



ACT
Government

ACT Health

Abortion and Reproductive Choice in the ACT

Government Response to Report 10 - *Inquiry into Abortion
and Reproductive Choice in the ACT.*

July 2023

CABINET

Contents

Contents.....	2
I) Executive Summary.....	3
II) Introduction	4
Policy Alignment.....	4
Free and safe abortions – 2022-23 budget.....	4
Health (Improving Abortion Access) Amendment Bill 2018	5
The ACT Women’s Plan 2016-2026.....	5
III) The Inquiry	6
Terms of Reference	7
Summary of findings	7
IV) Response to Inquiry Recommendations.....	8
Recommendation 1	9
Recommendation 2	10
Recommendation 3	13
Recommendation 4	13
Recommendation 5	14
Recommendation 6	16
Recommendation 7	17
Recommendation 8	21
Recommendation 9	22
Recommendation 10.....	23
Recommendation 11.....	24
Recommendation 12.....	25
Recommendation 13.....	26
Recommendation 14.....	26
Recommendation 15.....	27
Recommendation 16.....	27
Recommendation 17	28
Recommendation 18.....	29
V) Conclusion	30
Bibliography	31

I) Executive Summary

On 18 April 2023, the ACT Legislative Assembly's Standing Committee on Health and Wellbeing tabled Report 10 - *Inquiry into abortion and reproductive choice in the ACT* (the inquiry). Fifty-two submissions were received from a range of organisations and individuals. The terms of reference for the inquiry included the accessibility and affordability of abortion services and the protection of abortion rights in ACT legislation. At its conclusion, the Committee made 18 recommendations.

The ACT Government welcomes the inquiry report into abortion and reproductive choice. In the ACT, abortion was decriminalised in 2002 and is considered a health matter. Legal protections for abortion were an important ratification of women's and people with uterus' rights to reproductive choice. The ACT Government recognises that all individuals should have autonomy over their reproductive health and supports the affirmation of reproductive rights and reproductive justice. The provision of high-quality healthcare that meets the needs of Canberrans continues to be a priority, and this includes improving accessibility and affordability of abortions by addressing the barriers identified in the inquiry report.

On 20 April 2023, the ACT delivered on a key ACT Labor election commitment and became the first jurisdiction to offer free and safe medical and surgical abortions to all residents, including those without a Medicare card. In line with the *ACT Women's Plan 2016-2026* (ACT Women's Plan), the ACT Government has committed \$4.6 million over four years to support free abortion services to ACT residents. Currently, Canberrans are able to access free surgical abortions up to 16 weeks gestation through Canberra's long-running MSI Australia clinic. Canberrans are also able to access free medical abortions at MSI up to nine weeks gestation. The initiative also covers the cost of providing long-acting reversible contraceptives (LARCs), such as intra-uterine devices (IUDs), to those who wish to have one at the time of abortion.

While the ACT Government is committed to protecting and facilitating abortion rights, it acknowledges there is scope to improve the accessibility of these services in the ACT. The inquiry heard of the ongoing complications and struggles that women and people who can become pregnant faced in seeking treatment – including travelling to other jurisdictions and lack of post-procedural supports. Barriers still exist that impede terminations in a time-sensitive manner.

The ACT Government agrees, or agrees in principle to 14 of the Committee's 18 recommendations. For the remaining recommendations, two are no longer applicable, one is noted, and one is not agreed. Alongside free and safe abortions, further work to improve abortion accessibility is detailed in this ACT Government's detailed response.

II) Introduction

An abortion (or termination) is the medical process of ending a pregnancy pre-term. Abortion is a safe procedure that may be undertaken for a range of medical, social, and personal reasons. Approximately one in three women and people with a uterus experience an unintended pregnancy in their lifetime in Australia, with half of this cohort pursuing abortion as an option.¹ An estimated abortion rate of 17.3 per 1,000 women aged 15-44 years old was recorded from 2017-18, underlining that abortion is a reasonably common procedure.²

There are two methods of pregnancy termination that a person can choose to access in the ACT: medical and surgical abortions. Medical abortions are administered through prescription medication that is taken orally, requiring a supply of abortifacient drugs Mifepristone and Misoprostol, called *MS-2 Step*.³ *MS-2 Step* is a low risk, non-surgical option that is available to women and pregnant people up to nine weeks gestation. Surgical abortion is a surgical procedure that causes a pregnancy to end by removing the contents of the uterus. The procedure varies depending on the gestation stage of the pregnancy. Women and people who can become pregnant should be supported in their decision-making process to access their preferred method of abortion. Factors that may impact this choice include gestation stage, recovery time, privacy, risk factors and personal preference.

Abortion services are predominantly undertaken in private clinics rather than through the public health system in the ACT. While this reduces the burden on the public system and allows prioritisation of other surgery, this also means there is a reliance on a small number of practitioners and services to provide both medical and surgical abortions. The ACT Government acknowledges that there is scope to improve the accessibility of abortion services in the ACT and has recently implemented a new initiative to improve accessibility. Free and safe abortions have been available to all residents of the ACT, including those without a Medicare card, since April 2023. From 1 August 2023, changes to Commonwealth policy settings will also allow a broader range of healthcare practitioners to prescribe *MS-2 Step*, making it more accessible.

Policy Alignment

Free and safe abortions – 2022-23 budget

At the 2020 ACT election, ACT Labor made a commitment to “significantly reduce the upfront cost of surgical abortion in the ACT, eliminating the cost difference between a medical or surgical abortion.” The ACT Government has met and exceeded this commitment to provide universal reproductive healthcare by removing out-of-pocket costs for abortion in the ACT.

The 2022-23 ACT Budget included \$4.6 million over four years to support accessibility and affordability of abortion services. Since 20 April 2023, all residents living in the ACT seeking an abortion up to 16 weeks gestation have access to free abortions. Long-acting reversible contraceptive (LARCs) are also provided free of charge at the time of abortion, if wanted.

1 Children by Choice. Abortion rates in Australia [Internet]. Childrenbychoice.org.au. 2021 [cited 22 May 2023]. Available from: <https://www.childrenbychoice.org.au/resources-statistics/papers-reports/abortion-rates-in-australia/>

2 Keogh LA, Gurrin LC, and Moore P. Estimating the abortion rate in Australia from National Hospital Morbidity and Pharmaceutical Benefits Scheme data. *Medical Journal of Australia* [Internet]. 2021 [cited 22 May 2023]; 215 (8): 375-376

3 Children by Choice. Abortion rates in Australia [Internet]. Childrenbychoice.org.au.

The commitment also includes initiatives to support people to navigate existing services in a time sensitive manner, such as development of a communications package, including a public-facing webpage to act as a ‘one-stop shop’ for information. This initiative is ongoing, and from August 2023, the ACT Government will extend the scheme for free medical abortions to an expanded pool of private providers who can provide free and safe medical abortions..

In the ACT, affordability of sexual health and reproductive services was identified as an issue for many, with the most significant barrier to accessing abortions being cost. While Medicare rebates are available for abortion itself, the rebates did not reflect the various costs associated with the provision of this essential service. Out-of-pocket costs were prohibitive for those seeking access to abortion. The 2022-23 Budget initiative to provide universal access to abortion, including for those without a Medicare card, aims to address this barrier. The effect is that individuals will be supported to make a choice about ending a pregnancy without being inhibited by financial barriers. It also ensures that abortion can occur in a time-sensitive manner, without being delayed to later gestation.

Health (Improving Abortion Access) Amendment Act 2018

In 2018, the *Health (Improving Abortion Access) Amendment Act 2018* was introduced to the Legislative Assembly. Commencing from 1 July 2019, the legislation provided different definitions for medical and surgical abortions. Prior to this change, all abortions were required to be carried out in an ‘approved medical facility.’ The amendments improved accessibility by allowing medical abortions to be prescribed and administered outside of approved facilities. The refined definition for surgical abortions ensured the continued safety and quality of surgical procedures to be performed in clinical environments.

