet the evolving legal context with adequate service provision.

Many of the remaining barriers are the unfortunate legacy of previous criminalisation and the failure of the public and private healthcare systems to adapt to the new legislative environment. Despite legal advancement, many consumers remain unable to fully realise their reproductive rights due to systemic barriers⁶.

While abortion in the ACT is decriminalised and currently dealt with under the *Health Act 1993*, a range of restrictions remain in place that continue to impact on the efficient provision of expanded services. For example, nurses, midwives and Aboriginal and Torres Strait Islander health workers cannot currently provide medical abortions without risk of criminalisation. In addition, support people (friend, family, doula) cannot assist someone to access abortion without risk of criminalisation. It is a crime if a person besides a doctor or nurse practitioner supplies or administers a termination drug to another person.⁷

Compounding issues of access, while a doctor must declare their conscientious objection to providing abortion care, there is no current obligation to refer to an alternative provider (as is legislated in other states). This needs to be changed to ensure ACT based clinicians are required to provide referral to a suitable service to meet the consumer’s health care need.

⁶ Barriers to abortion access in Australia before and during the COVID-19 pandemic – ScienceDirect, <https://www.sciencedirect.com/science/article/pii/S0277539521000340>, accessed 18 August 2022

⁷ Abortion Law Australia | MSI Australia, <https://www.mariestopes.org.au/advocacy-policy/abortion-access-scorecard-australia/>, accessed 18 August 2022

b. Barriers to access

HCCA notes that access to abortion in the ACT is constrained by a range of factors. These factors discriminate against culturally and linguistically diverse communities, people with disability, trans and non-binary people, young people and financially insecure demographics who need to access abortion in the ACT.

Abortion care is costly, availability of appointments is limited, and there is very limited capacity for a consumer to choose the care that is right for them. This may be a preference for a surgical or medical abortion, or for care to be provided in a culturally safe way – for example, by an Aboriginal and Torres Strait Islander health worker.

The primary provider of abortion care in the ACT region is a not-for-profit organisation. A similar service (without not-for-profit status) operates in Queanbeyan. Both these organisations charge a similar fee for service, putting their services out of reach for many consumers. Their services are also hampered by a gestational limit of 16 weeks, a hangover from having developed these models of care and relevant infrastructure under previous legal restrictions. This results in many consumers needing to access abortion care interstate – which can be even more onerous financially and emotionally.

Accessing medical abortion through a GP, involves a range of necessary steps and allied health services. Coordination of these is a particular barrier to access for consumers with low health literacy, those in insecure housing or employment, those who are impacted by substance abuse or mental illness or complex trauma. Delayed presentations or difficulty completing the necessary appointments and preparatory steps can mean unwanted pregnancies are continued due to a lack of flexibility in service provision.

All of these factors impact on the ability of reproductive health care services to meet a consumer's right to: 'Access: healthcare services and treatments that meet my needs'⁸.

c. Domestic and family violence

The Australian Institute of Family Services has observed a strong correlation between unintended pregnancy and domestic and family violence⁹. This impacts on a consumer's ability to seek support and the resources they need to access appropriate care. With this in mind, reproductive health care services need to be well

⁸ [My Health Care Rights Poster A4 \(safetyandquality.gov.au\)](#)

⁹ [Domestic and family violence in pregnancy and early parenthood | Australian Institute of Family Studies \(aifs.gov.au\)](#), accessed 18 August 2022

connected to other social supports and community organisations to ensure that consumers accessing reproductive health care are supported and kept safe.

To meet the needs of consumers at risk of domestic and family violence, services must be easy (local, reachable by public transport and physically accessible) to access, have sufficient availability and flexibility to ensure timely care, and well publicised (so consumers do not have to search for the help they need).

Any overarching Sexual and Reproductive Health Strategy developed for the ACT must consider interactions with domestic and family violence and reproductive coercion as well as incorporating a complete range of relevant social supports for consumers making the intensely personal decision to continue with or terminate a pregnancy.

d. Existing Services

Currently there is only one surgical abortion provider in the ACT. This not-for-profit provider offers medical and surgical abortions up to 16 weeks gestation. There is also an equivalent provider (without not-for-profit status) in Queanbeyan.

