

17 July 2020

The Hon. Greg Hunt, MP  
Minister for Health  
PO Box 6022  
Parliament House  
Canberra ACT 2600

[Minister.Hunt@health.gov.au](mailto:Minister.Hunt@health.gov.au)

**Re: Urgent request for exemption for Australian Family Planning Organisations under stage seven of telehealth reforms**

Dear Minister,

I write to you on behalf of Family Planning Alliance Australia (FPAA), which is the nation's peak body for reproductive and sexual health services. The primary members of FPAA are state-based, not-for-profit Family Planning Organisations (FPOs), including:

- Family Planning NSW
- Family Planning Tasmania
- Family Planning Victoria
- Family Planning Welfare Northern Territory
- Sexual Health and Family Planning ACT
- Sexual Health Quarters (Western Australia)
- True Relationships and Reproductive Health (Queensland)
- Shine (South Australia)

FPAA seeks your urgent confirmation that clients of FPOs will be exempt from the conditions in Stage 7 of the telehealth reforms, as outlined in your media release of 10 July 2020 titled 'Continuous care with telehealth stage seven'. FPAA notes your intention, as stated in the media release, 'to consider further exemptions as necessary'. FPAA believes it is essential that FPOs receive confirmation of an exemption before the Stage 7 reforms come into effect, in order to ensure continuity of care in sexual and reproductive health services across Australia.

FPAA applauds your progressive and far reaching decision to introduce telehealth as a Medicare rebatable item at the early onset of the COVID-19 pandemic. FPAA also appreciates the concerns raised by the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) regarding overuse of telehealth Medicare items by 'pop-up' medical services and pharmacy telehealth models. FPAA agrees with the AMA and RACGP that continuous and integrated care is critical to improving the health status of the community.

As specialist reproductive and sexual health service providers, FPOs do not provide services in competition with GPs, as our scope of practice is not general medicine. FPOs work constructively alongside GPs in supporting their clients in the provision of specialised reproductive and sexual health services (as well as providing clinical training to GPs in this area). It is our routine practice to refer clients back to their GPs for all general medical issues.

The case for providing an exemption to FPOs is compelling. The reasons include (but are not limited to):

- Access to telehealth has enabled vital reproductive and sexual healthcare to continue to be delivered by FPOs across Australia during the COVID-19 pandemic. This has occurred in the context of a number of other service providers limiting their services due to COVID-19 restrictions. As recognised essential services, telehealth has allowed FPOs to provide services to clients who would have been otherwise unable to access clinical care.



## FAMILY PLANNING ALLIANCE AUSTRALIA

- Telehealth has particularly supported access for marginalised people, including young people, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with disability and people living in regional and remote areas. Some members of these priority populations do not have a regular GP, or cannot not talk to their regular GP about sensitive reproductive and sexual health matters for privacy or other reasons. They therefore access FPOs, including via telehealth, for their reproductive and sexual health care.
- Many of the clinical services provided by FPOs necessarily occur on a less than annual basis. For example, highly desirable and cost-effective long acting reversible contraceptives (LARCs) are provided on a 3-5 year basis, and cervical cancer screening occurs now on a 5 yearly basis. These are not only best-practice approaches, but also highly cost effective for government. Initial work-ups for these consultations for underserved populations can be carried out under telehealth arrangements, thus reducing the time the client needs to be away from home and improving their health status.
- FPOs provide specialised clinical services to clients that are not always available through their GP, and many clients are referred to FPOs by their GP. This includes services in relation to complex contraceptive issues, heavy menstrual bleeding (including endometriosis), fertility and infertility issues, sexual health issues and other complex and debilitating gynaecological matters. Telehealth has allowed a range of these services to be continued during COVID-19 and provided access to underserved women.
- New clients are able to access time sensitive services through telehealth delivered by FPOs. This includes emergency contraception. It also includes Emergency Post Exposure Prophylaxis for HIV (PEP), which is required for new patients within 72 hours of exposure and this is not always provided through GPs.
- Access to telehealth allows for the early uptake of medical abortion through FPOs. This is often not available through a client's normal GP, for a range of reasons including lack of training by the GPs or conscientious objections. Being able to provide this service through FPOs reduces the pressure on public health systems and other providers in provision of later term abortions, particularly for women living in regional and remote areas and for women who cannot afford to pay private fees.

It is clear that the Stage 7 requirement, as foreshadowed in your media release, 'for patients [to have] seen the same practitioner for a face-to-face service in the last 12 months, or patients [to have] seen a doctor at the same practice for a face-to-face service during the same period' will result in significantly reduced access to services through FPOs, including when other service options are not available. This will occur both in the immediate context of COVID-19, and as part of future service demand for telehealth.

Australia's Family Planning Organisations are recognised providers of health services funded through Medicare. Continuing to provide access to specialised, critical services through telehealth remains necessary. This will not be possible unless access to the Medicare items continues, as FPOs will not be able to separately fund telehealth services.

I thank you for your urgent consideration. I would be pleased to provide further information or discuss this matter in more detail at any time.

Yours sincerely

**Cedric Manen**  
**Deputy Chair**  
**Family Planning Alliance Australia**

Ph: 0414 698 906  
Email: [cmanen@fpt.asn.au](mailto:cmanen@fpt.asn.au)

