

Overseas Student Health Cover Update

MCWH Policy Response



Multicultural Centre for Women's Health (MCWH) is a feminist organisation led by migrant and refugee women to achieve equity in women's health and wellbeing.

This paper outlines MCWH's response to the 2025 OSHC Deed and its implications for international students' access to sexual and reproductive healthcare.

Summary

International students and their family members are excluded from Medicare and, as a condition of the student visa, must take out Overseas Student Health Cover (OSHC) for the duration of their residency in Australia. The OSHC standards for these private health insurance companies are set out by the Government in the [OSHC Deed](#).

In 2011, the Deed was changed to allow insurers to set a 12-month waiting period for pregnancy-related care. As a result, many international students who became pregnant in their first year in Australia faced significant barriers to accessing essential healthcare, on top of existing challenges in navigating a complex health system and finding culturally and linguistically responsive information and services. As MCWH has consistently highlighted, this was a clear example of gendered inequality and had significant and harmful outcomes for international students' health and their sexual and reproductive rights,

After sustained advocacy by MCWH, other concerned stakeholders and students themselves, in July 2025 the Government made changes to the Deed, including:

- Explicit inclusion of miscarriage and termination of pregnancy in the definition of pregnancy-related conditions
- Removal of waiting periods for pregnancy-related care under OSHC policies of two years or more
- Introduction of caps on commissions paid to third-party agents for non-healthcare services
- Requirement for insurers to publish clear, standardised OSHC product information on privatehealth.gov.au

MCWH welcomes these changes as a positive step forward for international students' access to sexual and reproductive healthcare, and as an example of the value and results of our advocacy. The adjustments made in the 2025 Deed give more international students immediate access to pregnancy-related care on arrival in Australia and will hopefully increase transparency and clarity around cover for international students and health service providers.

However, despite these recent reforms, international students continue to face barriers in accessing healthcare. This paper outlines recommendations to strengthen healthcare access and outcomes for international students.

International students and health equity in Australia

International students vitally contribute to Australia's social and economic fabric. In April 2025, there were 794,113 international students studying in Australia.¹ These students come from many countries, including China (23%), India (17%), Nepal (8%), Vietnam (5%) and Philippines (4%). In 2024 alone, they contributed \$51.5 billion to the Australian economy, through tuition fees and living expenses.² Additionally, international students make a notable contribution to the labour market in Australia, particularly in accommodation, food, construction and, increasing, health care and social assistance.³⁴ Researchers note that many international students will also add to the labour market beyond their contributions while studying, by transitioning to graduate and other work visas.

Beyond their economic contribution, international students are an integral part of the social and cultural fabric of Australia, both during their studies and, for the many international students who stay in Australia to work or live, for many years to come. In fact, many international students become future Australians, making up around one-third of Australia's permanent resident intake.⁵ They are and will be our friends, relatives, colleagues, community members and family.

Yet, despite their enormous contribution, international students continue to face systemic inequities in healthcare access and protections in Australia. As temporary residents, international students are excluded from Medicare, leaving them dependent on private health insurance to meet their healthcare needs. Student visas also restrict the number of hours that students can work in paid employment⁶, which limits their capacity to earn and, in turn, makes out-of-pocket costs for healthcare unaffordable for many. These challenges are not new, but became starkly apparent during COVID-19, when many international students were unable to afford essentials including food, medicine and secure housing. The pandemic exposed how structural inequities in healthcare, visa policy and social supports put international students' health at risk.⁷⁸

Research indicates that international students may have lower levels of sexual and reproductive health knowledge and sexually transmitted infection (STI) testing, which may make them more likely to experience unintended pregnancy, sexual assault and STIs.⁹ Yet, they also face significant barriers to accessing sexual and reproductive health services. Research shows that international students forgo or delay necessary sexual and reproductive healthcare due to high costs, language barriers, experiences of racism and bias, lack of tailored information, short consultation times, and poor continuity of care.^{10 11 12}

MCWH's advocacy and the case for OSHC reform

The Australian Government requires international students to purchase Overseas Student Health Cover (OSHC) for the duration of their stay in Australia, to meet the costs of unplanned medical and hospital costs, which they and/or their dependents may need while undertaking formal studies in Australia.