The reforms allowed specially trained GPs, and telehealth services to prescribe abortifacients – the medication used to terminate pregnancies – and trained pharmacists to dispense these medications. At the time of the Act’s passing, the ACT Minister for Health and Wellbeing, Meegan Fitzharris MLA, stated, “the Government’s focus is on increasing accessibility for women and improving affordability. Both are fundamental.”⁴ These changes promoted a person’s choice in determining where and how they access safe abortions.

The ACT Women’s Plan 2016-2026

Women’s reproductive health and choice is a key component of the ACT Women’s Plan. ‘Equality – of opportunity, access, security and independence’ is a principle that underpins access and affordability of safe and legal abortion, ensuring equity amongst ACT women and people who can become pregnant.⁵ Health and wellbeing is identified as a priority area, with the plan emphasising the importance of reproductive health and reproductive justice. Abortion accessibility also aligns with the ACT Wellbeing Framework and indicators, which acknowledge the impacts a lack of access to health services and income inequality can cause for healthy and equitable living standards.

4 Legislative Assembly for the ACT. 2018 week 19 Hansard (19 September), pp3389-3855.

5 ACT Government. ACT Women’s Plan 2016-26 [Internet]. Canberra: The Legislative Assembly for the Australian Capital Territory; 2016 [cited May 2023]. Publication No: 16/0901. Available from: [ACT Women's Plan 2016-26](#)

The ACT Women's Plan states:

*"... [There is a need to] ensure that affordable and accessible gender and culturally sensitive health services are provided across the ACT. There is a need for services and initiatives which respond to the different requirements of women and men and recognise that some health issues are particularly influential for women's wellbeing, including contraception and reproductive health. Ensuring safe access to abortion and reproductive choice is an important aspect of women's physical and mental health. The ACT Women's Plan recognises that women's health and wellbeing is significantly impacted, if not determined, by access to resources outside a narrowly conceived health system."*⁶

The ACT Women's Plan is fully supportive of reproductive health and justice. Health issues, and manifestations of health issues, are impacted by gender and sexuality. The ACT Women's Plan applies a lens of gender and intersectionality to services and initiatives to better respond to the different requirements of women and people who can become pregnant.

III) The Inquiry

On 1 July 2022, the ACT Legislative Assembly Standing Committee on Health & Community Wellbeing resolved to conduct an inquiry into abortion and reproductive choice in the ACT. On 18 April 2023, the inquiry report was tabled and the inquiry concluded. The inquiry and report were informed by international events and socio-political reactions following the overturning of the landmark US case *Roe v Wade*.⁷ The reversal of *Roe v Wade* dismantled fifty years of legal protections for abortion rights in the US, the repercussions of which allowed individual states to curtail, or outright ban abortion. The reversal of abortion rights overseas has prompted Australia to reflect on the state of abortion rights and accessibility, including in the ACT.

The inquiry into abortion and reproductive choice in the ACT found tangible local barriers to accessibility of abortion services. While the inquiry was conducted prior to the ACT Government's commencement of free and safe abortions to achieve universal access in the ACT, the Government acknowledges the findings in the report and 52 submissions received from a range of organisations and individuals.⁸

6 ACT Government. ACT Women's Plan 2016-26, p. 11

7 Housman, Patty. *Roe v Wade Overturned: What this Means, What's Next* [Internet]. American University Washington, DC [29 June 2022; cited 24 May 2023]. Available from: <https://www.american.edu/cas/news/roe-v-wade-overturned-what-it-means-whats-next.cfm>

8 Standing Committee on Health and Community Wellbeing. 10. Inquiry into Abortion and Reproductive Choice in the ACT [Internet]. Legislative Assembly for the ACT; 2023 [cited 24 May 2023]. Report No: 10. Available from: <https://www.parliament.act.gov.au/parliamentary-business/in-committees/committees/hcw/inquiry-into-abortion-and-reproductive-choice-in-the-act#tab2031415-6id>

Terms of Reference

On 1 July 2022, the Standing Committee on Health and Community Wellbeing resolved to inquire into, and report on, the following matters:

- 1) accessibility of abortion and reproductive choice for people in the ACT, including abortion medication, and taking into consideration barriers for:
 - a. non-English speakers
 - b. victims of domestic and family violence, including coercive control
 - c. people with a disability
 - d. young people and minors and
 - e. other vulnerable demographics;
- 2) affordability of abortion and reproductive choice in the ACT, including:
 - a. access to bulk billing general practitioners;
 - b. indirect costs such as transport, leave from work, childcare and
 - c. options for low-income patients;
- 3) legal protections for abortion rights in the ACT; including:
 - a. comparison with other Australian jurisdictions
 - b. interactions with non-ACT legislative instruments (e.g.: with Commonwealth law);
 - c. potential implications for IVF providers; and
 - d. effectiveness of exclusion zones around abortion facilities;
- 4) access to information to support a variety of possible reproductive choices, including choosing to give birth; and
- 5) any other related matters.

Summary of findings

The ACT Legislative Assembly Standing Committee on Health & Community Wellbeing received 52 submissions to the Inquiry and heard evidence from 21 witnesses during its public hearing. The Committee made 18 recommendations to address the barriers to abortion and reproductive healthcare in the ACT.

The 18 recommendations address the barriers identified by the Inquiry, such as a need for workforce upskilling, investment to provide better abortion care, strengthening legal protections for abortion rights, consideration for family violence and reproductive coercion, and other actions to support and promote reproductive healthcare. Common barriers to reproductive healthcare included the limited number of abortion providers in the ACT and a reliance on private providers. This informed recommendations to expand services through training, infrastructure investment, and other work to expand the pool of providers.

Other issues addressed in the inquiry included revisiting the 16-week gestational time limit regarding the time-sensitive nature of abortion, and issues of reproductive coercion and conscientious

objection, to render abortion more accessible in the long term and address challenges faced by vulnerable people and groups.

The recommendations are underpinned by submissions from organisations such as Women’s Health Matters, Sexual Health and Family Planning ACT, and the ACT Human Rights Commission, but also individual testimonials of doctors that provide services, and people with lived experience.

IV) Response to Inquiry Recommendations

Below is the ACT Government Response to the 18 recommendations addressing barriers to abortion and reproductive choice in the ACT. The Response demonstrates the ACT Government’s commitment to ensuring equitable access to safe, legal and affordable abortion services that meets the healthcare needs of Canberrans.

Overview of Response to Recommendations

Recommendation	Overview	Response
Recommendation 1	University liaison for upskilling of GPs and other doctors	Agreed
Recommendation 2	Collection of data on GP training uptake	Agreed in Principle
Recommendation 3	Advocate to Therapeutic Goods Administration to allow nurses to prescribe MS-2 Step	No longer applicable
Recommendation 4	University liaison for upskilling of nurses and midwives	Agreed
Recommendation 5	Increasing ultrasounds	Agreed in Principle
Recommendation 6	Infrastructure investment to provide post-16-week abortions	Agreed in Principle
Recommendation 7	Resources for post-procedural support	Agreed in Principle
Recommendation 8	Inclusions in communication package	Agreed in Principle
Recommendation 9	Data collection on abortions and reproductive coercion in the ACT	Agreed in Principle
Recommendation 10	Amend the Third Action plan of the ACT Women’s Plan to include reproductive coercion	Agreed

Recommendation 11	Education and training for family violence and reproductive coercion	Agreed
Recommendation 12	Extension of exclusion zones from 50m to 150m	Not Agreed
Recommendation 13	Requirement for conscientious objectors to provide a referral to an equivalent service	Agreed
Recommendation 14	Calvary Hospital to provide full reproductive health service	No longer applicable
Recommendation 15	Services and information for patients who choose to bring pregnancy to full term, without access to Medicare	Noted
Recommendation 16	Subsidise access to LARCs and trial subsidised vasectomies	Agreed in Principle
Recommendation 17	Reproductive health and wellbeing leave in ACT Government workplace	Agreed in Principle
Recommendation 18	Strategy for sexual and reproductive health	Agreed in Principle

Recommendation 1

The Committee recommends that the ACT Government engage with Universities Australia, the Group of Eight, Regional Universities Network, and Australian Technology Network of Universities to include reproductive health care as part of core medical training courses.

