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# Increasing Access: Transition funding for contraception and abortion services

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Proposal to bridge the gap for contraception and  
abortion access that integrates with and supports the  
Australian public health system.

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## MSI Australia

We are Australia's leading specialised, non-profit advocate and provider of abortion and contraception services.

### Executive summary

We propose to provide a **national contraception and abortion** service, through a **transitional funding agreement** with the Federal Government. We are seeking a funding allocation of **\$2 million per year over three years**.

The total investment of \$6 million between now and 2027 will play a crucial role in enhancing the quality, accessibility, and sustainability of contraception and abortion services while states and territories invest and build their own care models.

The cost of an abortion, including consultation fees, medical procedures, and travel expenses can be prohibitive for many.

This financial burden disproportionately affects marginalised communities and people with limited resources, making it increasingly challenging for them to exercise their reproductive rights.

The rising cost of living not only places a strain on personal finances but also exacerbates existing disparities in access to healthcare services.

It is imperative for policymakers to address these barriers and ensure that safe and affordable contraception and abortion options are accessible to all Australians, regardless of their economic circumstances.

Nationally, around 12% or 3,000 women and pregnant people accessing abortion care with MSI Australia are not eligible for Medicare, the PBS or health insurance, leading to significantly higher costs.

This group includes overseas students and non-citizen residents, for whom the out-of-pocket expenses are substantial.

These women and pregnant people are some of the most disadvantaged in Australia and transitional funding would enable us to provide them secure and safe access to contraception and abortion.

While we receive limited financial support from some state and territory governments, only one jurisdiction provides state/territory wide support.

There is no financial support from Governments in the more populated states of New South Wales and Victoria.

This places a financial strain on our resources, and leaves women and pregnant people with little or no choice in deciding their reproductive future.

This proposal has been developed in direct response to the recommendations of the Senate Inquiry into reproductive healthcare.

## Objective

The primary objective of this proposal is to secure national contraception and abortion funding to provide safe, equitable, non-judgmental and comprehensive contraception and abortion care for people across Australia.

Recognising the time required for states and territories to adapt and integrate contraception and abortion services effectively, this proposal is a request for a transitional funding agreement with the Federal Government. This interim funding will support the continuity and accessibility of services until state and territory systems are fully operational.

Through a transitional funding agreement with the Federal Government, MSI Australia will offer a range of services, including medical and surgical abortion in clinic, teleabortion, and contraception services. We will have a particular focus on providing care to disadvantaged communities, such as Aboriginal and Torres Strait Islander people, migrants, refugees, people without access to Medicare or the PBS, victims of family and sexual violence, people in regional areas and those struggling financially with the rapidly rising cost of living.

## Program outcomes and alignment with recommendations from the senate inquiry

A national contraception and abortion service, provided by MSI Australia, would significantly improve access to and increase the quality of contraception and abortion care in Australia for women and pregnant people. Key outcomes include:

1. ***Timely and non-judgemental access to contraception and abortion care:***

The agreement would facilitate timely access to abortion and contraception care, reducing the need for women and people to travel long distances, either interstate or across states, to access necessary services.

It aligns with the following recommendations from the Senate Inquiry into reproductive healthcare:

- **Recommendation 15:** Ensuring public hospitals are equipped to provide surgical pregnancy terminations.
- **Recommendation 4:** Making contraception more affordable
- **Recommendation 19:** Continuing Medicare Benefits Schedule telehealth items for sexual and reproductive healthcare, including termination care.
- **Recommendation 17:** Implementing a national support, information, and referral model for sexual and reproductive healthcare services.

2. ***Inclusive care for diverse populations:*** It would improve access to comprehensive abortion and contraception care for various population groups, including Aboriginal and Torres Strait Islander people, migrants, refugees, and people without Medicare.

It aligns with the following recommendations from the Senate Inquiry into reproductive healthcare:

- **Recommendation 30:** Ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.
- **Recommendation 24:** Supporting the development and delivery of training to health practitioners on culturally safe healthcare for diverse groups, including First Nations people and culturally and linguistically diverse migrants and refugees.
- **Recommendation 26:** Considering sexual and reproductive healthcare for LGBTIQ+ people.

