

Dear The Select Committee,

Part 1: Overview of Family Planning Tasmania

Family Planning Tasmania is a community-based, not for profit organisation providing sexual and reproductive health (SRH) clinical, education and advocacy services. We operate clinics in Glenorchy, Launceston and Burnie and provide outreach services across Tasmania. Family Planning Tasmania (FPT) is committed to supporting and delivering Reproductive and Sexual Health services in accordance with the principles of reproductive health. We believe that reproductive health is a state of complete physical, mental, and social well-being, extending beyond the absence of disease or infirmity. Our services are dedicated to ensuring that individuals can experience a satisfying and safe sex life, possess the capability to reproduce, and have the freedom to make informed decisions about if, when, and how often to do so. In the 2022-2023 financial year, Family Planning Tasmania:

- Delivered clinical services to 23,023 Tasmanian health consumers, including (but not limited to) contraception, gynecology, treatment of sexually transmitted infections, and termination of pregnancies. We provided 743 MTOPs, an increase of 45% on the previous year.
- Delivered clinic services equitably to consumers across the North-West (21%); (North (29%); and Southern (50%) regions of Tasmania
- Delivered 1,263 hours of healthy relationships education sessions with 71 Tasmanian schools (in excess of 13,500 students), 11 professional development sessions with educators (115 attendees), and 90 one-on-one (17 on waiting list) and small group education sessions for people with additional needs. These activities were across the North-West (12%); North (29%); and Southern (59%) regions of Tasmania.
- Employed around 66 staff, including general practitioners, nurses and SRH educators, equating to 21 FTE.

In 2022-23, 49% of our annual revenue was provided by the Tasmanian Government in recurrent and project specific funding, and 51% was self-generated. We experienced an unprecedented 31% increase in patient numbers compared to the previous financial year.

Family Planning Tasmania delivers a number of reproductive health services. They include:

- Contraception, including Long Acting Reversible Contraception (LARC)
- Pregnancy options, including Medication Termination of Pregnancy (MTOP)
- Sexual health checks
- Cervical screening
- Endometriosis and pelvic pain multidisciplinary support
- Other women's health options, such as pessary fitting, menopause, breast checks and more.

Education Services are a vital part of our offering to promote sexual and reproductive health across the state. They include but are not limited to:

Clinical Education

- FPAA Sexual and Reproductive Health Certificate (5 day) – for General Practitioners
- Sexual Health Certificate (5 day) – for Nurses/Midwives
- IUD Insertion Training
- Contraceptive Implant Training
- Cervical Screening Training
- Pregnancy Choices Training
- Sexually Transmissible Infections Training
- Contraception Training
- LGBTIQ Inclusive Services Training

Teacher and Schools Education

- Comprehensive Sexuality Relationships and sexual health curriculum teacher training
- Comprehensive Sexuality Relationships In-classroom education
- Parent workshops
- Educational resources

Community Worker Education

- Comprehensive Sexuality Relationships Education and sexual health training for community workers, youth workers, disability workers, and Aged Care workers

Community Education and Health Promotion

- Education for vulnerable community groups
- Additional Needs and/or Disability
- 1:1 Sexual Health and Respectful Relationships education sessions
- Intervention Education Programs

Part 2: Issues in reproductive healthcare for Tasmanians

Tasmanians experience a wide range of challenges and barriers when accessing the right reproductive healthcare for their needs. These are very much related to the areas the Committee wishes to examine.

Specifically, we are offering a response to these sections of the terms of reference:

- (a) to assess the adequacy, accessibility and safety of the following services for Tasmanian parents and their children in relation to:—*
- (i) reproductive health services;*
 - (iv) workforce shortages;*
- (b) to examine disparities in the availability of services, staffing and outcomes between:—*
- (ii) Tasmanians living in rural, regional and metropolitan areas;*
 - (iii) Tasmanians experiencing socio-economic disadvantage; and*
- (c) to make recommendations on actions that can be taken by the State Government to ensure reproductive health services meet the needs of Tasmanian parents, families and children.*

We will explain the adequacy, accessibility and safety of the services within our remit. We will demonstrate the problems that location and socio-economic status can cause. We will also examine workforce shortages and their impact on this work.

We will then provide practical solutions that could be implemented rapidly and at low cost. We strongly believe that these solutions will make a large positive impact on Tasmanian parents and families.

We would like the Committee to note that we contributed to the Senate Inquiry into Reproductive Healthcare, which culminated in the [Ending of the Postcode Lottery report](#), with 34 Recommendations to improving access to Sexual Reproductive and Maternal Health across Australia and received bi-partisan support.

