

Response to Improving the Overseas Student Health Cover Program May 2024

The scope of this submission relates to addressing the outlined terms of reference for the Consultation Paper – Improving the Overseas Student Health Cover Program.

Easing of COVID-19 restrictions has seen the re-emergence of Australia as a study location. In the 2022-23 financial year, international education contributed \$36.4 billion to Australia's economy¹. International students also contribute to enhancing the skills and productivity of Australian workplaces and bring broader social and cultural benefits to Australian society². Given the importance of international education to the Australian economy, the Australian Strategy for International Education 2021 – 2030 specifically states student wellbeing as integral to sustaining the international education sector³.

About the International Student Sexual Health Network

The International Student Sexual Health Network (ISSHN), established 2015, comprises academics, community sexual and reproductive health organisations, international student services, community members and collaborators with a shared interest in progressing action toward achieving health equity in sexual and reproductive health rights for international students in Australia. The network provides an opportunity for members to share information on research, policy, and practice, as well as collaborate on projects to promote the sexual and reproductive health and wellbeing of international students studying in Australia. The network has over 80 members from all over Australia, enabling models of best practice to be implemented nationally and support Australian public health priorities.

The current OSHC policy is unaffordable and does not meet the needs of international students, exposing inequities between international students and their Australian-born counterparts. We welcome changes towards a more equitable and transparent approach to OSHC.

1. Change 1: Publication of OSHC product information on privatehealth.gov.au

We are supportive of the proposed change.

We note current inconsistencies in pricing between providers and institutions and position that pricing should be transparent for students. We note that current language used by providers can be confusing and potentially misleading for international students and advise that appropriate consideration is taken to ensure readability.

We also recommend that expected out-of-pocket costs be transparent and easy to understand across a range of health services, including but not limited to sexual health and reproductive services. Expected fees should be accessibly accessed by students, enabling comparison of different products.

¹ Australian Government, *Education export income - Financial Year. 2024* [cited 2024 1 Apr]; Available from: <https://www.education.gov.au/international-education-data-and-research/education-export-income-financial-year>.

² Australian Government, *The value of international education to Australia*. 2015, Australian Government: Canberra, ACT.

³ Australian Government, *Australian Strategy for International Education, 2021 - 2030*. 2021, Australian Government: Canberra, ACT.

2. Change 2: Caps on certain payments by insurers to third-party agents

We are supportive of the proposed change.

We recommend that pricing be transparent for students, including any payment received by agents. We also note anecdotal differences in waiting periods and out-of-pocket fees negotiated between providers and agents and move that any waiting periods and out-of-pocket fees be transparent and up-front.

3. Change 3: Waiting period for pregnancy-related care

We are supportive of the proposed change and recommend the maximum waiting period be reduced to 0 months. Maximum waiting periods for newborns should also be reduced to 0 months.

We also note high out-of-pocket fees associated with pregnancy-related care and move that these fees should be comparable to fees for domestic students and standardised between services.

Pregnancy-related care should include access to terminations and services for miscarriages. We also advocate for the inclusion of contraceptives as part of pregnancy-related care, with standardised pricing between providers, comparable with domestic students.

Studies indicate that the waiting period for pregnancy-related services has led to access and equity challenges, resulting in university dropouts, reluctant terminations, sex work to pay for unplanned children, and severe mental health issues compounded by multiple terminations⁴. Regular antenatal care during pregnancy may help prevent complications for both mother and baby, with early intervention reducing associated healthcare costs. International students who continue with their pregnancy choose to return to their country of origin (which may impact their continuation of studies and opportunities) or to proceed while studying or living in Australia with insufficient or no antenatal care due to associated costs. A lack of antenatal care may contribute to an infant requiring newborn intensive care unit support, or ongoing complications, which may compound further financial and mental stress.

Submitted by ISSHN co-chairs

Corie Gray, Alison Coelho and Budi Sudarto

[International Student Sexual Health Network](#)

copahm@curtin.edu.au

⁴ Babatsikos, G. and G. Lamaro Haintz, *Unplanned pregnancies and sexually transmitted infections in international university students: provider opinions*. 2012, Deakin University.