Agreed

The ACT Government agrees to recommendation one to communicate with universities and consider including reproductive healthcare as part of core medical training services. Commonly the first point of contact for reproductive health services, General Practitioners (GPs) have a significant role in supporting access to abortion services. As abortions are predominantly undertaken in private clinics rather than through the public health system, GP training to provide medical abortions and other reproductive healthcare is essential.

Because abortion training is not included in medical program syllabi or in Royal Australian College of General Practitioners' fellowship curriculum, the required clinical skills to provide abortions and other reproductive healthcare is additional training. Uptake of specific, additional training has been identified as a barrier in the ACT – GPs must take time out of the workday from seeing patients to

attend training, and financial considerations may act as a disincentive. GPs in the ACT are often overstretched with usual patient care. However, all specialist GPs must develop and maintain skills under rigorous, continuing professional development requirements of their specialist registration, which may act as an enabler.

The ACT Government will take measures to advocate to the relevant parties to improve professional training and tertiary education. The Office of Professional Leadership and Education in the ACT Health Directorate will liaise with Universities Australia, the Group of Eight, the Regional Universities Network, and the Australian Technology Network of Universities. Consideration will be given to introducing medical abortion training and other reproductive healthcare as mandatory training towards GP certification. Other stakeholders in education that may also be engaged to expand core training include the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Recommendation 2

- a) That the ACT Government identify how many GPs have undertaken medical abortion and LARC training and are applying that training in their practice.
- b) Until more than 50 per cent of uptake is identified, then the ACT Government is encouraged to undertake further investigation into the reasons as to why GPs are not completing such training; and
- c) liaise with the Commonwealth and the Australian Medical Association ACT Ltd to facilitate training.

i) Recommendation 2a

Agreed in principle

In the 2020 Report on Government Services, 600 GPs were recorded in the ACT.⁹ As of June 2022, there were approximately 54 actively certified prescribers (GPs) and 157 actively certified dispensers (pharmacists) of MS-2 Step in the ACT.¹⁰ However, HealthPathways lists only three GPs and three specialist clinics as prescribers of MS-2 Step.¹¹ The issue remains that private medical abortion providers are not visible; GPs may choose not to promote or advertise their services as abortion providers due to privacy and safety concerns.

The exact number of prescribers and dispensers in the ACT is hard to identify. Sexual Health and Family Planning ACT (SHFPACT) attempts to maintain an up-to-date list of prescribers, however this is reportedly difficult: some certified GPs prescribe semi-regularly, others have completed training to become certified, but do not prescribe for a variety of reasons. Nevertheless, data is being sought from SHFPACT, which has run MS Health training in the ACT for medical abortions, and which also provides some, but not all, LARC training. The data on the number of GPs who are applying the

9 Productivity Commission. Report on Government services 2022: 10 Primary and community health. Australian Government Productivity Commission; 2022 [cited 24 May 2023]. Part E (Health), section no. 10. Available from: <https://www.pc.gov.au/ongoing/report-on-government-services/2022/health/primary-and-community-health>

10 MS Health. Dispenser and prescriber program [Internet]. Australia: MSI Reproductive Choices; 2022 [cited 25 May 2023]. July Update 2022. Available from: <06072022-MS-Health-July-2022-Update-1.pdf> (mshealth.com.au)

11 ACT Health Directorate. Submission to Inquiry into abortion and reproductive choice in the ACT, p.6.

training in practice is challenging to accrue, and the collection of data for medical abortions and LARCs differ and are both difficult to gather.

The ACT Government will consider measures to track medical abortions and LARCs despite complications. For medical abortions, there is no specific MBS item number, making the medication hard to track. Monitoring claims for MBS items such as IUDs and hormone implants could build indicative datasets for LARCs, but not datasets with high levels of accuracy. For example, all hormone implants are captured under the same category, including those used for purposes other than contraception, such as those used to treat prostate cancer.

ii) Recommendation 2b

Noted

The barriers to training are known and outlined in many submissions to the inquiry, stakeholder discussions with ACT Government, and a report by Women's Health Matters. Seeking specific additional training is time consuming, and practitioners who do undertake training may lack confidence to apply it in practice. While some GPs prescribe semi-regularly, others only see one or two relevant cases per year and may not seek to renew their certification. A smaller group have conscientious objections to providing medical abortions. Stigma also plays a role in deterring training. The intent behind recommendation 2b is to encourage a higher uptake of abortion, LARC and reproductive health training for GPs. As the reasons for low rates of training are known, the ACT Government may investigate how to address these reasons and encourage training.

During the roundtable discussion for abortion accessibility, which informed the implementation of the 2022-23 Budget initiative for free and safe abortions, the ACT Government heard of possible ways to encourage uptake of training and upskill the workforce to meet needs. Establishing a community of practice, where GPs can build confidence through discussion and cooperation with other certified providers, may increase service provision. A community of practice may include channels of communication between GPs to seek advice or mentoring. Another option is to establish a financial incentive for GPs to undergo training. Further policy work and communication with providers may occur in the future following the 2022-23 Budget initiative.

iii) Recommendation 2c

Agreed in principle

The ACT Government will liaise with the Commonwealth regarding reproductive healthcare training (more on the Commonwealth below). However, the Australian Medical Association (AMA) ACT does not facilitate training. The ACT Government notes it will be more effective to liaise with other groups such as:

- Royal Australian College of General Practitioners
- Royal Australia and New Zealand College of Obstetrics and Gynaecology
- Universities in the ACT

The Academic Unit of General Practice in ACT Health Directorate will lead this work. The Office of the Chief Nurse and Midwife will also be engaged, recognising the important role that Advanced Practice Nurses and Nurse Practitioners can play in expanding access to reproductive healthcare.

On 25 May 2023, the Australian Senate Community Affairs References Committee tabled its report on its *Inquiry into universal access to reproductive healthcare*.¹² Recommendations 9 and 21 of the Senate Inquiry are relevant to workforce upskilling, including provision of professional development for practitioners, and reviewing reproductive healthcare training in tertiary education.

Recommendation 9: The committee recommends that the Australian Government considers the continuation of funding for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) to provide ongoing support and professional development for practitioners.¹³

Recommendation 21: The committee recommends that the Australian Government, in consultation with relevant training providers, reviews the availability, timing, and quality of sexual and reproductive healthcare training in undergraduate and postgraduate tertiary health professional courses, including vasectomy procedures, terminations and insertion of long-acting reversible contraception.¹⁴

The ACT Government will seek to liaise with the Commonwealth to facilitate further professional development, and advocate for changes that encourage uptake of reproductive healthcare training.

12 Senate Community Affairs References Committee. Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia [Internet]. Australia: Parliament of Australia; 2023 [cited 25 May 2023]. Available from:

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report

13 Senate Community Affairs References Committee. Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia [Internet], p.xviii

14 Senate Community Affairs References Committee. Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia [Internet], p.xx

Recommendation 3

That the ACT Government liaise with the Therapeutic Goods Administration with the aim of including nurses on the list of persons able to prescribe MS-2 Step.