3. ***Support for holistic healthcare:*** The agreement would support a holistic and comprehensive approach to abortion and contraception care, integrating related services such as contraception counselling, pregnancy options counselling, post-abortion care, trauma-informed care, informed consent and mental health support.

It aligns with the following recommendations from the Senate Inquiry into reproductive healthcare:

- **Recommendation 10:** Implementing a separate Medicare Benefits Schedule item number for contraceptive counselling and advice for all prescribers, including midwives.
- **Recommendation 5:** Ensuring adequate remuneration, through Medicare, for general practitioners, nurses, and midwives to provide contraceptive administration services, including the insertion and removal of long-acting reversible contraceptives.
- **Recommendation 24:** Supporting the development and delivery of training to health practitioners on providing culturally aware and trauma-informed services to diverse populations.

4. ***Promotion of health equity:*** By ensuring equitable access to contraception and abortion services, the agreement would address and mitigate existing disparities in reproductive healthcare, promoting overall health equity in the community.

It aligns with the following recommendations from the Senate Inquiry into reproductive healthcare:

- **Recommendation 16:** Developing an implementation plan for the National Women’s Health Strategy 2020–2030 with annual reporting against key measures of success.
- **Recommendation 12:** Ensuring that maternity care services in non-metropolitan public hospitals are available and accessible for all pregnant women, especially in rural and regional areas.

**Data collection and research support:** By providing a framework for data collection and analysis, the agreement could also support ongoing research and evaluation, helping to continuously improve abortion and contraception care services and policies based on empirical evidence.

It aligns with the following recommendations from the Senate Inquiry into reproductive healthcare:

- **Recommendation 22:** Commissioning work to improve the collection, breadth, and publication of statistical data and information regarding sexual and reproductive healthcare.
- **Recommendation 28:** Commissioning research into reproductive coercion and abuse with a view to developing clinical guidelines, resources, and training for primary care providers.

Additionally, we have provided an addendum at the end of this document to offer specific responses to the each recommendation from the Senate inquiry into reproductive healthcare.

## Needs analysis

Sexual and reproductive health access is critical for population health. When left untreated, sexual and reproductive health concerns can have chronic physical, mental, and social health impacts.<sup>1</sup>

Universal access to sexual and reproductive health in Australia would have immediate and intergenerational benefits. This is supported by the National Women's

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<sup>1</sup> Isobel, S., Goodyear, M., Furness, T. and Foster, K., 2019. Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of clinical nursing*, 28(7-8), pp.1100-1113.  
 Kendall, S., Lighton, S., Sherwood, J., Baldry, E. and Sullivan, E.A., 2020. Incarcerated aboriginal women’s experiences of accessing healthcare and the limitations of the ‘equal treatment’ principle. *International Journal for Equity in Health*, 19, pp.1-14.  
 Menzies, K., 2019. Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), pp.1522-1534.

Health Strategy (2020-2030) in which sexual and reproductive health equity is an indicator of success.<sup>2</sup>

Across Australia, women and pregnant people seeking abortion care, including medical, surgical, and teleabortion services, encounter various access barriers.

Geographic challenges, particularly in regional and remote areas, significantly impede access to comprehensive contraception and abortion services.

Additionally, the rising cost of living in Australia has had a significant impact on people's ability to access abortions. As the expenses associated with housing, healthcare, and basic necessities continue to climb, people facing unplanned pregnancies find themselves confronted with difficult financial choices.

The cost of an abortion, including consultation fees, medical procedures, and travel expenses can be prohibitive for many. This financial burden disproportionately affects marginalised communities and people with limited resources, making it increasingly challenging for them to exercise their reproductive rights.

The rising cost of living not only places a strain on personal finances but also exacerbates existing disparities in access to healthcare services, making it imperative for policymakers to address these barriers and ensure that safe and affordable contraception and abortion options are accessible to all Australians, regardless of their economic circumstances.

Nationally, around 12% of women and pregnant people accessing abortion care with MSI Australia are not eligible for Medicare, leading to significantly higher costs. This group includes overseas students and non-citizen residents, for whom the out-of-pocket expenses, including costs for abortion medications not covered by the Pharmaceutical Benefits Scheme (PBS), are substantial. Even those with Medicare/PBS coverage face considerable expenses due to limited Medicare rebates, highlighting a need for policy review and adjustment.