We strongly endorse all of the Recommendations in this report, all of which are of the utmost importance to Tasmanians across the state, and ask the committee to carefully consider this work going forwards.

As requested this submission will focus on issues specific to Tasmania, and should be viewed as an addition to the aforementioned report.

a. Sexual and reproductive healthcare for Tasmanians living in rural and remote regions

Women living in most remote and regional communities of Tasmania have little or no direct access to women's sexual and reproductive health services. The Tasmanian Health and Wellbeing for Women Action Plan 2020-23 acknowledges that Tasmanian women "continue to face barriers in health care access, particularly in relation to reproductive and sexual health" and that "specific issues in relation to maternal, sexual and reproductive health exist for...women living in rural and remote areas". Tasmania has 87 population centres with an Accessibility/Remoteness Index of Australia (ARIA+) 1 score of over 2.40. Analysis undertaken by FPT has found that women in all these localities (with the exception of the Derwent Valley) have highly restricted or no access to GPs who specialise in women's health.

One of four goals in the Tasmanian Women's Strategy 2022-27 is that "women and girls have equal opportunities for good health and wellbeing". The current lack of access to women's health services in regional and remote areas of Tasmania prevents this goal being achieved, and places additional pressure on over-stretched rural GPs. As stated in the National Women's Health Strategy 2020-2030: "Maternal, sexual and reproductive health is a priority for Australian women and girls and must be considered within the social and cultural context of women's lives. It is not simply about the absence of disease, but refers to a state of physical, mental and social wellbeing across all stages of life. Factors contributing to maternal, sexual and reproductive health include the role of women in society and the control women have over their own bodies, reproductive choices and lifestyle. This highlights the need for women and girls to be informed of, and to have access to, safe, effective, affordable and acceptable forms of fertility regulation, health services and support."

The National Strategy acknowledges that women and girls from rural and remote backgrounds experience compounding disadvantage: for example, by being more likely to have a lower socio-

economic status, and more likely to have experienced gendered violence and/or abuse, which singularly and collectively impacts their health needs. There is extensive, peer-reviewed, and consistently replicated evidence that sexual and reproductive health services deliver positive outcomes for communities, including increased civic and community participation.

For example, effective family planning allows vulnerable and disadvantaged women in regional and remote Tasmania to achieve higher levels of education and a better balance between family and (paid and unpaid) work. Education about STIs helps promote a healthy workforce and reduces the stress that these infections impose on communities. Access to appropriate contraceptives for remote and regional Tasmanian women confers health benefits from minimising the medical risks of sexually transmitted infections, pregnancy, delivery and the postpartum period—in particular, risks associated with unplanned pregnancies, closely spaced pregnancies or pregnancies among women who are very young.

In addition, contraception can avert significant economic, social and psychological costs, especially those arising from a mistimed or unwanted pregnancy. Such non-medical costs can limit life options for women and undermine the well-being of families. They can also hold back social and economic development, and hinder efforts toward gender equality and poverty reduction.

Specific examples of the impact of restricted access to effective SRH for women in remote and regional Tasmania include:

- People in remote and regional areas have comparatively high chlamydia rates, compared to major cities. Women with untreated chlamydia have increased risk of symptomatic pelvic inflammatory disease, which is a significant cause of ectopic pregnancy and infertility.
- Tasmania has comparatively high rates of teenage pregnancy, particularly in disadvantaged communities. Communities in which women are unable to access Long-Acting Reversible Contraception (LARC) have higher rates of unwanted pregnancies.
- Tasmanian women experiencing prolapse symptoms – including urinary dysfunction, bowel dysfunction and sexual dysfunction – have decreased ability to participate in communities, maintain employment and lead a full and active life.
- Women with disabilities in Tasmanian remote and regional areas are often on-referred to hospital for relatively simple SRH procedures such as a cervical screening test, with significant impacts on the individual woman and the public health system. The compounding impacts of the problem on the Tasmanian health system Lack of effective access to basic sexual and reproductive health services for women in remote and regional areas of Tasmania leads to greater costs for the Tasmanian health system, including:
 - More referrals to public hospitals, instead of sexual and reproductive health issues being dealt with in the primary care system
 - Increased referrals for more costly surgical terminations, resulting from limited access to contraception and medication termination
 - Increased demand and pressure on GPs in regional and remote locations, contributing to burnout, turnover and service disruption.

Tasmania has 87 population centres with an Accessibility/Remoteness Index of Australia (ARIA+)¹ score of more than 2.40. Analysis undertaken by Family Planning Tasmania has found people in

all these localities (with the exception of the Derwent Valley) have no effective access to specialist SRH, or GPs who are specifically trained in SRH.

