

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING 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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Committee Secretary Standing Committee on Health and Community Wellbeing ACT Legislative Assembly

By email: LACommitteeHCW@parliament.act.gov.au

## Dear Committee Members

Inquiry into abortion and reproductive choice in the ACT

Thank you for the opportunity to make a submission to the Standing Committee on the inquiry into abortion and reproductive choice in the Australian Capital Territory (ACT). I write to you today as I have accessed abortion services in the ACT. While I am not a subject matter expert, I provide the following as feedback on my experience considering the Terms of Reference of this inquiry. I also felt it was necessary to share my experience as a woman, given the absence of a female member within the Standing Committee.

- 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;

Recently I fell pregnant and accessed an abortion by way of medical termination in the ACT. My decision to terminate the pregnancy was well considered and firm, so I sought a medical termination. I called the one reproductive health clinic in the ACT approved to administer abortions, Marie Stopes International (MSI). MSI did not have an available appointment for another two weeks from the day I received a positive result on home pregnancy tests. My only option to access the less invasive treatment of medical termination quickly was to see a General Practitioner (GP).

Timing is sensitive to access a medical termination. You must be within the gestation window of 6-9 weeks. If over 9 weeks, invasive surgical terminations were the alternative and MSI are the only provider of surgical abortion in the ACT. I was anxious, felt sick from the pregnancy and needed to receive the care I needed as soon as possible. I could not wait weeks to be treated. I had to see a GP as soon as possible, not confident of the gestation period. I called the Sexual Health and Family Planning ACT clinic who recommended a couple of medical centres, as GP's must undergo specific training from MSI to administer the termination medication. This limited where I could access this treatment. I couldn't see my regular doctor, or even at my regular medical centre.

I was unable to get a timely appointment with a GP close by where I live, and found a GP who had the training to help me an hour return car trip from my home.

- 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;

Limiting doctors who can provide this treatment due to mandatory training, means the percentage of trained doctors who also bulk bill, within reasonable distance to home would be limited. I had to fund the following appointments and tests up front and await Medicare rebates for:

- GP appointment to register as a new patient with the practice, receive paperwork for a blood test and ultrasound
- A blood test not covered by Medicare
- An ultrasound
- GP appointment to receive test results, be administered the termination medication and receive paperwork for a follow up blood test
- Another blood test not covered by Medicare
- GP appointment to receive results and follow up post termination.

Over a two-week period, I paid for three appointments with a GP, two blood tests, an ultrasound, termination medication, pain relief medication, sanitary products, petrol to travel the hour return trip to my GP, and petrol between other medical appointments and home. This excludes the time away from work. I used unpaid lunch breaks to attend appointments, given unfavourable opening hours of medical clinics.

To my understanding, I would not have had to coordinate these appointments and tests myself if I was able to access the services of MSI or at a hospital. Going through this process with a GP meant I had no indication of the total cost of my treatment, given the various medical providers I had to make appointments with.

I therefore applaud the ACT Government's recent announcement to ensure Canberrans (including those without a Medicare card) have access to safe, accessible and affordable abortion services from early 2023. My out-of-pocket expenses for my treatment were dramatically reduced thanks to Medicare rebates, and I can only imagine the difficulty some would face in funding this time-sensitive treatment.

- 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;

While researching options for termination in the ACT, I read relevant sections of the Health Act 1993 (ACT). I compared this to other States and Territory legislations in Australia and was taken aback by

the limitations other States and Territories have on accessing abortion and reproductive choice. While my experience getting treatment was time consuming and costly, my decision to terminate the pregnancy was met by my GP without judgement and with the utmost professionalism. I was relieved and felt quite liberated that I could make a decision regarding my body and seek the treatment I needed without having to travel to another State or Territory, or receive the approval from multiple doctors.

However, I was disappointed to see the ACT is the only jurisdiction in Australia to have a minimum exclusion zone for protests around reproduction health clinics of 50 metres. Every other jurisdiction has an exclusion zone of a minimum 150 metres. The ACT Government should follow other jurisdictions and expand this distance as a small step to align abortion and reproductive laws in Australia.

I believe the ACT Government has a commitment to improve the rights of women accessing abortion services, as shown by initiating this inquiry. I am hopeful the stigma around abortion and termination of pregnancy will be abolished over time and women can focus on receiving the medical care they need without judgement and financial barriers.

Thank you again for the opportunity and for your time in reading my submission.

Kind regards