No longer applicable

On 11 July 2023, the Therapeutic Goods Administration (TGA) approved an application from MS Health to amend restrictions on the prescribing of MS-2 Step.

Prescribing requirements have been amended to increase the ambit of eligible prescribers and dispensers of MS-2 Step, removing barriers to access for medical abortions.¹⁵ Previously, MS-2 Step was only able to be prescribed by a medical practitioner with a specific certification and dispensed by a registered pharmacist. Reform of the TGA requirements means that MS-2 Step can now be prescribed by any healthcare practitioner without the need for additional training to gain a certification. This may include nurse practitioners. In addition, a registration is no longer required for pharmacists to dispense the medication.¹⁶

The decision to approve the amendments was informed by expert advice from the Advisory Committee on Medicines (an independent committee with expertise in scientific, medical and clinical fields, including consumer representation). As a result of the lifting of restrictions, a new warning/instruction has been included in the Product Information to provide information on circumstances where a person should refer to a doctor.¹⁷

This change has been endorsed by the Commonwealth, noting that the Pharmaceutical Benefits Advisory Committee also recommended that prescription of MS-2 Step by nurse practitioners be subsidised on the Pharmaceutical Benefits Scheme.¹⁸ In other words, the regulatory changes may be joined with Medicare changes as well, allowing nurse practitioners to join doctors with subsidised prescriptions.

The changes will take effect from 1 August 2023.¹⁹

In response to the TGA's reform, the ACT Government will review s81 of the *Health Act 1993* – authorisation of supply and administration of abortifacients – to reflect this change, and facilitate a wider range of health professionals, such as nurse-practitioners, to prescribe MS-2 Step in the ACT.

Recommendation 4

15 Therapeutic Goods Administration. Amendments to restrictions for prescribing of MS-2 Step (Mifepristone and Misoprostol) [Internet]. Department of Health and Aged Care; 2023. [11 July 2023; cited 11 July 2023]. Available from: <https://www.tga.gov.au/news/media-releases/amendments-restrictions-prescribing-ms-2-step-mifepristone-and-misoprostol>

16 Therapeutic Goods Administration. Amendments to restrictions for prescribing of MS-2 Step (Mifepristone and Misoprostol) [Internet].

17 Therapeutic Goods Administration. Amendments to restrictions for prescribing of MS-2 Step (Mifepristone and Misoprostol) [Internet].

18 Minister Kearney, Department of Health and Aged Care. TGA decision on access to medical terminations [Internet]. Australian Government; 2023. [11 July 2023; cited 11 July 2023]. Available from: <https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/tga-decision-on-access-to-medical-terminations?language=en>

19 Minister Kearney, Department of Health and Aged Care. TGA decision on access to medical terminations [Internet].

The Committee recommends that the ACT Government engage with Universities Australia, the Group of Eight, Regional Universities Network, Australian Technology Network of Universities to include reproductive health care as part of core nursing and midwifery training courses.

Agreed

The Chief Nurse and Midwifery Office in ACT Health Directorate will liaise with Universities Australia, the Group of Eight, the Regional Universities Network, the Australian Technology Network of Universities, and other relevant groups such as the Nursing and Midwifery Board of Australia. The ACT Government will engage with these and other groups to consider introducing essential reproductive healthcare as mandatory training towards nursing and midwifery professions.

Reproductive healthcare training may include administration of LARCs, such as the intrauterine device (copper or hormonal IUD), the contraceptive implant (hormone implant/rod), or contraceptive injection (Depo). It may also include post-procedure care for terminations and other sexual health matters. Integration of new reproductive healthcare training is subject to further scoping work, including what is included in current courses, and the specific learnings gaps that are identified. The introduction of new course material may vary according to profession (nursing or midwifery).

The ACT Government will advocate to the relevant university networks and highlight the issue at upcoming ACT academic and education partnership meetings. The next Clinical Placement Office Industry Partner meeting is scheduled for August 2023. This matter may also be raised with the Nursing and Midwifery Board of Australia.

Recommendation 5

That the ACT Government, as a matter of urgency, investigate ways to increase access to ultrasounds for patients seeking abortions, and report back to the Assembly by end-2023.

Agreed in principle

The ACT Government agrees in principle that reducing the barriers to accessing ultrasounds would improve the experience of people who have an unwanted pregnancy. While Canberra Health Services (CHS) does not provide abortions, CHS does provide public ultrasound imaging with a referral from a specialist or GP. People may also access ultrasound and imaging machines at private imaging practices. There are more than ten private imaging practices located in the ACT. Further, the ACT Government has established the first public medical imaging service in Canberra that is outside the hospital setting.

From 31 May 2023, Canberrans can access public medical imaging outside a hospital with the opening of a Medical Imaging Service in Weston Creek.²⁰ The ACT Government has invested

²⁰ ACT Government. Medical Imaging Service extends to Weston Creek [Internet]. ACT: OurCBR; 2023 [cited 30 May 2023]. Available from: <https://www.act.gov.au/our-canberra/latest-news/2023/may/medical-imaging-service-extends-to-weston-creek>.

\$6 million to establish the Weston Creek Imaging Service, providing Canberrans with more options to access healthcare services in the community.²¹

While the Weston Creek service does not currently offer ultrasounds for pregnancy or abortions, the ACT Government may report back to the Assembly on the success of the Weston Creek Imaging Service in creating more equitable access to ultrasounds, and consideration may be given in the future to expanding the ambit of the service to include ultrasounds for abortions. More public imaging services in other areas of the ACT may be explored depending on the usage of the Weston Creek service.

Establishing imaging services at Weston Creek Walk-in Centre was an election commitment and included in the *ACT Health Services Plan 2022-2030*.²² Under the plan, medical imaging has been identified as an area of focus for strengthening core ACT Government-funded clinical support services.

Other actions outlined in the plan include:

- Establishing medical imaging services at the University of Canberra Hospital;
- Commissioning expanded medical imaging services at the Canberra Hospital as part of the Canberra Hospital Expansion; and
- Identifying other opportunities to improve access to community based medical imaging services.²³

These actions will take long-term implementation under the *ACT Health Services Plan 2022-2030* and are subject to future budget processes.

Difficulties in accessing ultrasound imaging is not unique to the ACT. There is a workforce shortage of sonographers – allied health professionals that operate ultrasound equipment – in the ACT and nationally.²⁴ On the National Skills Priority List 2022, there is a shortage of sonographers across all jurisdictions in Australia: the ‘Professionals’ occupation group saw a large increase in the health professions shortage, with about two in five occupations (or 39%) in shortage in 2022, compared with one in five (or 19%) in 2021, which includes sonographers.²⁵

Health professional occupations require high skill levels and high levels of qualifications and experience, and so cannot be trained or replaced at short notice. Shortages may have been exacerbated by the COVID-19 pandemic, which has caused workforce burnout and instability.²⁶ The demand for health professionals such as sonographers has also increased considerably in recent years, including in the ACT. National initiatives to attract skilled workers are ongoing.

21 ACT Government. New Medical Imaging Service opens in Weston Creek [Internet]. ACT Government; 2023. [30 May 2023; cited 30 May 2023]. Available from:

https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rachel-stephen-smith-mla-media-releases/2023/new-medical-imaging-service-opens-in-weston-creek

22 ACT Health Directorate. ACT Health Services Plan 2022-2030 [Internet]. ACT Government; 2022 [cited 6 June 2023]. Available from: [ACT Health Services Plan 2022 to 2030](#)

23 ACT Health Directorate. ACT Health Services Plan 2022-2030 [Internet].

24 National Skills Commission. 2022 Skills Priority List: Key Findings Report [internet]. Australia: Australian Government; 2022 [cited 30 May 2023]. 6 October Report. Available: [2022 Skills Priority List \(nationalskillscommission.gov.au\)](#). p. 12

25 National Skills Commission. 2022 Skills Priority List: Key Findings Report, p. 12

26 National Skills Commission. 2022 Skills Priority List: Key Findings Report, p. 19

Recommendation 6

The Committee recommends that the ACT Government invest in the infrastructure and services necessary to provide post-16-week abortions in the ACT and subsidise interstate patient travel to access this service in the interim, including travel for a support person.