Family Planning Tasmania currently employs doctors and nurses with the qualifications, expertise and motivation to provide SRH services to regional, rural and remote communities of Tasmania. These doctors and nurses are based in Glenorchy, Launceston and Burnie. Unfortunately, Family Planning Tasmania's current base recurrent funding agreement with the Department of Health does not provide sufficient resources to operate outside these three major centres.

b. Access to safe, appropriate and affordable terminations of pregnancy

FPT believes that termination should be safe, legal and accessible to all Tasmanian women and pregnant people, and that providing it is vital for health and a person's right to make choices about their health. We believe that termination is an option that can safeguard women's health, and reduce mortality and morbidity as a result of unsafe and illegal termination.

We also believe that having this options ensures that women and people who can become pregnant have the information needed to exercise self-determination, sexual and reproductive freedom and sexual equality.

Family Planning Tasmania Inc acknowledges that discussion of termination can engender strong responses and that this should not prevent women's rights from being appropriately respected and supported.

FPT further believes that:

- The prevention of unintended pregnancy is of primary importance for women's health and safe contraceptive methods should be actively promoted to minimise the number of terminations in Australia.
- Notwithstanding the important role of contraception, access to safe legal termination is an essential component of sexual and reproductive health services.
- The quality and confidentiality of termination services must be ensured, and other rights of the client respected.
- It is the responsibility of health service institutions and agencies prescribed under the Act to provide access to termination within the terms of existing Tasmanian legislation.
- Opportunities to consider personal value systems and their impact on patient support should be included in the training of all medical, nursing and allied health staff.
- Tasmanian regional access to termination will ensure better patient experience and enhance outcomes.

There are two types of termination of pregnancy offered in Tasmania. Medication Termination of Pregnancy is accessed in community settings and done in a safe environment of the patient's choosing. Surgical Termination of Pregnancy is carried out in hospital.

Sadly, there are cost barriers to Tasmanian women accessing Medication Termination of Pregnancy (MTOP). Perversely, it is now more affordable for many Tasmanian women to access Surgical Termination of Pregnancy (STOP), than MTOP. Access to STOP in Tasmania has improved greatly since the service was introduced in Tasmania's public hospitals in October 2021. STOP is

now free for all women, including non-Medicare card holders. This approach is strongly supported by FPT.

Nonetheless, non-invasive MTOP is the preferred abortion alternative for many Tasmanian women. FPT provides approximately 400 MTOPs per year in a primary care setting. MTOP is also provided by some GPs. Perversely, MTOP is currently less affordable for many Tasmanian women than STOP. This is despite MTOP being a far less expensive service to deliver. Out of pocket costs for health consumers of MTOP are high because the service is time consuming, requiring significant patient preparation, monitoring and follow up. Further, because FPT is not specifically funded to provide MTOP, meeting current demand for MTOP must be balanced with provision of FPT's other essential sexual and reproductive health services. As a result, while FPT sets aside as many urgent appointments for MTOP as possible, on occasion it is unable to provide the service in time to for some women to meet the MTOP 9-week limit. Unfortunately, these women then only have the option of accessing STOP, when it is not their preferred option.

While the costs of MTOP in Tasmania may be reimbursed for people who can demonstrate financial hardship (with government funding administered via Women's Health Tasmania and The Link) this creates a further barrier for MTOP compared to STOP. Medical practices such as FPT must still 'advertise' the cost of MTOP, and consumers have to declare they can't pay in order to access financial hardship support. There is evidence that some clients are unable or unwilling to make this declaration to FPT, including due to feelings of shame and embarrassment. Some of these women unfairly incur the financial hardship of MTOP 'out of pocket' expenses. Others do not proceed with the MTOP at all, and instead access STOP. An unknown number of women may proceed with an unwanted pregnancy.

Abortion is a standard preventive health service that may be needed within a person's reproductive lifespan. At least 1 in 4 people who have been pregnant will undergo an abortion in their lifetime, making it one of the most common gynaecological procedures in Australia. Removing structural barriers to abortion care, such as out of pocket expenses for MTOP in Tasmania, is critical in enabling universal access.

Conversely, maintaining perverse barriers to accessing MTOP in a timely or affordable manner disempowers women and removes their right to choose the appropriate type of termination. When deciding between MTOP and STOP, cost is inevitably a factor for some women, particularly women from vulnerable and marginalised communities, and those in insecure situations caused by family violence and/or homelessness. Incurring out of pocket costs for MTOP will cause some Tasmanian women who would otherwise choose MTOP, to instead choose STOP via the public hospital system.

