



Department of Health, Disability and Ageing

Continuous Medicare Review

Via Email: LARC.MRAC@health.gov.au

02.10.2025

Medicare Benefits Schedule Review Advisory Committee - Long-Acting Reversible Contraceptives Draft Report

Dear MBS Review Advisory Committee,

The Working with Women Alliance (WwwA) is grateful for the opportunity to consult on the MBS Review Advisory Committee's (MRAC), Long-Acting Reversible Contraceptives Working Group Draft Report.

The WwwA endorses the recommendations made by the Committee in both phase one and two of the review. Uptake of LARCs in Australia is low, with high costs identified as a major barrier to access. The Committee's recommendations will reduce cost barriers and expand access to LARC services, granting more Australian women the freedom to choose contraception that is right for them.

This letter raises two considerations relevant to the implementation of the Committee's recommendations:

1. Expanded Access to Nurse Practitioners to Provide LARC Services,
2. Expanded Access for Endorsed Midwives to Provide LARC Services.

Expanded Access to Nurse Practitioners

While the expansion for nurse practitioners to provide LARC services will address service delivery gaps and make insertion of LARCs more affordable, it may also cause unintended consequences by pressuring medical practitioners and patients to choose a procedure without adequate pain relief.

For many women, insertion of IUDs without anaesthesia can be painful and even traumatic. Adverse reactions and severe side effects are not uncommon. These include, fainting, vomiting, abdominal cramps, and bleeding. Young women, women who have not given birth, and women with pre-existing pelvic pain or reproductive conditions are particularly prone to pain and side-effects during and after the insertion of an IUD.

The price comparison between insertion of an IUD with and without anaesthesia is significant. Women who undergo the procedure with anaesthesia will face a number of expenses, including an anaesthetist fee, surgeon fee, surgeon assistant fee and hospital fee. Even if all the specialists' fees are covered or partially covered by Medicare, the Medical Costs Finder still estimates the average hospital fee at \$900 for this procedure.

Insertion of an IUD with anaesthesia remains very expensive relative to other contraception methods and to non-complex insertion of IUDs (without anaesthesia). WwWA raise this cost differential as a risk factor to monitor, noting the potential for patients to subject themselves to a procedure that may be incredibly painful.

In response to the severe pain caused by IUD insertion, Victoria's Sexual and Reproductive Health Hubs will be trialling the green whistle (Penthrox) as a pain relief alternative. If effective, this could provide an affordable alternative to anaesthesia.

Recommendations

- Monitor trends in uptake of IUD insertion, disaggregating between procedures with anaesthesia and without.
- Monitor trial use of the green whistle and consider possible rebates for alternative pain relief for IUD insertion, including clarity on which pain relief options nurse practitioners can offer.
- Undertake a further review into the costs associated with insertion of LARCs under general anaesthesia, including rebates for surgeons, assistant surgeons and anaesthetist fees.

Expanded Access for Endorsed Midwives

Expanding access to endorsed midwives to insert LARCs will help fill service delivery gaps and will support postpartum patients in making decisions about contraception.

However, the WwWA raises concern with the MRAC's position that midwives should only be able to provide LARC services for contraceptive purposes. We question the



implementation method for this restriction, noting that women seeking contraception often use LARCs for pregnancy prevention in tandem with non-contraceptive health benefits. This may include managing menstrual cycle symptoms and/or reproductive conditions.

WwwA acknowledges arguments recorded by the MRAC about midwives not being trained in treating complex or comorbid issues. However, we propose that there may be few scenarios where a patient is seeking contraception exclusively for the purpose of avoiding pregnancy.

Recommendations

- MRAC to provide greater clarity about when endorsed midwives can provide LARC services, and when a patient requires referral elsewhere.

WwwA welcomes the opportunity to engage further with the Department of Health, Disability and Ageing on these and other issues relating to reproductive health and gender equality.

Kind Regards,

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