Agreed in principle

The ACT Government agrees in principle to explore ways in which infrastructure and services can be invested in to support the provision of post-16-week abortions in the ACT. This recommendation requires extensive policy work and scoping, including a feasibility study, to expand infrastructure and health services for abortions in later stages of gestation. However, this will likely take place after completion of current projects, such as implementation of current funding for free and safe abortions in the ACT.

Future work may include working with a community partner to expand services and/or expansion of CHS infrastructure to support abortion beyond 16 weeks. CHS currently does not provide elective abortions due to the fact that these services can safely be delivered in the community and the priority given to elective surgeries that require a hospital admission. Options for expanding CHS infrastructure and increasing capacity may be explored to give effect to better abortion care, removing the need to seek these services interstate. Bringing together the ACT's public hospitals under one provider means more opportunities to work collaboratively and effectively across our public hospitals.

The ACT Interstate Patient Travel Assistance Scheme (IPTAS) supports permanent residents of the ACT to access specialist medical treatment by assisting with travel and commercial accommodation costs. As post-16 weeks abortion is not currently available in the ACT either publicly or privately, people seeking abortions may be eligible for travel support if the IPTAS criteria is met.

Eligibility for IPTAS is assessed on a case-by-case basis, with more detailed information on eligibility to be found at [Interstate Patient Travel Assistance Scheme \(IPTAS\)](#). In general, a person is eligible if they are:

- a permanent resident of the ACT
- enrolled, or eligible to be enrolled with Medicare, including asylum seekers
- not receiving, or eligible for, financial assistance for travel and accommodation from third party insurance or other Australian State and Territory government services
- referred for medical care interstate by an ACT or Queanbeyan registered medical professional
- referred to the service closest to the ACT that provides the medical care required.

Recommendation 7

The ACT Government's commitment to free access to abortion services include resources for post-procedural support, including mental health support and safety resources for people who may be experiencing social isolation, reproductive coercion or domestic or family violence.

Agreed in principle

The ACT Government agrees in principle to promoting post-procedural supports to render existing mental health resources more visible and accessible. While resources for post-procedural support are not included in the commitment to free and safe access to abortion services at this time, the ACT Government will explore ways to support post-procedural care through referral pathways.

One of the significant advantages of abortions being provided by GPs, in the context of a long-term patient care relationship, is that GPs are already well trained and able to provide ongoing mental health support to their patients. GPs already provide more mental health services in the ACT than any other single group of health care professionals and a significant proportion of all mental health care in the ACT. GPs can then offer ongoing mental health support to their patients post abortion and will be aware of existing vulnerabilities and comorbidities.

For people who may be in distress following an abortion, support may be provided by a range of community mental health services, as well as supports that are available via primary care and the crisis services provided by the public mental health system. Community mental health services include that of 'Head to Health' in central Canberra and 'Safe Haven' in Belconnen, with the 2023-24 Budget including \$2.3 million over four years to open a second Safe Haven facility at the Canberra Hospital. Public mental health services include a range of day services and outpatient programs at CHS.

Robust referral pathways will allow MSI Australia and other providers of abortion to promote the right community public mental health and suicide supports to the right patient. The Government will consider possible options, such as embedding requirements for referrals into future funding agreements for abortion services, or incorporating referral pathways into the response to recommendation 18 (to develop a sexual and reproductive health strategy). The table below shows a non-exhaustive list of existing resources for mental health and suicide support. Referral pathways can provide promotion and direction to these services.

Table: selection of community mental health and suicide support services

Community Services	Overview	Service Delivery
General Practitioners	All GPs in the ACT are trained to provide mental health support. This care is particularly beneficial due to long term patient-doctor relationships. Mental health support through GPs can offer wrap-around, generalist care for existing vulnerabilities and comorbidities.	GPs are often the first point of contact to receiving mental healthcare in the ACT and can appropriately refer to other specialised services.
Safe Haven Belconnen	Safe Haven Belconnen is a welcoming, non-clinical safe space that people experiencing emotional distress, suicidal thoughts, social isolation or loneliness can go to seek connection and support. This mental health charity service, which utilises a peer workforce, complements supports available through hospital emergency departments and mental health crisis services.	Supported by ACT Health Directorate and Capital Health Network. All services are free of charge. A second Safe Haven will be established on the Canberra Hospital campus following its success in Belconnen.
Head to Health Canberra	Head to Health is a Federal Government funded initiative. In the ACT, this service provides a team of psychologists, mental health assistants, nurses, social workers and others to provide specialist care.	Supported by funding from the Federal Government, and the ACT Primary Health Network (PHN), via Capital Health Network (CHN). All services are free of charge.
Step Up Step Down (Adult and Youth Programs)	The Step Up (before hospital admission) Step Down (after a hospital admission) service offers a short term stay at a residential environment that is welcoming, calm and safe for adults and young people who are experiencing psychological distress and/or mental health concerns.	Southside Community Step Up Step Down provides services to people aged 18 to 65 years who are currently linked with another Canberra Health Services Mental Health service. Adult Step Up Step Down provides services to people aged 25 to 65 years who are being clinically managed by with another Canberra Health Services mental health service.
Canberra Rape Crisis Centre	The Canberra Rape Crisis Centre (CRCC) is a non-government, feminist organisation working to eliminate sexual violence in the community. CRCC provides crisis phone lines, confidential counselling, and advocacy services to people affected by sexual violence. Specialised services are available to Aboriginal and Torres Strait Islander communities.	CRCC works collaboratively within service provision systems in the ACT to ensure that victims of sexual assault and their supporters receive appropriate services that are grounded in international guidelines for best practice in the treatment of sexual assault trauma.

Other resources include*:

- Canberra Health Services – Adult mental health services: [Adult mental health - Canberra Health Services \(act.gov.au\)](#)
- Service Assisting Male Survivors of Sexual Assault (SAMSSA): [\(02\) 6247 2524](#) or www.samssa.org
- QLife LGBTIQ+ helpline: [1800 184 527](#)
- 1800 RESPECT national helpline 24/7: [1800 737 732](#)
- Domestic Violence Crisis Service: 24-hour Support Service - [\(02\) 6280 0900](#)
- Victim Support ACT: [1800 822 272](#)
- Lifeline Canberra: [13 11 14](#) or www.lifelinecanberra.org.au
- Beyond Blue: [1300 224 636](#) or www.beyondblue.org.au
- Suicide Call Back Service: [1300 659 467](#) or www.suicidecallbackservice.org.au
- Speciality Phone Counselling Support: [1800 737 732](#) (1800 RESPECT) or www.1800respect.org.au
- National Sexual Assault, Domestic Family Violence Counselling Service: [1300 364 277](#)
- MensLine Australia: [1300 789 978](#) or www.mensline.org.au
- Men’s Link Australia: [\(02\) 6287 2226](#) or www.menslink.org.au
- Relationships Australia: [1300 364 277](#) or www.relationships.org.au
- Next Step: [\(02\) 6287 8066](#) or www.catholiccare.cg.org.au or www.wcs.org.au
- Headspace Canberra: www.headspace.org.au
- MindSpot: www.mindspot.org.au
- Head to Health: www.headtohealth.gov.au
- Black Dog Institute: www.blackdoginstitute.org.au
- ACT Mental Health Consumer Network: www.actmhcn.org.au
- Mental Illness Education ACT: www.mieact.org.au
- ACT Recovery College: www.recoverycollegeact.org
- Carers ACT: www.carersact.org.au
- Mental Health Community Coalition: www.mhccact.org.au
- Contacts listed by CHS on the adult mental health webpage: [Adult mental health - Canberra Health Services \(act.gov.au\)](#) and [Canberra Sexual Health Centre \(CSHC\) - Canberra Health Services \(act.gov.au\)](#).