OSHC is provided by registered Australian private health insurers, and includes coverage for medical and hospital care, ambulance services, and some pharmaceutical items. Those insurers must comply with the conditions set out in the [Deed for the Provision of Overseas Student Health Cover \(OSHC Deed\)](#), which is managed by the Department of Health and is periodically updated and extended.

The first OSHC Deed, which was signed in 2000,¹³ did not set any waiting periods for international students to be covered for pregnancy-related care. This remained the case until 2011.

However, in 2010, submissions were made to the Australian Government highlighting the cost to OSHC providers of pregnancy-related care for international students. These submissions reported that 33-48 percent of OSHC claims were for pregnancy-related hospital items, and more than 70 percent of OSHC claims related to pregnancy occurred in the first 12 months of international students' stay.¹⁴ This data was used to argue that pregnancy-related care raised the cost of health cover for all international students, but failed to account for students' lack of access to other affordable care options if they became pregnant.

In response, in 2011, the Government changed the OSHC Deed to allow health insurers to wait 12 months before covering non-emergency, pregnancy-related healthcare. This included birth, which was not recognised under the OSHC Deed as an emergency condition.

As a result of this change to the Deed, an international student or their partner who became pregnant in the first 12 months of their stay in Australia faced limited choices and high out-of-pocket costs to access pregnancy-related care. It was a policy decision that unambiguously and disproportionately impacted and disadvantaged women, as well as having ramifications for partners and families. Although the Deed allowed health insurers to waive the 12-month waiting period, there was no incentive for them to do so.

Through MCWH's research, and personal accounts from many international students directly seeking support and advice, we learned that the waiting period created and increased barriers to pregnancy-related care. This led to negative outcomes, which included:¹⁵

- little or no antenatal care
- preventable health complications for mother and baby
- high out-of-pocket costs for care or termination, causing financial and psychological stress
- pressure to terminate pregnancy due to lack of support and options
- life-threatening health risks from unsafe termination
- interrupted or abandoned studies, affecting students' future opportunities

In addition, MCWH found that international students' ability to make informed decisions in relation to their sexual and reproductive health could be impacted by their age, health literacy, understanding of sexual and reproductive health, length of time in Australia, as well as intimate partner and other forms of violence and social isolation.¹⁶

These experiences informed MCWH's ongoing advocacy, leading to several long-sought changes in the 2025 OSHC Deed.

Progress made in the 2025 OSHC Deed

Since 2013, MCWH has consistently called for changes to the Deed to protect international students' reproductive rights. In May 2024, the Department of Health released an Issues Paper seeking

stakeholder input on proposed amendments to the 2025 Deed. Following consultation,¹⁷ in which MCWH participated, a new Deed was signed on 1 July 2025. It includes four key changes that respond to several of our recommendations and mark definite progress for international students' sexual and reproductive rights.

First, miscarriage and termination of pregnancy are now explicitly included in the definition of pregnancy-related conditions. Previously, these services were not clearly covered, leaving international students uncertain and sometimes excluded from care. The new definition provides clarity and strengthens international students' reproductive rights by ensuring these essential services are recognised under OSHC.

Second, waiting periods for pregnancy-related care have been removed for OSHC policies of two years or more. This is a significant step forward for the recognition and protection of international students' sexual and reproductive rights in Australia that will increase the health, safety and physical and mental wellbeing of international students and their babies. While this change vastly improves access for some students, those with shorter policies currently remain excluded, leaving them vulnerable to significant health and financial risks and reinforcing inequities in healthcare.