In addition, forcing women to be interviewed about their financial hardship to cover the cost of an MTOP can be confronting and traumatic – particularly when faced with the social and emotional challenges that may arise from termination of a pregnancy. The compounding impacts of the problem on the Tasmanian health system Women who would prefer to choose MTOP, but cannot due to out of pocket costs, can instead access free STOP in public hospitals at an approximate cost to the health system of \$3,000 per procedure.

Conversely, every woman who chooses to access MTOP in a primary health setting, instead of STOP in a public hospital, reduces pressure on the public health system. MTOP also provides options for tele-health delivery that are not possible with STOP, which can be particularly beneficial for women in regional and remote Tasmanian communities. Some women who do not

access MTOP due to affordability issues, may also be unwilling to undergo the more invasive STOP procedure, and instead proceed with an unplanned and potentially unwanted pregnancy. This can have profound, ongoing impacts on the woman and their child, and increase the need for broader provision of government services to them over many years.

Further, each year the financial hardship application process inefficiently consumes hundreds of hours of patient/nurse time to complete and submit applications. Other jurisdictions in Australia (including the ACT and NT) have moved to correct the cost inequity between STOP and MTOP by providing all terminations at no 'out of pocket' cost. This allows all women to make a real choice about their abortion and reduces the burden on the public hospital system by removing cost barriers to MTOP provided in less expensive, local, primary health settings. In Tasmania, this directly aligns with the Our Healthcare Future strategy, which is aimed at providing the right care, in the right place, at the right time.

Our Proposal 2 will go a long way to begin to remediate some of these clear inequalities and inefficiencies.

c. Access to clear, transparent and accessible funding for those in financial difficulties

We believe sexual and reproductive healthcare is a fundamental right, and we work with the Women's Health Fund and Youth Health Fund to ensure that those patients that cannot afford fees are still treated. The Women's Health Fund is for women over the age of 25 and is to cover the cost of LARCs, MTOPs, and STOPs in some instances. The Youth Health Fund is for general health needs for people aged 12-24.

These funds function differently. Both cost our service time to access. The Women's Health Fund requires written forms. The Youth Health Fund requires our staff to contact them on the phone, explain the case, and secure consent for funding. This is time consuming and clearly inefficient. Given that the approval process for these fall outside of organisation, we are vulnerable to any changes in process in the other organisations, over which we have little input.

We are also not empowered to be transparent and clear with these processes on our own materials, which could discourage patients from accessing them.

It's important to state clearly that any time spent accessing these funds will add up to appointments we cannot provide or longer wait times for vital services. Our Proposal 3 offers a solution to this.

Part 3: Recommendations

Proposal 1: Fully funded (no 'out-of-pocket payment') Medication Termination of Pregnancy (MTOP) procedures for all Tasmanian women

FPT proposes to provide equitable access to MTOP for all Tasmanian women by fully funding MTOP through FPT clinics in Glenorchy, Launceston and Burnie, and via FPT outreach to remote and regional parts of Tasmania. FPT is a proven, high-quality provider of MTOP in Tasmania. FPT has systems, processes, facilities and equipment in place – including nursing support and

specialised GP training – to expand on its current provision of 400 MTOP services per year. FPT now provides in-house ultrasound (required prior to some MTOP procedures) and has a focus on providing reliable contraception and support to all MTOP patients to prevent future unplanned pregnancy. Research with women who have undertaken MTOP in Tasmania demonstrates that satisfaction levels of patients who have accessed MTOP through FPT are much higher than those who have utilised other GP practices.

To provide access to fully funded (no ‘out-of-pocket payment’) MTOP for all Tasmanian women (based on patient choice), the following increase to FPT’s base funding is proposed:

A maximum of \$240,000 per year, comprised of:

- \$200 per MTOP delivered by FPT, including in-house ultrasound; nurse support throughout the process; and follow up appointments.
- The provision of no ‘out of pocket’ MTOP for Tasmanian women would result in FPT delivering an estimated 750 MTOPs per year at a cost to the Tasmanian Government of \$150,000 per year.
- \$50,000 for an additional 0.5FTE nurse MTOP coordinator to provide support and advice relating to terminations before, during and after the process across Tasmania.
- Up to \$40,000 per year for medication costs (costs per patient differ depending on concession status).

Proposal 2: Family Planning Tasmania Outreach Services

We propose a range of outreach clinics to address regional inequalities. This allows individuals in these communities to address sensitive issues without approaching someone with potential connections, ensuring privacy and unbiased support.

