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Thank you for the opportunity to respond to this inquiry.

I do not support the passage of the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

I strongly oppose the terminations of pregnancies specifically for cultural reasons, including sex selection. Sex selection abortion reflects gender inequality and we need legislation, guidelines and policies that support women's right to choose if, when and how many children she will have. We must not pass legislation that impinges on the human rights of women.

My view is supported by law and guidelines, including the National Health and Medical Research Council's Ethical Guidelines on the Use of Assisted Reproductive Technology in clinical practice and research advice against sex selection for non-medical purposes. I question the assumption that sex selective abortion using Medicare is prevalent. There is no comprehensive evidence to suggest that sex selective abortion is occurring or that sex selection is a motivation for abortion, for family balancing or other reasons, is occurring.

The MBS Items do not appear to be specific to abortion, and certainly not sex selection, and include references to miscarriage and foetal death. My involvement as a health consumer advocate has reinforced that MBS may be a reasonable base for subsidising health care for consumers but it is blunt instrument for health policy.

There are also circumstances where testing has indicated the presence of a potentially fatal sex linked genetic abnormality affecting only-foetuses of one gender. I consider the use of Medicare funding for such procedures is appropriate.

Access to safe and legal abortion is an essential health service for Australian women and it is an important reproductive health right. A woman's ability to control her own fertility is vital to the maintenance of her health and wellbeing. I am concerned that support for this legislation could undermine this.

If the Australian Government is concerned about addressing gender equality and the status of women, I do not believe that legislation to limit Medicare funding for certain types of abortion is an effective way to achieve this. I would rather action be taken to support community education programs directed towards greater gender equity in those communities considered to be in need.

I have read most of the submissions and support the submissions made by the Public Health Association of Australia, National Foundation for Australian Women, Women's Health Victoria, Australian Medical Association, Women's Health West, and Reproductive Choice Australia.