Third, commissions paid to third-party agents are now capped. This change is intended to reduce the overall cost of OSHC for students, though it relies on insurers to pass these savings on, and there is no guarantee that will be the case. Many international students face financial pressures while living and studying in Australia.¹⁸ Affordability is an essential component of health equity and reducing the cost of OSHC increases health care accessibility. This is particularly important given predictions from some insurance providers that OSHC premiums will increase as a result of allowing access to pregnancy-related care.¹⁹

Finally, insurers must now publish standardised product information on privatehealth.gov.au. Current evidence indicates that many international students do not fully understand their OSHC policies and are unaware of any additional health costs they may be required to pay.²⁰ This change should improve transparency and help students compare policies and make more informed decisions about the insurance products most suitable for their needs. However, MCWH will continue to advocate to ensure information is available in plain English and in other languages.

Our position and recommendations

MCWH welcomes the progress made in the 2025 OSHC Deed, and congratulates the Department of Health on reviewing the Deed. However, despite these important reforms, there is much more to do to ensure the health rights of international students and their families are recognised, respected and embedded into healthcare.

Within the current visa system, international students' healthcare continues to be treated as a commodity rather than a right. As temporary residents, they remain excluded from services like public healthcare, face restrictive visa conditions such as capped work hours, and often struggle to navigate Australia's complex health system—all while paying high fees to attend Australian universities and educational institutions.

Equitable access to pregnancy-related care is a human right. The current 12-month waiting period imposed on international students who have OSHC cover under two years conflicts with Australia's obligations under the Convention on the Elimination of All Forms of Discrimination Against Women

(CEDAW), and the Sex Discrimination Act (1984), that prohibits discrimination based on pregnancy. Australia has a responsibility to ensure that visa status does not determine access to healthcare.

MCWH supports the Australian Human Rights Commission's *International Student Principles*,²¹ which aim to protect and promote the human rights of international students. These principles must guide OSHC reform. This includes ensuring that international students and their families have access to:

- Affordable medical and hospital treatment while studying in Australia
- Sufficient information about how to access emergency health services
- Services that are aware of their obligations to international students
- Gender-specific health education and services and appropriate obstetrics care
- Mental health and wellbeing services

MCWH's recommendations build on the current changes to the deed, and are focused on further improving access to health for international students and their families:

1. Abolish the 12-month waiting period for all pregnancy-related treatment, including termination, under all insurance policies regardless of length, in line with Recommendation 31 from the [Senate Inquiry into Universal Access to Reproductive Healthcare](#).
2. Ensure international students have access to affordable and non-discriminatory health insurance, and culturally appropriate information, education and services, delivered in plain English and in other languages.
3. Take all appropriate measures to eliminate gender, racial and other forms of bias in healthcare.
4. Partner with bilingual health educators and community-led organisations to co-design prevention and early intervention strategies, strengthening health literacy, reducing unplanned pregnancies, and improving outcomes for international students.

Equitable access to sexual and reproductive healthcare is not only a matter of rights, but of sound public health policy. As these changes made to OSHC demonstrate, evidence-based approaches, community consultation and ongoing advocacy are essential to ensuring that all international students and many future Australians can access the reproductive healthcare they need.

About MCWH

MCWH is a Victorian-based women's health service established in 1978 that works to promote the health and wellbeing of migrant and refugee women and gender diverse people across Australia through research and publication, advocacy, bilingual health education, training and capacity building.



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² Australian Government Department of Education (2025). *Education export income – Calendar Year*, accessed 1 August 2025. <https://www.education.gov.au/international-education-data-and-research/education-export-income-calendar-year>

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⁴ Jobs and Skills Australia (2025) International Students Outcomes and Pathways Study. Full Report, August 2025. https://www.jobsandskills.gov.au/sites/default/files/2025-09/international_students_pathways_and_outcomes_study_report.pdf

⁵ McCowage, Stinson & Fink (2025)

⁶ Australian Government Department of Home Affairs (2024). *Subclass 500: Student Visa*, accessed 18 June 2024. <https://immigration.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500#:~:text=With%20this%20visa%20you%20can&text=work%20up%20to%2048%20hours,or%20training%20is%20in%20session.>

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¹¹ Mundie et al. (2024)

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