10 June 2015

Dear Colleagues

I am writing to provide the Public Health Association of Australia’s (PHAA) support for the National LGBTI Health Alliance’s submission re recent changes to GP testosterone prescribing.

PHAA is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes. PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

The National LGBTI Health Alliance (the Alliance) is proposing an amendment to the revised PBS restrictions on GP prescribing of testosterone for androgen deficiency to enable continued access by transgender and intersex patients.

Specifically, that an exemption be added to restore GP testosterone prescribing without consultation with a (non-GP) specialist when treating androgen deficiency in:

• patients who cannot produce testosterone within the normal male range due to absent or non-functioning testes;
• patients undergoing gender affirmation; and
• patients with intersex characteristics who give informed consent on their own behalf.

Further, PHAA supports the Alliance’s additional proposals to ensure PBS compliance with federal anti-discrimination legislation.

PHAA is concerned that the recent changes to GP testosterone prescribing have had the unintended consequence of inhibiting access for transgender and intersex patients. It would seem that these communities have not been well served by consultation processes and that the resultant changes have led to some harmful outcomes that must now be addressed as a matter of priority.
We trust that PHAA’s statement of support for the Alliance’s submission to PBAC is useful in informing the Committee’s consideration of the proposed amendment to the revised PBS restrictions on GP testosterone prescribing.

Please do not hesitate to contact me should you have any queries or require additional information in relation to this submission.

Yours sincerely

Melanie Walker
Acting Chief Executive Officer
Public Health Association of Australia