Canberra Health Services can provide abortion services in emergencies and when deemed high risk or medically necessary. However, these services are not readily available to most consumers seeking abortion care and longer than optimal waits can apply.

Calvary Public Hospital Bruce also provides some abortion services, however it is constrained by the application of Catholic religious principles to clinical policy around reproductive health care. While Calvary Public Hospital can and will provide emergent, surgical abortion care in specific circumstances, the principles underpinning policy on reproductive health care can be unevenly applied and consumers report that they are unsure about what services they can access and that they feel anxious about the perceived stigma around seeking abortion care from a Catholic institution.

HCCA has heard from consumers about their experiences of Calvary Public Hospital declining to provide certain types of reproductive health care interventions. For example, consumers have shared with HCCA their experience of being denied the 'morning after pill', even as a victim of sexual assault. Calvary Public Hospital's mission and values commit to person centred care which, along with its status as a public hospital, would ideally mean that the full range of clinically appropriate health care options are provided in line with the informed decisions of the consumer. Application of religiously motivated health care policies to clinical services has the

potential to negatively impact the safety and quality of care provided to consumers presenting to Calvary Public Hospital. While Calvary Public Hospital commits to providing referrals for services it does not offer, the effectiveness of this approach relies on the capacity of the already strained services provided by Canberra Health Service or on consumers having financial means to access services in the private system.

In addition to the above providers, there are a small number of GPs and pharmacies qualified to prescribe and dispense the MS-2 Step drug regimen for medical abortion. GPs in the ACT have only been able to provide medical abortion since 2019 when the *Health (Improving Abortion Access) Amendment Act 2018* allowed for women to access this service from registered general practitioners in the ACT. However, since 2019, few GPs have registered to provide medical abortions. In fact, Australia wide, under 3,000 of 41,000 GPs are registered to prescribe the MS-2 Step regimen (mifepristone and misoprostol) for medical abortion¹⁰.

To register to provide abortion services, GPs must complete the free half-day online training course for the MS-2 Step Prescribing Program¹¹. This is mandatory except for those who hold a current Fellowship or Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists¹².

The training requirements are not onerous, however available Medicare rebates are inadequate and result in GPs subsidising the provision of this service. The true cost of providing this service is in the order of the \$500 - \$600 charged by the large not-for-profits operating in this space throughout Australia¹³.

e. Equity of Access

Abortion is fundamental health care and HCCA considers it unacceptable that the ACT community does not have equitable access to these services.

Inequity of access stems not only from underserviced regions but also from the lack of universal, free services more generally. Inequity of access is compounded by the

¹⁰ Medical abortion in primary care - Australian Prescriber, <https://www.nps.org.au/australian-prescriber/articles/medical-abortion-in-primary-care>, Accessed 8 August 2022

¹¹ <https://www.ms2step.com.au/>, Accessed 18 August 2022

¹² Medical abortion in primary care - Australian Prescriber, <https://www.nps.org.au/australian-prescriber/articles/medical-abortion-in-primary-care> Accessed 8 August 2022

¹³ A deep dive on reproductive rights in Australia: What you need to know, <https://womensagenda.com.au/latest/a-deep-dive-on-reproductive-rights-in-australia-what-you-need-to-know-this-election/#:~:text=According%20to%202016%20census%20data%2C%20around%2047%25%20of,even%20Victorian-era%20women%20were%20educated%20about%20contraceptive%20techniques.> Accessed 8 August 2022

additional challenges and stigma faced by consumers from marginalised communities who may delay or avoid accessing services as a result.

Regardless of any individual hospital's policy position on reproductive health services, it is essential that the ACT government ensure access to stigma free public reproductive health services in order to meet their obligations under the Australian Charter of Health Care Rights.