Investing in a transitional funding agreement is vital for providing safe, supported access to contraception and abortion.

## **Contraception and abortion service proposal**

We propose people are able to nationally self-refer to streamline access and reduce delays. Our service is inclusive, available to all people considering abortion or contraception, regardless of their Medicare or Health Care Card status.

This national contraception and abortion service would also connect to MSI Australia's telephone pregnancy options counselling and support services. Follow-up

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<sup>2</sup> Australian Government Department of Health, National Women's Health Strategy (2020-2030), at <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>



support and referral to local hospital and health services where appropriate will be included in our service.

In addition to providing abortion care, our service will offer standalone contraception services, including advice on, and prescriptions for, Long-Acting Reversible Contraception (LARC), independent of abortion services. This ensures that individuals seeking contraception have direct access to these services, whether or not they are also seeking abortion care. Access to LARC and other contraceptive methods will be facilitated at MSI service sites, depending on the person's location. This comprehensive approach, offering both abortion and standalone contraception services, ensures a continuum of care, enhancing the quality and accessibility of contraception and abortion services nationwide.

### ***Funding***

To enable contraception and abortion care to be provided to people across Australia, we are seeking a funding allocation of \$2 million per year over three years. The investment of \$2 million over three years will play a crucial role in enhancing the quality, accessibility, and sustainability of contraception and abortion services while states and territories invest and build their own care models.

### ***Reporting***

MSI Australia will collect and report on a range of data required by the Federal Department of Health. In addition to service volumes and type this may include de-identified service user demographics, including, where possible and safe for the client:

- Age range at the time of service provision
- Access to Medicare
- Gender
- Aboriginal and Torres Strait Islander background
  - Culturally and Linguistically Diverse (CALD) background, including: o Country of birth;
  - Language spoken at home; and
  - Interpreter and translator requests, including Auslan.
- If the person identifies as having a disability
- Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) status; and
- Postcode.

MSI Australia can provide additional data in partnership and agreement with the Federal Department of Health.

### ***Service requirements***

MSI Australia understands the importance of complying with all relevant Commonwealth and state-based legislation and will ensure that all services are delivered in accordance with current legislation.

We are committed to providing a non-discriminatory service that is sensitive to the social and cultural values of women and pregnant people seeking abortion and contraceptive services, their family and/or carers, and the community.

Relevant MSI Clinic employees maintain current qualifications required by law for the services provided.

To ensure that the services provided are timely and responsive to the needs and culture of clients, MSI Australia will continue to implement strategies to reduce access barriers for Aboriginal and Torres Strait Islander and migrant and refugee communities. We are committed to providing culturally safe, trauma-informed care, and we require staff to deliver services accordingly.

### ***Workforce capability***

MSI Australia has a strong clinical and administrative team dedicated to delivering high-quality, client-centred, and comprehensive care. Our multidisciplinary team of professionals ensures that our clients receive tailored and compassionate care throughout their journey.

## **Addendum - Addressing the Senate inquiry recommendations by investing in care pathways**

### **Recommendation 1**

**2.131 The committee recommends that the Therapeutic Goods Administration reviews its approval processes to ensure that Australian consumers have timely access to the latest and safest contraceptive methods available internationally.**

- We support revising regulatory frameworks to prioritise rapid access to safe contraceptives.
- MSI Australia and MS Health can support the TGA to review the approval process for the latest contraceptive methods.
- We can share global data and best practices from our international operations to inform decision-making.

### **Recommendation 2**

**2.140 The committee recommends that the National Scope of Practice Review considers, as a priority, opportunities and incentives for all health professionals working in the field of sexual and reproductive healthcare to work to their full scope of practice in a clinically safe way.**

- We work with stakeholders to support the development of specialised training programs for sexual and reproductive healthcare, including abortion and contraception.
- We continually advocate for legislative changes to broaden healthcare professionals' scopes of practice.
- We advocate and support campaigns by students for academic institutions to updated curriculums particularly for abortion and contraception care.

### **Recommendation 3**

**2.141 The committee recommends that state and territory governments work towards aligning supply quantities of Pharmaceutical Benefits Scheme (PBS) and non-PBS oral contraceptive pills allowed under state and territory emergency supply legislation.**

- We support standardising the distribution of contraceptives across states and territories.

