

**Submission by the Australian Nursing and Midwifery Federation**

# **ANMF Response to the Medicare Benefits Schedule Review Advisory Committee – Long-Acting Reversible Contraceptives Draft Report**

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**Australian  
Nursing &  
Midwifery  
Federation**



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## Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Medicare Benefits Schedule Review Advisory Committee (MRAC) for the opportunity to provide feedback on the Long-Acting Reversible Contraceptives (LARC) Draft Report.
6. Midwives and nurses provide care across all reproductive health services and, as female dominated professions, often have direct experience of the enablers and barriers to universal access to sexual and reproductive health services for women.
7. The health system must enable women and gender diverse peoples to exercise their choice and control in decision-making about their bodies without discrimination or disadvantage.



To create equity for women and gender diverse peoples and enable them to exercise their choice and control in decision making in relation to contraceptives there must be timely, equitable access to contraceptives regardless of the woman or gender diverse person's social, economic, cultural or geographic circumstances. Enabling access to long-acting contraceptives through enabling the full scope of nurses and midwives to provide long-acting reversible contraceptives will contribute to creating this equity.

## Feedback on Draft Final Report

8. The ANMF commends the Long-Acting Reversible Contraceptives Working Group and the MRAC for addressing existing barriers to LARC access. Enhancing access to LARC is an evidence-based strategy to reduce unintended pregnancies, improve health equity, and strengthen the primary healthcare system.
9. The ANMF supports the proposed Phase 1 recommendations, including:
  - Recommendation 1 - *That the fees for MBS LARC items (items 35503, 35506, 14206 and 30062) should be increased.*
  - Recommendation 2 - *Do not introduce separate complex items for LARC services.*
  - Recommendation 3 - *That it is appropriate to expand MBS access to nurse practitioners (NPs) by creating new MBS items for NP insertion and removal of LARC (except for complex removal under anaesthesia).*
10. The ANMF welcomes Recommendation 4 - *Expand MBS access to endorsed midwives for hormonal (etonogestrel) implant insertion and removal, and for intrauterine device (IUD) insertion and removal LARC.* However, we question the final clause of this recommendation *“for the primary purpose of contraceptive.”*
11. According to the Nursing and Midwifery Board of Australia (NMBA) *Midwife Standards for Practice*<sup>1</sup>, a *“midwife’s practice may extend to women’s health, reproductive and sexual*

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<sup>1</sup> Nursing and Midwifery Board of Australia. 2018. Midwife Standards for Practice. Accessed 27 October at <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/midwife-standards-for-practice.aspx>



*health". Furthermore, according to the LARC Draft Report, Miga has "confirmed that privately practising endorsed midwives who provide LARC services within their recognised scope of practice are covered by professional indemnity insurance."* According to the NMBA Scope of practice and capabilities of midwives fact sheet<sup>2</sup> the *"scope of practice of individual practitioners is influenced by the settings in which they practise."*

12. The scope of practice for endorsed midwives is evolving within Australia's dynamic sexual and reproductive healthcare landscape in line with the Midwife Standards for Practice. Increasingly, endorsed midwives are providing not only antenatal and postnatal care, but also contraceptive, reproductive, and sexual health counselling. Contraception does not exist in isolation from broader reproductive and sexual health counselling and midwives with the skills, knowledge and expertise to provide reproductive and sexual health counselling must be enabled to deliver a holistic service to support timely access to care.
13. The ANMF urges the MRAC to allow access to the MBS for LARC administration by endorsed midwives where the primary purpose extends beyond contraception. When a midwife's scope of practice extends to reproductive health care they must be enabled to utilise their skills and education to increase women and gender diverse peoples' access to sexual and reproductive health care.
14. This is particularly pertinent in regional, rural and remote communities that are more dependent on primary health care services than their metropolitan counterparts and aligns with the National Strategic Framework for Rural and Remote Health goals<sup>3</sup> and the Scope of Practice Review<sup>4</sup> recommendations. Supporting those in rural and remote areas to access

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<sup>2</sup> Nursing and Midwifery Board of Australia. 2022. Fact sheet: Scope of practice and capabilities of midwives. Accessed 27 October 2025 at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-midwives.aspx>

<sup>3</sup> Australian Government Department of Health, Disability and Ageing. 2020. National Strategic Framework for Rural and Remote Health. Accessed 27 October 2025 at <https://www.health.gov.au/sites/default/files/documents/2020/10/national-strategic-framework-for-rural-and-remote-health.pdf>

<sup>4</sup> Australian Government Department of Health, Disability and Ageing. 2024. Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. Accessed 27 October 2025 at <https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report>



continuous reproductive care from a practitioner they know and trust, without needing to be referred elsewhere and/or incurring additional out of pocket costs such as travel is essential to delivering equitable healthcare services nationally.

15. The ANMF notes the LARCWG identified a lack of representation from the midwifery profession in consultations. Despite engagement in the early phases of this review and discussion with project leads, the ANMF was not contacted to participate in further stakeholder forums and discussions. As Australia's largest union representing midwives and nurses, we request that the ANMF be included in further stakeholder consultation regarding midwifery professional practice issues.

## Conclusion

16. Thank you for the opportunity to provide feedback on the LARC draft report. Midwives and endorsed midwives play a pivotal role in improving access to, and the experience of, sexual and reproductive healthcare for women and gender diverse people in Australia. It is critical this role is not underestimated to enable timely, equitable access to contraceptives regardless of the woman or gender diverse person's social, economic, cultural or geographic circumstances.