As a point of comparison, in South Australia (SA) abortion is provided overwhelmingly via the public hospital system¹⁴. While this is not a solution to all issues of access, it does remove the cost, stigma, conscientious objection, and travel barriers which plague the ACT's patchy, primarily private, abortion care system. Although this approach may not be a viable solution for the ACT, the SA model of universal availability of legal abortion services within the public system may prove worth emulating for its capacity to reduce stigma as well as remove financial barriers.

Entrenchment of existing inequity of access risks contravening the access rights of ACT consumers under the Charter of Health Care Rights.

f. Availability of information about providers

Information about GPs and pharmacies that provide medical abortion services has not been made publicly available. Currently, provider information is only available via HealthPathways, which is a resource only available through primary health care clinicians, such as GPs. This forces consumers to approach GPs without knowing their stance on reproductive rights. Challenges resulting from the lack of publicly available provider lists are exacerbated when a consumer's chosen GP conscientiously objects to provision of abortion and is not obliged to refer the consumer on to an abortion provider, as is the case in other jurisdictions.

If the rationale for keeping the list of GP and pharmacy providers confidential is to prevent harassment of these providers from anti-abortion advocates, HCCA would suggest investigating how public provision of these listings in Victoria via *1800 My Options*¹⁵ has impacted those providers since publication. If, following investigation, a decision is made that publicly available listings are not safe or suitable for any reason, it is important that the ACT introduce an obligation for GPs approached about abortion to refer consumers to a provider that can meet their needs. Referral is mandatory in other jurisdictions, ensuring that consumers can find a provider for the

¹⁴ Barriers to abortion access in Australia before and during the COVID-19 pandemic – ScienceDirect, <https://www.sciencedirect.com/science/article/pii/S0277539521000340>, accessed 18 August 2022

¹⁵ 1800 My Options | Contraception, Pregnancy Options and Sexual Health, <https://www.1800myoptions.org.au/>, accessed 8 August 2022

service they need without doctor shopping (which is expensive, time consuming and potentially exposes consumers to increased stigma around their health care needs).

4. Affordability of abortion and reproductive choice in the ACT

a. Financial viability of GP providers

GPs offering medical pregnancy termination usually incur a financial loss on each instance of service, due to inadequate Medicare rebates. Regardless of a GPs decision to bulk bill for their services, consumers will invariably face out of pocket costs from ultrasounds and other investigations required to access a medical pregnancy termination. The genuine cost of providing medical termination services is close to the \$600 charged by largely not-for-profit organisations who currently provide this service¹⁶.

Providing abortion services is financially unviable for many GP practices, restricting consumers from obtaining care from their own, trusted GP. This means consumers must identify alternative providers and seek care from an unknown clinician. This can be difficult for many consumers who may find approaching a large not-for-profit abortion clinic difficult physically (due to cost, transport or disability), psychologically (due to trauma, concerns about privacy, experiences of abuse or coercion) or culturally (due to the need for culturally safe services).

Ideally, government would champion provision of abortion in the primary health care setting (via adequate financial subsidy of services and through training and peer support networks) to facilitate access to care through a known provider, with whom the consumer has an established relationship. This also ensures ongoing follow up care for consumers post procedure. While not all GPs will be comfortable with providing abortion care, this would go some way to reducing barriers to access for certain consumer subsets.

While the ACT Government does not have the power to set the Medicare Benefits Schedule for abortion, there may be other mechanisms by which abortion can be supported in the primary health care setting.

¹⁶ A deep dive on reproductive rights in Australia: What you need to know, <https://womensagenda.com.au/latest/a-deep-dive-on-reproductive-rights-in-australia-what-you-need-to-know-this-election/#:~:text=According%20to%202016%20census%20data%2C%20around%2047%25%20of,even%20Victorian-era%20women%20were%20educated%20about%20contraceptive%20techniques.> accessed 18 August 2022

b. Affordability of services for consumers

In the absence of appropriately resourced and available public abortion services, pregnancy termination in the ACT is prohibitively expensive. These costs can range from \$500+ for consumers eligible for Medicare accessing a medical termination from one of the large providers servicing the ACT and region, to much higher costs of up to \$8,000 plus travel to NSW for a later gestation surgical termination¹⁷.