### **Recommendation 4:**

**2.145 The committee recommends that the Australian Government reviews, considers and implements options to make contraception more affordable for all people.**

- We support the introduction of government subsidies to reduce contraceptive costs.
- We raise awareness about the economic and social benefits of contraceptive access.
- We identify affordability barriers in collaboration with consumers.
- We provide free contraception care at time of abortion.
- This proposal for a national abortion and contraception service aligns with this recommendation.

### **Recommendation 5**

**2.149 The committee recommends that the Australian Government ensures that there is adequate remuneration, through Medicare, for general practitioners, nurses, and midwives to provide contraceptive administration services, including the insertion and removal of long-acting reversible contraceptives.**

- We support increased Medicare funding for contraceptive services.
- We can provide cost analyses to justify the need for higher remuneration.
- This proposal for a national abortion and contraception service aligns with this recommendation.

## **Recommendation 6**

**2.156 The committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Council work with the pharmaceutical industry to consider options to improve access to a broader range of hormonal contraceptives that are not currently Pharmaceutical Benefits Scheme subsidised, including newer forms of the oral contraceptive pill, the emergency oral contraceptive pills and the vaginal ring.**

- We support including newer contraceptive options in PBS subsidies.

## **Recommendation 7**

**2.157 The committee recommends that the Department of Health and Aged Care considers and implements an option to subsidise the non-hormonal copper intrauterine device to improve contraceptive options for people with hormone-driven cancers and people for whom hormonal contraception options may not be suitable.**

- We support PBS inclusion of copper IUDs.
- We create educational resources about non-hormonal contraceptive options.
- This proposal for a national abortion and contraception service aligns with this recommendation.

## **Recommendation 8**

**2.164 The committee recommends the Australian Government works with the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to improve access to workforce training for the insertion and removal of long-acting reversible contraceptives to support their increased utilisation in Australia.**

- We support and participate in training for LARC procedures.
- We advocate for government funding to support these training initiatives.

## **Recommendation 9**

**2.165 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.**

- We support the professional development programs such as AusCAPPS.

## **Recommendation 10**

**2.170 The committee recommends that the Australian Government considers and implements a separate Medicare Benefits Schedule item number for contraceptive counselling and advice for all prescribers, including midwives.**

- We support a dedicated MBS item number for contraceptive counselling.

- We advocate for the inclusion of midwives and other professionals in this MBS item.
- This proposal for a national abortion and contraception service aligns with this recommendation.

#### **Recommendation 11**

**2.172 The committee recommends that the Australian Government and/or relevant organisations support research into the availability and development of contraceptive options for males.**

- We could participate in research on male contraceptive development.
- We support collaborations with research institutions and funding bodies.
- We advocate for increased investment in male contraceptive research.

#### **Recommendation 12**

**3.136 The committee recommends that the Australian, state, and territory governments ensure that maternity care services, including birthing services, in non-metropolitan public hospitals are available and accessible for all pregnant women at the time they require them. This is particularly important for women in rural and regional areas.**

- We support the expansion of maternity services in rural and regional areas.
- We support the development of telehealth services for remote maternity care.
- We can work with governments to understand and address unique community needs.
- This proposal for a national abortion and contraception service aligns with this recommendation.

#### **Recommendation 13**

**3.137 The committee recommends that the Australian Government implements outstanding recommendations made by the Participating Midwife Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce regarding midwifery services and continuity of care.**

- We support the implementation of these recommendations for midwifery services and continuity of care.

#### **Recommendation 14**

**3.138 The committee recommends that the Australian Government works with the sector to increase birthing on country initiatives and other culturally appropriate continuity of care models.**

- We support Birthing on Country programs and culturally appropriate care models.

- We support collaborations with Indigenous communities and government for program support.
- We advocate for funding and policy support for these initiatives.

### **Recommendation 15**

**3.143 The committee recommends that all public hospitals within Australia be equipped to provide surgical pregnancy terminations, or timely and affordable pathways to other local providers. This will improve equality of access, particularly in rural and regional areas and provide workforce development opportunities.**

- We support equipping all public hospitals to provide surgical pregnancy terminations.
- We support establishing agreements and developing pathways for affordable services.
- This proposal for a national abortion and contraception service aligns with this recommendation.

