Submission to Pharmaceutical Benefits Advisory Committee

For consideration at the March 2013 PBAC Meeting

Submission by Children by Choice in support of the listing on the Pharmaceutical Benefits Scheme of the drug MIFEPRISTONE (200 mg tablet Mifepristone Linepharma®); and MISOPROSTOL, (200 microgram tablet, GyMiso®) for medical termination of a developing intra-uterine pregnancy.

ABOUT CHILDREN BY CHOICE

Children by Choice provide counselling, information and education services on all options with an unplanned pregnancy, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service to women experiencing unplanned pregnancy. We deliver sexual and reproductive health education sessions in schools and youth forums, and offer training for General Practitioners and other health and community professionals on unplanned pregnancy options. We advocate on women's sexual and reproductive health issues at a state and federal level.

Children by Choice supports women's access to all options with an unplanned pregnancy, including abortion, and have been involved in helping women access these options since the service began operation in 1972. Children by Choice is the only independent, not-for-profit women's service dedicated to unplanned pregnancy in Australia.

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INTRODUCTION

When Australian women need to end unplanned and unwanted pregnancy, they deserve access to the safest and best health care available. This should include the option of medication abortion using the drug Mifepristone, which is a safe and effective non-surgical option for early pregnancy termination that has been used by millions of women worldwide since the 1980s.

In August last year, the Therapeutic Goods Administration approved the inclusion of Mifepristone on the Australian Register of Therapeutic Goods. This means Mifepristone will be available to: all Obstetricians and Gynaecologists, including diplomats; medical practitioners who were previously approved Authorised Prescribers of the medication; and other medical practitioners who successfully complete an online training module to prescribe Mifepristone Lynepharma and Gy Miso to their patients for early medication abortion.

Studies from Australia and around the world show a high level of patient satisfaction and acceptability of early medication abortion using Mifepristone in combination with a prostaglandin. A large Australian observational study of over 11000 women who experienced early medication abortion using Mifepristone found that almost 80% would use it again, and over 90% would recommend it to a friend [Goldstone, et al]. Internationally, studies have also shown high rates of satisfaction with medical abortion. Studies in Scotland, the US, Sweden, Norway and Finland also found the large majority of women who chose medication abortion found it acceptable [Berer, M, 2005].

However, women will not be able to choose the option of safe early medication abortion if the treatment is unaffordable.

The World Health Organisation has included Mifepristone and Misoprostal for use in early pregnancy termination in its list of essential medications for reproductive healthcare [WHO, 2006]. As a necessary medication that needs be available to all women of reproductive age, Mifepristone deserves parity with other covered services in the public health system, including surgical abortions. Availability and cost subsidisation of Mifepristone will improve access to safe abortion services for Australian women and their families who need them. Surgical abortions are already partially subsidised by the Medicare, however there is no Medicare subsidy for providing medication abortion using Mifepristone. Including Mifepristone in the Pharmaceutical Benefits Scheme (PBS) will help ensure early medication abortion will be affordable to all women who need it, including those who are financially disadvantaged and living in poverty, and timely for women living in rural, regional and remote areas of Australia.

WHY MIFEPRISTONE (200 MG TABLET MIFEPRISTONE LINEPHARMA®) AND MISOPROSTOL, (200 MICROGRAM TABLET, GYMISO®) SHOULD BE LISTED ON THE PBS:

1. **It is safer and less expensive for government to subsidise early, medication abortions than pay for surgical abortions, particularly those later in a woman's pregnancy.**

Mifepristone provides a safe, effective method of abortion for women seeking to terminate a pregnancy within the first nine weeks of her pregnancy. Early abortions (abortions which occur in the first trimester, either surgical or medication) are generally less expensive and safer then abortions that occur later in a pregnancy, including related costs for the procedure and follow-up care.