Travel interstate is unavoidable for consumers seeking termination beyond 16 weeks gestation. For consumers who are not eligible for Medicare support, such as those on temporary visas, it can be more affordable to leave Australia to access abortion care. This is due to limits of existing staff and facilities which have become entrenched despite the evolution of the legal environment. The current proposal to provide free, universal service will need to contend with the challenges of the resource scarce environment.

5. Legal protections for abortion rights in the ACT

a. Gestational Limits

The ACT falls behind most other jurisdictions in gestational limits that apply to abortion. In the ACT and Tasmania, abortions are only legal up to 16 weeks gestation, while in NSW and Queensland it's up to 22 weeks. The Northern Territory allows abortion up until 24 weeks, while South Australia allows it up until 22 weeks and six days.

While WA hasn't yet decriminalised abortion — meaning it's still dealt with in a legal framework instead of health legislation — abortions can be performed up to 20 weeks provided it has been approved by two doctors. A panel of six doctors has to approve the service after 20 weeks

While this is likely a reflection of the ACT's early changes to legislation, acting to decriminalise abortion and incorporate it into the *Health Act 1993*, these limitations will impact on the ability of the ACT to expand gestational limits due to service and infrastructure constraints, which have evolved in response to the restriction to 16 weeks.

The current gestational limits that apply in the ACT have resulted in limited service provision for consumers needing abortion beyond 16 weeks (restricted by the limited capacity of Canberra Health Service and, in some circumstances, by the religious

¹⁷ Abortion laws in Australia: What are the rules in each state?, <https://www.sbs.com.au/news/article/new-abortion-laws-have-come-into-effect-in-south-australia-what-are-they-in-other-states/g5w55ghaj>, accessed 8 August 2022.

principles applied by Calvary Public Hospital to the provision of reproductive health care), often requiring them to access care interstate. Were the ACT to bring gestational limits into line with other jurisdictions at 20+ weeks, this would necessarily include development of infrastructure, increased resourcing and a more comprehensive public model-of-care to provide safe access to abortion at later gestations.

HCCA is supportive of gestational limits being revised to meet other jurisdictions, in effect ending the requirement for consumers seeking care over and above these limits to travel interstate to receive health care which could and should be available locally.

b. Model of Care

While HCCA recognises that the ACT is a small jurisdiction and cannot sustain local provision of all specialty health services, the demand for abortion care is such that a stand-alone service would be viable. Given as many as 1,800 people seek abortion in the ACT each year¹⁸, and Marie Stopes International estimates an additional 5% of that number seek care interstate, a specialist, public service would prove a valuable investment in the health of the ACT community.

c. Exclusion Zones

While on the surface it may appear that the ACT's exclusion zone legislation is not as generous as other states (at a standard of 50m versus 150m) the ACT arrangement actually affords more dynamic protection to meet the specific needs of abortion providers and facilities. In the current scheme, protected areas around approved medical facilities must be declared by the Minister. The Minister must be satisfied that the area is 'sufficient to ensure the privacy and unimpeded access for anyone entering, trying to enter or leaving an approved medical facility', while also being 'no bigger than necessary to achieve that outcome'. Following amendments to the Bill in the Assembly, this zone must be no less than 50 metres around the facility. This requirement means the Minister can create a tailored exclusion zone to address the specific circumstances of the clinic. In addition, these zones only apply during

¹⁸ <https://www.canberratimes.com.au/story/7847439/stephen-smith-urges-federal-counterpart-make-abortion-free-across-country/?cs=19265>, accessed 5 August 2022.

'protected periods' which include the hours of 7am to 6pm each day of operation of the clinic, and 'any other period declared by the Minister'.¹⁹

HCCA supports this approach as it enables the flexibility to ensure genuine protection for medical staff and consumers without unreasonably impinging on surrounding areas if not necessary, while still ensuring the physical and psychological safety of those staffing and accessing abortion clinics.