### **Recommendation 16**

**3.146 The committee recommends that the Australian Government develops an implementation plan for the National Women’s Health Strategy 2020–2030 with annual reporting against key measures of success. This could include establishing a taskforce as part of the implementation plan.**

- We support the development of the National Women’s Health Strategy implementation plan .
- This proposal for a national abortion and contraception service aligns with this recommendation.

### **Recommendation 17**

**3.149 The committee recommends that the Australian Government, in consultation with state and territory governments, implements a national support, information, and referral model for sexual and reproductive healthcare services.**

**3.150 The committee envisages that such a national telephone service would leverage the experiences of existing initiatives, such as 1800 My Options and healthdirect, to ensure that it is fit for purpose, delivers accurate local information, and builds on the experiences of services operating in those jurisdictions.**

- We support the development of a national information and referral service for reproductive healthcare.
- This proposal for a national abortion and contraception service aligns with this recommendation.

### **Recommendation 18**

**3.153 The committee recommends that the Australian Government reviews the existing Medicare arrangements which support medical termination consultations with the aim of ensuring adequate remuneration for practitioners to deliver these services while also ensuring patient privacy.**

- We support a review of Medicare support for medical terminations.
- We have previously provided costings to government for a medical abortion MBS item number.
- We advocate for specific MBS item numbers for surgical abortion.

### **Recommendation 19**

**3.157 The committee recommends that the Australian Government continues current Medicare Benefits Schedule telehealth items for sexual and reproductive healthcare, including pregnancy support counselling and termination care.**

- We support the permanent inclusion of telehealth services for SRH care in Medicare.
- We support the widening of the MBS item number to include specialists and not just be limited to GPs.
- This proposal for a national abortion and contraception service aligns with this recommendation.

### **Recommendation 20**

**3.161 The committee recommends that the Therapeutic Goods Administration and MS Health review barriers and emerging evidence to improve access to MS-2 Step, including by:**

- allowing registered midwives, nurse practitioners, and Aboriginal Health Workers to prescribe this medication—including pain relief where indicated; and
  - reducing training requirements for prescribing practitioners and dispensing pharmacists.
- We support broader prescribing rights for MS-2 Step.
  - We actively engage with the TGA and MS Health to address access barriers.

### **Recommendation 21**

**3.165 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.**

- We support stronger collaborations with educational institutions for improved training.
- We can support the development of supplementary courses
- We advocate for comprehensive abortion and contraception care training in medical curricula, alongside medical students

### **Recommendation 22**

**3.169 The committee recommends that the Australian Government commissions work to improve its collection, breadth, and publication of statistical data and information regarding sexual and reproductive healthcare, particularly in relation to pregnancy terminations, both medical and surgical, and contraceptive use across Australia.**

- We advocate for enhanced data collection and publication on reproductive healthcare.
- We can share data and insights to inform national research.
- We propose collaborating with government agencies for data collection.
- **This proposal for a national abortion and contraception service aligns with this recommendation.**

### **Recommendation 23**

**3.170 The committee recommends that the Department of Health and Aged Care works closely with its state and territory counterparts to consider the effectiveness of local programs providing free menstrual hygiene products.**

- We support the provision of free menstrual hygiene products.

### **Recommendation 24**

**4.95 The committee recommends that the Australian Government work with the relevant medical and professional colleges to support the development and delivery of training to health practitioners providing sexual, reproductive and maternal healthcare on:**

- **engaging and communicating with people with disability;**
- **providing culturally aware and trauma-informed services to culturally and linguistically diverse migrants and refugees; and**
- **ensuring culturally safe healthcare for First Nations people in mainstream non-community-controlled organisations, by ensuring practitioners are aware of intergenerational trauma, cultural norms and taboos.**
- We support mandatory cultural competence training for healthcare providers.
- We providing culturally aware and trauma-informed services to culturally and linguistically diverse people



- This proposal for a national abortion and contraception service aligns with this recommendation.

#### **Recommendation 25**

**4.96 The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the 'Health in My Language' program.**

- We support incentives to expand the CALD health workforce.
- We support programs such as “Health in My Language”.