Recommendation 8

That the communications package committed to in the 2022-2023 Budget:

- 1) include an audit of current Government-provided information to measure whether it is appropriately trauma-led and meets the needs of people of culturally and linguistically diverse backgrounds
- 2) works with the primary health care network to ensure that HealthPathways reflects all abortion providers in the ACT and communicates a clear model of care to GPs
- 3) builds capacity of all health practitioners and workers to provide non-stigmatising, trauma-informed, culturally safe and inclusive care
- 4) raises awareness about medical and surgical abortion options and referral pathways among community services and organisations
- 5) promotes awareness of the different types of abortion care amongst the general public, including in regard to the importance of early identification and presentation.

Agreed in principle

As the funding for the upcoming communications package is limited, not all items of this recommendation can be included at this time. It is anticipated that recommendations 8.2, 8.4 and 8.5 can be agreed to and included in the current package, however the ACT Government will explore ways to include 8.1 and 8.3 in future work.

Development of public-facing web resources to relay information about the different options available in the ACT will help facilitate reproductive choice and remove the barrier of confusing or contradictory information about access to abortions in the ACT. Work is underway to design web resources that will act as a single point of truth for stakeholders and services.

As a 'one-stop-shop' for abortion services, the web resources are envisaged to include:

- Information about types of abortion
- Information about the common side effects experienced
- Pathways to accessing abortion
- Places to access non-directional pregnancy counselling
- A list of all available abortion providers
- A list of all available LARC providers

The communications package will therefore encompass recommendation 8.4 to raise awareness about medical and surgical abortion options and referral pathways among community services and organisations, and 8.5 to promote awareness of the different types of abortion care amongst the general public, including in regard to the importance of early identification.

Following implementation of the web resources, information will also be shared with HealthDirect and HealthPathways. This will ensure the lists of providers and community services are up-to-date, and respond to recommendation 8.2 to work with the primary health care network, communicating a clear model of care to GPs.

The ACT Government notes that appropriate trauma-informed, cultural safety and linguistic diversity needs, including disability needs, are the focus of recommendations 8.1 and 8.3. These issues will be considered in future work.

These items may be addressed under the Strengthening Health Responses to Family Violence (SHRFV) Program. SHRFV is an evidence-based program designed to build the capacity of health staff to identify and respond to family and domestic violence.

Recommendation 8.3, to build capacity for all health practitioners and workers to provide non-stigmatising, trauma-informed, and culturally safe and inclusive care is also reflected in the ACT Domestic and Family Violence Risk Assessment and Management Framework.²⁷ The framework offers training to build capacity for public and health service providers to identify and respond to indicators of domestic or family violence, with a particular focus on frontline workers. The response to Recommendation 11 details the ACT Domestic and Family Violence Risk Assessment and Management Framework to provide training for domestic violence and reproductive coercion.

In addition, with a view to building capacity for inclusive care, the Disability Royal Commission will release its final report in September 2023. Consideration will be given to any findings or recommendations in the final report that relate to disability and abortion.

Lastly, consideration for culturally and linguistically diverse people accessing reproductive health services will be incorporated into the response to recommendation 18, to develop a sexual and reproductive health strategy.

Recommendation 9

The Committee recommends that the ACT collect and publish anonymised data on medical and surgical abortions and on reproductive coercion in the ACT and invest in local partnerships (including with service providers and community organisations) to further develop a quantitative and qualitative evidence base on these topics.

Agreed in principle

As part of the funding arrangements for free and safe medical and surgical abortions in the ACT, the ACT Health Directorate will collect data on the number of abortions provided over the course of the service agreement. With provisions to protect privacy, the ACT will be able to publish aggregate data on this health service activity. While the ACT Government agrees in principle to this recommendation, it acknowledges the difficulty in accruing accurate data based on the different types of procedures, imaging and follow-up processes that make up abortion services. Data may be indicative rather than definitive.

There is currently no established data collection for reproductive coercion. It is difficult to measure how common the experience of reproductive coercion is both in the ACT and nationally; inconsistencies in the way reproductive coercion is measured and a lack of

27 Community Service Directorate. ACT Government Domestic and Family Violence Training Strategy. ACT Government; 13 January 2023 [cited 5 June 2023]. Available from: <https://www.communityservices.act.gov.au/domestic-and-family-violence-support/what-is-act-government-doing/act-government-domestic-and-family-violence-training-strategy>

population-representative evidence has made data on victim-survivors indeterminate.²⁸ Studies undertaken in different settings have produced varied information. A study in NSW reported 2.3 per cent of family planning clients had experienced reproductive coercion.²⁹ However, a national study on pregnancy counselling reported a higher number of 15 per cent of clients having experienced coercion.³⁰ Studies that focus on victim-survivors of intimate partner violence report that more than 30 per cent of participants experienced coercion.³¹

Recommendation 9 points to a need to develop a quantitative and qualitative evidence base on the topics of abortion and reproductive coercion. Work in this space would require evaluation of that evidence base. Due to funding priorities, the ACT Government is not positioned to undertake this work at this time. Scoping work on collecting data on specific issues such as reproductive coercion would need to be conducted in order to develop a data collection scheme that is fit for purpose. Future work to develop a sexual and reproductive health strategy (recommendation 18) will include consideration of data collection capacity and opportunities.

Recommendation 10

The Committee recommends that the ACT Government amend the Third Action plan of the ACT Women's Plan 2016-2026 to include the threats posed to women from reproductive coercion.

Agreed

The ACT Government is currently preparing the third and final action plan of the ACT Women's Plan 2016-26. This action plan will set out how ACT Government, community members and private sectors can work together towards equity for women and girls from 2023-25. The Third Action Plan will focus on various issues that affect the autonomy and rights of women, including the priority areas of *health and wellbeing* and *safety and inclusion*.³² Threats posed to women from reproductive coercion will be considered in the implementation of the plan. The Third Action Plan will be released by the ACT Government in 2023.

In addition to this, the ACT Domestic and Family Violence Risk Assessment and Management Framework will also address reproductive coercion by providing training to identify and respond to domestic and family violence in the community. More information can be found in recommendation 11.

28 MacDonald JB, Gartoulla P, Truong M, Tarzia L, and Willoughby M et al. Reproductive coercion and abuse: practice guide [internet]. Australian Government: Australian Institute of Family Studies; 2023 [cited 6 June 2023]. Available from: [CFCA Practice Guide: Reproductive coercion and abuse \(aifs.gov.au\)](https://www.aifs.gov.au/cfca/practice-guide/reproductive-coercion-and-abuse)

29 Cheng Y, Wilson E, Botfield JR, Boerma C, Estoesta J, Peters L et al. Outcomes of routine screening for reproductive coercion in a family planning service [internet]. *Sexual Health*; 2021 [cited 6 June 2023]. Report no. 18(5), 349–357.

