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Christine McDonald The Secretary Senate Finance and Public Administration Standing Committee PO Box 6100 Parliament House CANBERRA ACT 2600

Sent by email to fpa.sen@aph.gov.au

Dear Ms McDonald

The AMA is pleased to make a submission to the Committee's inquiry into item 16525 on the Medicare Benefits Schedule (MBS).

The AMA notes that around 800 services a year are claimed under MBS item 16525. This is extremely low use in the context of a program that funded 279 million services in 2007-08.

MBS Item 16525 provides benefits for management of second trimester labour for three specific clinical indications: for intrauterine fetal death; gross fetal abnormality; or life threatening maternal disease. As described, the item provides a rebate for the surgical treatment of non-viable pregnancies, which may be required in a broad range of circumstances. It also applies to women who are spontaneously miscarrying or are in spontaneous premature labour associated with relevant clinical conditions. The item applies to all such procedures performed between 14 to 26 weeks pregnancy. In all these situations, the women have lost, or are losing their baby.

The item is claimed when the service is provided to a private patient by a doctor in a public or private hospital. It is not claimed when the service is provided to a public patient in a public hospital or for a patient not covered by Medicare.

The AMA does not have access to any information that demonstrates that the item has been claimed for reasons other than those clinical circumstances described in the item.

Were the Senate to pass the motion to disallow the item, it would have the effect of removing any financial assistance for appropriate medical care for women for all of the clinical circumstances covered by the item as outlined above.

04/93

2 October 2008

The AMA has a long history of working with Health Ministers and the Department of Health and Ageing on the content and description of items for funding under Medicare. While the AMA respects the Senate's right to disallow regulations, we believe it is more appropriate for the Minister for Health and Ageing to consider the clinical and policy aspects of Medicare funding with the advice of the medical profession. The AMA takes this position for all MBS items.

The AMA would be pleased to expand on our comments at the inquiry.

Yours sincerely

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Dr Rosanna Capolingua President

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