

**SENATE INQUIRY INTO UNIVERSAL ACCESS TO REPRODUCTIVE  
HEALTHCARE: PERTH HEARING, 4 APRIL 2023**

**RESPONSES TO QUESTIONS TAKEN ON NOTICE BY WA HEALTH  
WITNESSES**

**Question 1:**

**Senator Pratt:** Yes, it is activity based funding between the State and Commonwealth. Could you tell us what might need to change in the context of activity based funding for this area? Are you making asks of the Commonwealth in that regard, or could the Commonwealth make some asks in that regard? When we do block funding for hospitals to require, for example, something a little bit like we have in WA, where St John of God became a private hospital rather than the public one it replaced. It was essentially negotiated that MSI would come to Midland and ensure a continuity of service because of that. Is that something we need to mandate more or right around the country to create more viable services, for example?

**Mrs Barr:** I think it's a very important question. I request the committee to take it on notice because to answer such a complex question on Commonwealth and State funding and activity based –

**Response**

Activity-based funding (ABF) arrangements provide a reasonable basis for the Commonwealth to contribute to termination of pregnancy services to women. The State is not seeking changes to these arrangements.

A number of Western Australian public metropolitan and regional hospitals provide termination services.

St John of God Health Care provides services at the St John of God Midland Hospital under long-term contract with the State Government. As a religious-based organisation, St John of God Health Care has declined to provide termination services at the hospital. As such, Marie Stopes International (MSI) has been contracted to provide termination and some other services to women in the hospital's catchment. King Edward Memorial Hospital also refers some women from other catchment areas to MSI for termination services.

Under the National Health Reform Agreement, the Commonwealth contributes funding for public hospital services on an ABF basis. The Commonwealth contribution is linked to the Nationally Efficient Price (NEP) for public hospital services, which is updated annually by the Independent Hospital and Aged Care Pricing Authority (IHACPA). The IHACPA is an independent body charged with determining the NEP.

Each year, IHACPA publishes a General List of In-Scope Public Hospital Services (the General List) as part of the NEP. The General List defines public hospital services eligible for Commonwealth funding, except where funding is otherwise agreed between the Commonwealth and a State or Territory.

Where the termination and other services provided under contract by MSI meet the IHACPA General List criteria, the State receives a Commonwealth ABF funding contribution.

**Question 2:**

**Senator Waters:** Do you have any sense of when the work on that law reform will come to its conclusion? No-one seems to know.

**Mrs Barr:** It's probably outside from me, but I'm happy to take the question on notice.

**Response**

The Abortion Law reform is progressing, with anticipated conclusion in the coming months.

**Question 3:**

**Senator Steele-John:** I'm getting the wrap-up, so I might ask you to take this on notice: can you give us the Minister's latest statement in relation to where the consultation over the new rules is actually up to? We've got the media release from when that started, but there hasn't been much public commentary since then to let the community know where it's up to. I'll just ask you to take that on notice.

**Response**

Extensive consultation on the Abortion Law reform work has been conducted, with anticipated conclusion in the coming months.

**Question 4:**

**Mrs Barr:** Yes. We did launch a new strategy just last week to further enhance the nurse practitioner model.

**Senator Pratt:** Did that include talking to the Commonwealth about Medicare provider numbers?

**Mrs Barr:** I'll take that one on notice, because we do have a department that does talk to the Commonwealth, as opposed to me.

**Response**

The Nurse Practitioner Primary Care model is a pilot being fully funded from WA's share of the Commonwealth 2022/23 budget initiative that allocated \$100 million over two years to trial innovative primary care pilot programs.

Through this joint initiative by the Department of Health and WA Primary Health Alliance, the pilot will locate nurse practitioners in a range of primary care settings such as general practices, not-for-profit services, and urgent care centres. It will test their ability to provide services that enhance the availability and accessibility of comprehensive primary care to the WA community, by supporting practices to transition to multidisciplinary models and assisting patients in avoiding potentially preventable hospitalisations.

The possibility of additional Medicare provider numbers was not considered in developing the scope of pilot as a result on consultation with the Commonwealth, Primary Health Networks, and other peak bodies. The salaries of the participating

nurse practitioners will be paid by the State using funds allocated to it under the Commonwealth's budget measure.

It is noteworthy that the WA Government submission to the Senate Inquiry proposed that consideration be given to professionals such as nurse practitioners and midwives being able to prescribe contraceptive medicines, insert and remove long acting reversible contraceptive devices and also being funded to deliver services such as support and referral for medical termination of pregnancy. The WA Government has indicated it will continue to advocate for these practitioners to be supported to work to their full scope of practice. It is pleasing that there is increasing recognition that this should be the case, such as in the recent report of the Strengthening Medicare Taskforce.