A study of early abortion methods in Ontario, Canada found that "*Early medical abortion costs less than early surgical abortion from the societal and health care system perspectives* " [Lichmacher J J, et al, 2006]. The study was a cost analysis of early abortion methods and reviewed medication abortion and surgical abortion by vacuum aspiration in either a hospital or a free-standing private clinic. The analysis was of costs to the healthcare system, society and the patient. The study found that provision of surgical abortion in hospital was the most expensive, followed by surgical abortion in a private free-standing clinic with early medication abortion a much cheaper option. The total cost to the healthcare system of early surgical abortion performed in a hospital was found to be more than double cost of early medication abortion. Early medication abortion was less than two-thirds of the healthcare system cost of surgical abortion performed in a private freestanding clinic.

2. **Evidence from Europe suggests that the availability of mifepristone impacts when in a pregnancy women have an abortion, not the rate at which they have abortions.**

European countries like France, Sweden and the UK, where mifepristone has been available for decades, have seen an increase in the percentage of women who terminate a pregnancy in the first nine weeks of pregnancy versus later, since mifepristone was made available. In France, the rate of abortion has actually decreased, not increased, since mifepristone was first provided in 1989, but the proportion of women who terminate before seven weeks has increased from 12% in 1987 to 20% 1997. In Scotland, the introduction of mifepristone led to the proportion of abortions occurring before 10 weeks increasing from 51% in 1990 to 67% in 2000. In Sweden the proportion of abortions performed before nine weeks increased from 35% in 1991, to 65% in 2000 [Jones, R & Henshaw, S, 2002].

3. Including mifepristone on the Pharmaceutical Benefits Scheme should not cost the Federal Government anymore in reimbursements than it is already paying for early surgical abortions.

The Federal Government currently partially subsidises the cost of surgical abortion through the Medicare Benefits Schedule (See Department of Health and Ageing – MBS Online). In addition, Medicare also subsidizes the cost of the anesthesia associated with the provision of surgical abortion, along with other related items. Some of the monies currently being used to pay for surgical abortions will be used to pay for medication abortions instead. There is no Medicare item number for the provision of medication abortion and majority of the cost burden for the medication and associated medical services falls directly on the patient.

As stated earlier, in countries which have been administering mifepristone for longer than Australia, abortion rates were not found to increase as a result of the availability of mifepristone. Rather fewer surgical abortions were performed as more women chose medication abortion instead of surgical abortion.

4. An investment in mifepristone will save the Australian public health system in the long run.

Medication abortion costs significantly less than the cost of antenatal, birth and post-natal care for an unwanted pregnancy, not to mention the social and economic costs to communities of caring for children whose parents are not willing or able to support them financially or emotionally.

5. **Inclusion of mifepristone in the PBS is vital to ensuring all women, regardless of income and location, can make important decisions about their reproductive health independent of price.**

Currently, cost is a significant barrier to accessing safe abortions early in pregnancy for Australian women experiencing social and economic disadvantage, particularly women living in a large state such as Queensland. Most abortion services are provided by a dedicated private day surgeries – all of the providers charge an upfront out-of –pocket cost of several hundred dollars.

Abortion services are generally only available in the southeast corner of the state, except for services in Rockhampton, Townsville and Cairns. These services are have higher out of pocket fees for women compared to those in Brisbane and surrounding regions – for example the out of pocket cost for a Medication and surgical abortion in Rockhampton is $615, but the cost in Brisbane is at least $100 less depending on the provider. Low-income women and women living in regional, remote and rural areas are most likely to be adversely impacted by abortion costs - both the cost of securing a surgical abortion and the cost of travel to the small number of private freestanding clinics (for women in regional and rural areas) that will perform abortions, and lost wages related to travel.

In 2010-11, 49% of Children by Choice's 2570 client contacts identified the cost of an abortion as a barrier to access. In addition 21% identified geography as being a barrier to access the option of their choice. In 2011-12 of our clients who were in financial hardship and couldn't afford pregnancy termination, 25% had experienced domestic and/or sexual violence, compared to 14% of our total clients. The average travel distance for those Children by Choice clients who required financial assistance to access abortion and lived in rural, regional or remote locations was 857km each way.