Presuming the method for seeking a decision to amend exclusion zones is well publicised and easy for abortion providers if and when their circumstances and protection needs change, HCCA sees no benefit in changing to a blanket 150m exclusion zone as applies in other states.

6. Access to information to support a variety of possible reproductive choices, including choosing to give birth

Consumers have shared with HCCA the need for easily accessed, reliable and complete information. The lack of a central resource encompassing the range of choices and supports (including both social supports and clinical care) available for consumers facing an unplanned pregnancy is compounding issues for ACT consumers seeking reproductive health care. Lack of effective and wholistic official resources is likely to lead to misinformation (due to accessing unreliable online information, for example), or a delay in consumers seeking advice and taking steps to enact their choice due to confusion over the availability of services. This may be a factor in increasing the uncertainty consumers feel approaching their GP or local public hospital for help due to their potential conscientious objection to providing abortion care.

Accessibility of information about abortion care continues to suffer from the stigma of previous illegality and negative social attitudes towards sexual and reproductive health care needs.

In fact, in researching abortion in the ACT for this submission, HCCA staff were unable to access the websites of certain local abortion services due to our workplace server blocking access to sites deemed as relating to '*sex education*'. This highlights the challenges of information accessibility, even for highly health and digitally literate populations.

¹⁹ Parliament of Victoria - Research Notes on Exclusion Zones in Australia – Update, <https://parliament.vic.gov.au/publications/research-papers/download/36-research-papers/13597-research-notes-on-exclusion-zones-update>, accessed 8 August 2022

A consumer's ability to find and access the information required to initiate care is fundamental to the accessibility of abortion care. For this reason, it is important that the ACT Government specifically publicise services and develop a range of health literate consumer resources addressing the needs of specific communities.

Information is a consumer's right under the Charter. Particularly the rights to 'receive information about services, waiting times and costs' and 'be given assistance, when I need it, to help me to understand and use health information'²⁰. Currently, consumers do not consistently have access to this information when trying to make decisions about reproductive health care.

a. Resources

As part of the move to universal, free abortion services announced in the 2022-2023 ACT Budget, it is important that the ACT Government also develop comprehensive and health literate resources - online, via phone and in print - that address the spectrum of information consumers need to make an informed choice regarding their reproductive health and support needs. Consumers need accessible information which addresses the care and supports available no matter the choice a consumer ultimately makes about their reproductive care. Resources must include services that support informed decision making (including counselling on abortion, genetic concerns, domestic and family violence and reproductive coercion, dealing with pregnancy after trauma), community specific social/community supports available during pregnancy, birth and the early years as well as the maternity care and birthing options available in the ACT and how these can be accessed. These resources need to straddle the private, community sector, and public health care and social services relevant to a consumer's decision.

These resources would not be one-size-fits-all and would need to address the unique information needs of a range of communities – Aboriginal and Torres Strait Islander consumers, LGBTQIA+ consumers, culturally and linguistically diverse consumers, and consumers with disability. Consumers need and deserve culturally safe, destigmatised and targeted support and it is vital that communications are tailored specifically to address their unique needs. This is just as vital as expanding the types of services which provide reproductive health care – such as expanding the scope of practice for Aboriginal and Torres Strait Islander community health workers. HCCA views development of these resources as essential to meeting Information obligations under the Charter.

²⁰ Australian Charter of Healthcare Rights (second edition) - Australian Commission on Safety and Quality in Health Care, <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible>, accessed 5 August 2022

7. Concluding comments

HCCA supports the ACT Government in reviewing and improving access to reproductive health care including abortion services in the ACT. We view this Inquiry as an important first step towards meeting the rights of consumers of reproductive health care under the Australian Charter of Health Care Rights.

HCCA would be pleased to work with the ACT Government and other stakeholders to co-design and implement programs to meet the needs of consumers as identified under this Inquiry.

If you have any questions or would like to discuss any issues raised in our submission further, please contact our office on ph: 6230 7800 or via adminofficer@hcca.org.au.