30 Sheeran N, Vallury K, Sharman L, Corbin B, Douglas H, Bernardino B et al. Reproductive coercion and abuse among pregnancy counselling clients in Australia: Trends and directions [internet]. *Reproductive Health*; 2022. Report no. 19(1), 170. doi:10.1186/s12978-022-01479-7

31 Hegarty K, McKenzie M, McLindon E, Addison M, Valpied J, Hameed M et al. 'I just felt like I was running around in a circle': Listening to the voices of victims and perpetrators to transform responses to intimate partner violence [internet] Research report; 2022. Report 22. Sydney: ANROWS.

32 Community Services Directorate. Third Action Plan 2023-25. ACT Government; 18 May 2023 [cited 5 June 2023]. Available from: <https://www.communityservices.act.gov.au/women/womens-plan-2016-26/third-action-plan-2023-25>

Recommendation 11

That the ACT Government provide:

- 1) training for family, domestic, and sexual violence services to respond to reproductive coercion; and
- 2) reproductive coercion into age-appropriate, culturally-safe education programs for the general community.

Agreed

The ACT Government takes reproductive coercion, and broader issues of coercive control, seriously. Family Violence is a serious health issue and has profound impacts on the health and wellbeing of victim survivors. For women aged 18-44 years, family violence is the greatest health risk, and intimate partner violence contributes more than any other risk factor to the significant gap in the burden of disease between Indigenous and non-Indigenous women.

The Government is committed to addressing controlling behaviours, and will continue to provide training to specialist domestic, family and sexual violence services to respond to and support victim-survivors of controlling behaviours. In 2022, the ACT Government launched the [ACT Domestic and Family Violence Risk Assessment and Management Framework](#). The framework outlines a common approach to understanding domestic and family violence and builds a shared understanding of the nature of domestic and family violence to provide a common language to describe it.³³ It defines reproductive coercion as forcing the victim to become pregnant or denying birth control, or demanding an abortion, and gives more information about forms of coercive control. The framework also establishes a common approach to screening, assessing and managing domestic and family violence risk. This will enable a more confident, consistent and effective response across the broad service system.³⁴

Common training for all frontline workers was identified as a way to develop a shared understanding of domestic and family violence, and to provide more consistent and relevant delivery of services. In response, the ACT Government committed to developing a skilled and educated workforce equipped to recognise and respond to the needs of people experiencing domestic and family violence. The training aims to build a safer community by developing skills and capability across the entire ACT public service workforce, with a specific focus on staff in frontline roles.³⁵ Staff are and will continue to be trained in how to recognise when someone is experiencing domestic or family violence, and how to respond appropriately, safely and effectively including responding to direct disclosures from clients, colleagues and staff.³⁶

While workers are not expected to take the place of professional support as a result of this training, the ACT Government acknowledges public service workers should be equipped with basic knowledge on how to respond and direct clients and colleagues to professional support if needed.

33 Community Service Directorate. ACT Government Domestic and Family Violence Training Strategy. ACT Government; 13 January 2023 [cited 5 June 2023]. Available from: <https://www.communityservices.act.gov.au/domestic-and-family-violence-support/what-is-act-government-doing/act-government-domestic-and-family-violence-training-strategy>

34 Community Service Directorate. ACT Government Domestic and Family Violence Training Strategy.

35 Community Service Directorate. ACT Government Domestic and Family Violence Training Strategy.

36 Community Service Directorate. ACT Government Domestic and Family Violence Training Strategy.

In line with recommendation 10, training for specialist services to use and implement the Framework will be developed and rolled out from 2023. Programs to educate the general community about reproductive coercion will be considered as part of the development of an ACT Domestic, Family and Sexual Violence Prevention Plan. This Plan is under development and was funded in the 2022-23 ACT Budget; however, future education programs are subject to budget availability.

Recommendation 12

That the ACT Legislative Assembly amend the *Health Act 1993* part 86(3)(a) 'not less than 50 m at any point from the protected facility' to 'not less than 150 m at any point from the protected facility.'

Not agreed

Exclusion zones were introduced by the *Health (Patient Privacy) Amendment Act 2015*. The amendments enabled the Minister to declare an area around an approved medical facility as a 'protected area,' to protect people seeking health services such as abortion. Harassment, hindering, intimidation, interference, threatening, obstruction, capturing of visual data, or any act of protest that is designed to stop a person from entering the facility to have or provide an abortion, is prohibited under the Act.³⁷ The current area is stipulated to be 'not less than 50m' at any point from the facility to be sufficient ensuring privacy and unimpeded access for anyone entering, but not larger than strictly necessary to ensure that outcome.³⁸

Currently, the only protected area in the ACT is the MSI Australia (Canberra) Facility. In 2015, the 50m exclusion zone was found by the ACT Government to be sufficient to protect people accessing or providing services at the MSI facility. Due to the geographical layout of the land, including the roads and neighbouring buildings, protestors are not visible and cannot interfere materially – or even identify people who may be attending the health facility – beyond the 50m exclusion zone. Therefore, 50m has been found to adequately protect safe access to MSI Australia. One feature that is unique to the ACT is that exclusion zones are not automatic. The Health Act 1993 enables the declaration of larger zones depending on the needs and locale of each provider. Should MSI Australia move to a different location or another surgical abortion provider be established in the ACT, the Minister would consider the declaration of a 'protected area' appropriate to the location.

As part of the free and safe abortions initiative committed to in the 2022-23 Budget, the ACT Government intends to increase the number of publicly funded abortion providers, including GPs. As abortion providers increase, the Government is open to exploring options for extending protections to general practices, pharmacists and other providers of medical abortion services across the ACT, should a need be identified.

³⁷ The Health Act 1993, s85

³⁸ The Health Act, s86

Recommendation 13

The Committee recommends that the ACT Legislative Assembly amend the Health Act 1993 part 84A 'Conscientious objection' to insert a requirement for conscientious objectors to provide a referral to an equivalent service.

Agreed

The ACT Government will amend the *Health Act 1993* to insert a requirement for conscientious objectors to provide a referral to an equivalent service, in line with requirements in other jurisdictions. The timing of any change will be subject to further policy work outlined below.

In the ACT, there is currently no obligation for a conscientious objector to provide a referral to an equivalent service. The only obligation is that a health practitioner must inform a person requesting an abortion that the health practitioner is refusing to participate due to a conscientious objection.³⁹ Legislation in other States – including NSW, Victoria, Queensland and the Northern Territory – requires that a health practitioner with conscientious objection to providing abortion services must refer their patient to another health practitioner who does not have a conscientious objection. Internationally, UN treaty bodies, such as the *Committee on the Elimination of Discrimination against Women* (CEDAW), have recommended a referral mechanism alongside conscientious objection.⁴⁰

The issue of conscientious objection impacts delivery of a number healthcare services other than abortion. Therefore, the ACT Government will undertake policy work to identify healthcare areas impacted by conscientious objection, including abortion, to amend the Health Act accordingly.

Recommendation 14

That the ACT Government advocate Calvary Hospital to provide full reproductive health services in accordance with human rights.

No longer applicable

As of 3 July, this recommendation no longer reflects a relevant consideration for the ACT's public acute hospital system, as the North Canberra Hospital will be operated by Canberra Health Services.

39 The Health Act 1993, s84A

40 The Committee on the Elimination of Discrimination against Women (CEDAW). United Nations Human Rights Treaty Bodies: Committee on the Elimination of Discrimination against Women; 2023 [cited 5 June 2023]. Available from: <https://www.ohchr.org/en/treaty-bodies/cedaw>

Recommendation 15

That the ACT government fund services and information for patients who choose to bring their pregnancy to full term and do not have access to Medicare.