In 2011-12, Children by Choice provided $49,823 in direct financial assistance in response to 381 client requests, to enable them to afford safe abortion services. Over the past 10 years, we have financially assisted over 2000 women who were unable to access abortion services due to cost and/or distance. However there are many clients for whom the small subsidy we are able to provide does not enable them to meet the cost of accessing abortion. In 2012-2013 the amount of money Children by Choice has fundraised to assist women is only $16,000 so it is likely that many more women may have to continue an unwanted pregnancy as cannot access safe abortion services.

The experience of Claire (below) is indicative of significant barriers regional and rural women face when seeking to access abortion service s in Queensland.

> *Claire* contacted Children by Choice seeking help with accessing an abortion. Claire had four children already and had not wanted any more, so had been on injectable contraceptive through her local GP in Mt Isa. She conceived while on this and subsequently miscarried, causing her to miss her next appointment for her injection. She conceived again prior to the next appointment.*
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> *At 42, Claire considered her family complete and decided to seek an abortion. She went to a community health service in Mt Isa and informed them of her circumstances and her decision. As the local public hospital does not provide early pregnancy termination services, a local health worker called Children by Choice to find out how Claire could access a service. The worker was shocked to learn that Claire would not only have to travel to Cairns or Townsville (almost 1000km away) as her closest providers, but also that the procedure itself would cost over $550 at a minimum. Claire had no disposable income or savings available to her, as was dependent on Centrelink payments and also financially supporting some members of her family. Children by*

Choice counsellors and a local health worker in Mt Isa spent some hours calling other services and departments trying to source financial support. Claire called the clinic herself and negotiated a small price reduction.

In addition to the financial stress, there was a time restriction – the Townsville clinic was only operating one day per fortnight, flying a doctor in from Brisbane to perform these procedures. The next operating day was four days from when Claire contacted us. If she couldn't raise the money in time, she would have to wait another fortnight – and pay a further $100, as the pregnancy would be further advanced.

A local sexual health service managed to arrange her transport from Mt Isa to Townsville and her accommodation while there, at no cost to Claire. Even with this covered, the concerted efforts by Children by Choice and several other services to provide financial assistance with the termination itself still were not sufficient to raise the necessary funds, and Claire was faced with a gap of $170 and a day to find it. Calls to government departments and MPs' offices proved fruitless. In desperation, Children by Choice contacted some individual donors who had previously provided money for abortion access. Thankfully, the $170 was forthcoming – with Claire and the workers involved intensely relieved but also aware that but for the generosity of one supportive person, she would have been faced with the prospect of continuing with the pregnancy.

**Name changed to protect privacy.*

If mifepristone is listed on the PBS it is anticipated that more providers may be willing to offer medication abortion than currently offer surgical abortion services. The availability and affordability of mifepristone would decrease the hardships experienced by women seeking abortions in areas that lack experienced surgical providers. In the case of Claire, if a GP in her hometown was eligible to prescribe Mifepristone and that medication was available on the PBS, the significant healthcare and community resource costs required to assist Claire would have been much less, and the financial and emotional burden for her would have been greatly reduced.

Many women will not be able to afford the cost of Mifepristone Linepharma without the medication being subsidized by the PBS. They may delay seeking abortion care, putting off an abortion until later in their pregnancy, which then may make them ineligible for early medication abortion, or seek unsafe means of aborting a pregnancy such as purchasing cheap pills online if cost is a significant barrier to early abortion care. Medications that are purchased illegally over the Internet from non-reputable sources are often of dubious quality and can be harmful to people's health.

6. The right to make private decisions about childbearing and reproductive health care should apply to all women, not just those who can afford it.

Mifepristone is a safe, effective, and vital health medication that provides women who choose an abortion more privacy than traditional surgical abortions. Millions of women around the world have safely used mifepristone to terminate a pregnancy. Failure to cover mifepristone under the PBS will significantly deter women from choosing a medication abortion over a surgical abortion, which is currently covered by PBS.

A woman should be able to decide, with the help of her doctor and family, the procedure that is best for her rather than having the decision made for her due to her financial siutation. Without parity in coverage, only women who have the financial means to pay out of pocket for the full cost of an early medical abortion mifepristone will have the freedom to make this decision independent of cost.

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