Accessing sexual and reproductive health services from a trusted external provider through outreach clinics proves essential, offering a positive, confidential, and inclusive environment for all community members. Importantly, we are often seen as a safe space for the disclosure of possible sexual abuse, providing a crucial avenue for individuals to share their experiences and to seek support.

Our Outreach services deliver against Department of Health – Priority Area – Positive Sexual Health and critically, delivers ***in community settings*** key reform concepts recommended by the *Commission of Inquiry*, including:

- *Meeting the needs of specific groups of victim-survivors* (Volume 1; Section 4.4)
- *Geographical isolation.* (Volume 1; Section 4.3.2)
- *Victim-survivors with disability* (Volume 1; Section 4.4.2)
- *Victim-survivors who identify as LGBTQIA+* (Volume 1 Section 4.4.3)
- *Victim-survivors from culturally and linguistically diverse backgrounds* (Volume 1; Section 4.4.5)

Accessing sexual and reproductive health services from outreach clinics is not just about addressing immediate health needs; it's a step toward providing compassionate support for the emotional well-being and recovery of individuals who have faced the trauma of sexual abuse.

The goal is to create a space that offers understanding, empathy, and a commitment to supporting individuals on their ongoing journey of healing and resilience.

In 2024-25 and 2025-26, Family Planning Tasmania can provide bi-monthly, bulk-billed (no 'out of pocket expenses') outreach clinics in six regional and remote communities, in partnership with the following organisations that have existing facilities, and strong engagement with local communities:

- Smithton (ARIA+ score 4.83): Circular Head Aboriginal Corporation
- St Helens (ARIA+ score 5.07): Child and Family Learning Centre
- Queenstown (ARIA+ score 6.16): Child and Family Learning Centre
- Georgetown (ARIA+ score 3.01): Child and Family Learning Centre
- Beaconsfield (ARIA+ score 2.74): Child and Family Learning Centre
- Geeveston (ARIA+ score 3.54): Child and Family Learning Centre

The potential partners listed above have expressed strong interest in hosting Family Planning Tasmania SRH clinics should this funding submission be successful.

Each Family Planning Tasmania outreach clinic will service up to 26 local people, once every two months.

A summary of the proposed budget, outcomes and occasions of service for Family Planning Tasmania's clinical outreach program to regional, rural and remote Tasmanian communities for 2024/25 and 2025/26 is provided in **Table 1 below**.

Table 1

[illegible]

<ul style="list-style-type: none"> Number of occasions of clinical service, x region Average number of appointments – appointment length will vary. 	North West 156 North East 156 North 156 East 156 West 156 South 156 TOTAL 936	North West 156 North East - North - East 156 West 156 South - TOTAL 468
<ul style="list-style-type: none"> Percentage of clinical service clients from priority populations. 	100%	100%
<ul style="list-style-type: none"> Percentage of consumers reporting improved capacity (knowledge, skills and action) after receiving services from Family Planning Tasmania. *Based on current Family Planning Tasmania consumer feedback 	97%	97%
<ul style="list-style-type: none"> An improved capacity (knowledge, skills and action) amongst consumers in better managing their sexual and reproductive health after receiving services from FPT. *Based on current Family Planning Tasmania consumer feedback 	95%	95%

Importantly, additional regional and rural communities could be serviced at a similar rate, subject to securing access to local facilities and referral pathways.

Proposal 3 – directly funding sexual and reproductive health services for those in financial difficulties

We have a firm belief that our healthcare should be free at the point of access, and that our core funding should be built around this. We also believe that the idea of an external approval process can introduce unnecessary stress or deter bookings from people who need our services the most. To resolve this, we would advocate for direct funding to our organisation, so that we can help those experiencing socio-economic disadvantage access our services in the most efficient way possible.

We received a combined total of \$59,430.25 for the financial year 2022-2023. The following table breaks this down per site and per fund:

	Women's Health Fund	Youth Health Fund
Burnie	\$6,337.05	\$4,018.30
Launceston	\$10,003.75	\$8,336.85
Glenorchy	\$17,315.55	\$13,418.75
Total	\$33,656.35	\$25,773.90

We believe that reducing barriers to entry will encourage patients to access healthcare that they may not have done previously.

Family Planning Tasmania would be empowered to create our own process for financial difficulties that we can state clearly and transparently in our website and other materials. This would likely encourage more patients to book with us, which would of course result in a ripple effect of positive social impacts.

This is a straightforward, low cost solution with a clear and rapid impact on access to sexual and reproductive healthcare.

Yours sincerely,

Lalla Mackenzie
CEO
Family Planning Tasmania

Daniel Clarke
Clinical Services Manager
Family Planning Tasmania