Noted

CHS provides maternity care for all women, including people with refugee status and patients who are not eligible for Medicare. Medicare ineligible patients who are not otherwise covered by private or reciprocal healthcare agreements are billed for that service – information on costings is provided to ineligible patients upon presentation to CHS. However, Medicare ineligible asylum seekers with an access card are provided full medical care in ACT public hospitals free of charge, including hospital accommodation and other admitted patient fees relating to maternity care.⁴¹

Options for implementation of this action would need to be investigated further from a policy and service provider perspective and, if supported, would be subject to future Budget processes. The Government notes that it would be a poor use of resources to provide services free of charge to people who are covered by insurance or other payment arrangements.

Recommendation 16

That the ACT Government invest in reducing unintended pregnancy by subsidising access to long-acting reversible contraception, alongside a trial of subsidised vasectomies in collaboration with local health providers.

Agreed in principle

The ACT Government supports the intent of recommendation 16 to invest in reducing unintended pregnancy by subsidising access to LARCs, and a trial of subsidised vasectomies. As part of the free and safe abortions initiative committed to in the 2022-23 Budget, women and people who can become pregnant may access a LARC at the time of abortion at no cost, should they wish to. The Government agrees that there are sound arguments to support making LARCs more widely accessible.

However, further policy work would be required to consider the implications of the ACT Government potentially subsidising LARCs more broadly and trialling subsidised vasectomies. The Government will consider this recommendation in the context of work underway at the Commonwealth level, noting that the provision of sexual and reproductive health care, including LARCs, is primarily a role for primary care providers.

⁴¹ The Health Act 1992, s192. Disallowable Instrument DI2020-195. Health (Fees) Determination 2020 (No. 2).

Recommendation 17

The Committee recommends that the ACT Government develop and trial a policy for reproductive health and wellbeing leave in ACT Government workplaces.

Agreed in principle

Work is underway to expand reproductive health and wellbeing leave in ACT Government workplaces in addition to existing provisions for reproductive health and wellbeing purposes. Current provisions include leave in relation to being a parent, primary care giver, or pregnant person, as well as options for adoption or permanent care, foster or short term care, special birth leave, and surrogacy. The authority for leave entitlements is embedded in the employment framework of the ACT Public Service, in particular, the ACT Public Service enterprise agreements. New leave types must receive endorsement by the ACT Government and be formally embedded in the enterprise agreements.

As a first step, in October 2022, the Legislative Assembly passed a motion on menstruation and menopause policy.⁴² The motion called on the ACT Government to develop a menstruation and menopause policy for the ACT Public Service, and advised how menstruation and menopause leave could be implemented in the ACT Public Service.⁴³

In 2023, the ACT Public Service bargaining team received endorsement of special leave for menstruation and menopause purposes by the Government and has sought to make amendments in the core enterprise agreement provisions to provide leave for these purposes. The common core enterprise agreement negotiations have recently been finalised and the ACT Public Service bargaining team is liaising with Government Directorates to finalise the relevant schedules and commence the bargaining process. The first enterprise agreement with special leave incorporated is currently being balloted. Once that agreement has been approved by the Fair Work Commission, special leave will be available to the cohort of employees covered under that enterprise agreement. Other ACT Public Service employees will become entitled to the leave type as their relevant agreements are approved.

Guidance on how special leave for menopause and menstrual purposes can be applied will be embedded in a new leave policy. These policies will be updated or developed shortly. The policy will require consultation with internal stakeholders and unions. Once feedback has been collated and responded to, the policy can be finalised.

An expansion to include other reproductive health and wellbeing matters may be considered in the future.

42 Legislative Assembly for the ACT. Minutes of Proceedings [Internet]. Canberra: ACT Legislative Assembly; 13 October 2022 [cited 6 June 2023]. Minutes of Proceedings No 62. Available from:

www.parliament.act.gov.au/_data/assets/pdf_file/0011/2090468/MoP062F2.pdf

43 Legislative Assembly for the ACT. Minutes of Proceedings [Internet].

Recommendation 18

The Committee recommends that the ACT Government develop a sexual and reproductive health strategy that:

- addresses the needs of vulnerable people
- is informed by an intersectional approach (overlaps in the categories of races, class, gender, disability)
- is co-designed with key stakeholders including community organisations, service providers, specialists, women, and people with uteruses
- is linked to appropriate national health strategies, and
- addresses the issue of reproductive coercion.

Agreed in principle

The Government agrees in principle to develop a sexual and reproductive health strategy. During the roundtable discussion for free and safe abortions, many key stakeholders in the ACT called for the development of a strategy – one that encompasses full reproductive health services for women that addresses issues of intersectionality for culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, the LGBTIQ+ community, and vulnerable groups. The Domestic, Family and Sexual Violence Office and Office of Professional Leadership and Education has also endorsed the development of a strategy.

A comprehensive strategy would capture the wide ambit of work in the reproductive health space, including access to contraception, abortion, assisted reproductive technology (ART), fertility preservation, endometriosis, sexual violence, sexually transmitted diseases (STIs) and blood borne viruses (BBV), as well as LGBTIQ+ sexual health. Engagement of consumers and other stakeholders in co-design of the strategy would be critical, as well as engaging health professionals and frontline workers in the design and delivery of reproductive health services.

Development of an ACT sexual and reproductive health strategy is subject to resourcing and future budget processes. The Government is also conscious of work underway at the Commonwealth level, including the recent Senate Inquiry into reproductive health care, and the need to ensure work is aligned across jurisdictions, given the vital role of primary care in sexual and reproductive health.

The *ACT Health Services Plan 2022-2030* identifies Sexual Health as an area of focus. The associated action is to establish future directions for sexual health services in the ACT across the service spectrum from primary care to specialist services in the community and hospital through development of a Sexual Health and Blood Borne Viruses Services Plan for the ACT.⁴⁴

The *ACT Health Services Plan 2022–2030* also aims to improve equity in access to allied health care within services, with emphasis on sexual health as one of its areas of action.⁴⁵

44 ACT Health Directorate. ACT Health Services Plan 2022-2030 [Internet]. ACT Government; 2022 [cited 6 June 2023.] Available from: [ACT Health Services Plan 2022 to 2030](#), p. 41

45 ACT Health Directorate. ACT Health Services Plan 2022-2030 [Internet], p. 43

V) Conclusion

The ACT has become the first Australian jurisdiction to offer free medical and surgical abortion services under the 2022-23 Budget commitment. The free and safe abortions initiative allows residents to access both medical and surgical abortions at no cost, irrespective of Medicare status, removing the largest barrier to accessing an essential healthcare service. Improving access to affordable health services for women and people with uteruses is a key facet of the *ACT Women's Plan 2016-2026*, giving effect to the priority area of health and wellbeing.

While the ACT has been a leader in decriminalising abortion and treating pregnancy termination as a healthcare issue, the ACT Government acknowledges that there is a need for ongoing protection of reproductive rights as part of basic bodily autonomy and human rights. A lack of access to services, skilled service providers, infrastructure capacity, and medical imaging equipment, as well as considerations for intersectionality, issues of family and domestic violence, and reproductive coercion have profound impacts on health and equitable living standards. The inquiry report identified advocacy, investment, training, and reporting actions as some measures that can be taken to improve reproductive healthcare in the ACT.

Achieving better reproductive healthcare requires broad commitment and strong leadership. The ACT Government will work to engage tertiary education groups and the Commonwealth, improve navigation and visibility of existing providers in the short-term, and build on the *ACT Health Services Plan 2022-2030* to improve reproductive healthcare services in the long-term. Other actions include legislative reform in amending the *Health Act 1993* to strengthen protections for abortion rights, and consideration of an overarching sexual and reproductive health strategy that will encompass the range of ongoing reproductive health initiatives in the ACT.

All individuals should have autonomy over their reproductive choices and make informed decisions based on their own bodies, needs and preferences, free of stigma or discrimination. The ACT Government is committed to supporting individuals to make healthcare decisions that are not influenced by financial or navigation barriers.

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