#### **Recommendation 26**

**4.101 The committee recommends that the Department of Health and Aged Care consider sexual and reproductive healthcare for LGBTIQ+ people in the context of the 10-year National Action Plan for the Health and Wellbeing of LGBTIQ+ people.**

- We have inclusive policies for LGBTIQ+ people.
- We develop training on LGBTIQ+ health needs.
- This proposal for a national abortion and contraception service aligns with this recommendation.

#### **Recommendation 27**

**4.104 The committee recommends that the Australian Government consult with people with innate variations of sex characteristics regarding surgical interventions in the context of the 10-year National Action Plan on the Health and Wellbeing of LGBTIQ+.**

- We support research and policy development on LGBTIQ+ health needs.
- We support culturally safe healthcare practices for LGBTIQ+ individuals.

#### **Recommendation 28**

**4.105 The committee recommends that the Australian Government commissions research into reproductive coercion and abuse with a view to developing clinical guidelines, resources and training for primary care providers.**

- We conduct and support research into reproductive coercion and abuse.
- We support the development of clinical guidelines and training on reproductive coercion.
- This proposal for a national abortion and contraception service aligns with this recommendation.

#### **Recommendation 29**

**4.107 The committee recommends that the Australian Government works with**

**the sector to develop sexual and reproductive health education programs and resources for people with disability and their families and carers that are accessible, disability inclusive and empowering for young people with disability.**

- We support the development sexual and reproductive health education programs for people with disabilities.
- We create accessible and inclusive resources.

### **Recommendation 30**

**4.111 The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.**

- We advocate for sexual and reproductive health services for all people, irrespective of visa status.
- We propose providing services to non-citizens and temporary visa holders.
- **This proposal for a national abortion and contraception service aligns with this recommendation.**

### **Recommendation 31: Amending overseas student health cover**

**4.112 The committee recommends that the Australian Government work with relevant overseas health insurance providers to amend Schedule 4d of the Overseas Student Health Cover Deed to abolish pregnancy care related wait periods.**

- We support collaborating with insurance providers to remove pregnancy care wait periods.
- We engage with international student communities to address their healthcare needs.
- We advocate for policy changes in student health insurance.

### **Recommendation 32**

**4.114 The committee recommends that the Australian Government explores the feasibility of Medicare rebates for in vitro fertilisation (IVF) services for cohorts not currently eligible for subsidised services.**

- We support the expansion of Medicare rebates for IVF services.

### **Recommendation 33**

**4.116 The committee recommends that the Australian Government implement the recommendations of the Medicare Benefits Schedule Review regarding removal of the exclusion of in vitro fertilisation (IVF) services for altruistic surrogacy purposes.**

- We support the implementation of MBS Review recommendations on IVF for altruistic surrogacy.

#### **Recommendation 34**

**5.67 The committee recommends that the Australian Government work with jurisdictions to improve the quality of sexual health and relationships education in schools including building capabilities of educators to deliver this training.**

- We support enhanced sex education in schools.
- We support the development of resources for educators on sexual health and relationships.
- We advocate for comprehensive sexual education curricula.

#### **Recommendation 35**

**5.68 The committee recommends the Department of Health and Aged Care work with jurisdictions and the health sector to implement options for targeted public awareness and sexual health literacy campaigns in target communities, including for the LGBTIQ+ community, community-led initiatives for First Nations and culturally and linguistically diverse groups, and sexually transmitted infections campaigns in vulnerable cohorts.**

- We support developing sexual health literacy campaigns targeting diverse populations.
- We propose collaborating with community groups for effective campaign delivery.
- We advocate for public health strategies including sexual health literacy.

#### **Recommendation 36**

**5.72 The committee recommends that the Australian Government considers commissioning research and policy responses on the impact of reproductive health on women's participation in the workforce and the adequacy of existing leave entitlements under the National Employment Standards.**

- We support research on the impact of reproductive health on workforce participation.
- We support reproductive health leave as a policy.



## Further information and feedback

If you would like to know more about the work that we do at MSI Australia, you can follow us on social media or get in touch via the following channels.

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Website: [msiaustralia.org.au](https://msiaustralia.org.au)

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You can also support access to sexual and reproductive healthcare by making a tax deductible donation

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