Expansion of Non-Liable Health Care

Introduction

Senators, thank you for the opportunity to provide this submission to the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 [Provisions] inquiry. In this submission I wish to propose the expansion of Non-Liable Health Care.

I, Nicholas Hannay, served as a Sergeant Medic in the Australian Army for Approx 18 years. Today my goal remains to ensure optimal health outcomes for our Veterans.

Objective

The success of Non-Liable Health Care justifies expansion across as many service-related conditions as reasonably practicable. The primary focus of the harmonised legislation should be optimising Veterans health outcomes for service-related conditions, rather than compensation (claims).

This will best support Veterans well into the future, and there is no better time with which to refocus the intent of the legislation towards Non-Liable Health Care being expanded to all known service-related conditions.

The Issue

The proposed Legislation is biased towards compensation, rather than optimising health care for Veterans. We must remember that all Veterans with qualifying service from warlike duties transition to DVA Gold Card healthcare at the age of 70yrs, if not before due to incapacity from service-related conditions. Early intervention has proven to provide better health outcomes and a lower cost for healthcare, which is born by DVA during the veterans later years.

Apart from recently implemented Non-Liable Health Care (NLHC), access to healthcare for service-related conditions is only afforded by DVA once a claim meets a compensation threshold.

Mental health exemplifies the broader access to healthcare experienced by Veterans. Prior to NLHC access for mental health, a Veteran’s access to applicable DVA supported healthcare required a claim for compensation to have been accepted. This only occurred when impairment from mental health met a claim threshold. This resulted in Veterans not receiving appropriate early intervention to manage their condition, and a Veteran’s condition often being exacerbated until the condition was significant by nature. In the case of mental health, subsequent claims and DVA supported healthcare were either when a Veteran’s condition was severe and / or resulted in the Veteran being totally and permanently incapacitated.

Mental health is not unique and should be considered the pathfinder for how we can better provide early intervention for known service-related conditions. Muscular-skeletal, traumatic brain injuries and secondary conditions such as dental (bruxism, teeth grinding due to stress) can all result in better long term health outcomes from early healthcare monitoring and intervention. We only have to look at Veterans' Affairs USA and their current campaign aimed at early intervention and in-service prevention of traumatic brain injuries to see the need to be proactive rather than reactive in healthcare.

When this was proposed during the third webinar on the 17 Apr, DVAs response was that NLHC will not be expanded. This may be a reasonable assessment from an insurance (compensation) company who don't want to expend non-claims related expenses and only expend funds on accepted claims. DVA is not an insurance agency, they are charged with supporting ALL Veterans for service-related conditions. For warlike Veterans, irrespective of their claims history this extends to their healthcare in their later years of life for the service they have provided and in some instances to their spouse and children.

Remedy

In the attached submission to Veterans' Legislation Review on the 17 Apr 24 I proposed expanding NLHC. In this submission I propose:

- Bridge All-conditions NLHC for Veterans with qualifying service (warlike) from their discharge until entitlement to Gold Card once aged 70 years. This doesn't necessarily mean issuance of a Gold Card which enables other entitlements. "All Conditions" to be embossed and listed as the accepted conditions on the existing Veteran Card (White Card) until the Veterans transitions to the Gold Card at 70 years of age.

- Expand "All Conditions" NHLC to time in service and occupation. Veterans who have completed non-warlike or completed x-years (eg. 10-years) of service are expected to have service-related muscular-skeletal and other conditions. Military specialist operations such as parachuting and underwater operations and occupations / Corps which have prolonged load carriage such as infantry, engineers and artillery should also be considered for "All Conditions".

- Residual expansion of NLHC could be further enhanced by mapping and forecasting with artificial intelligence NLHC for **specific conditions** to occupation and regional exposures. Outcomes would be similar in nature to those for RAAF F111 desealer / resealers and PFAS exposure location and occupations.

- Implement a claims process for NLHC separate to a claim for compensation for those who have a condition that does not fall into one of the above criteria. This has the potential for DVA to grant early NLHC for a Veterans service-related condition and enables DVA to start building profiles for potentially new NLHC conditions.

Conclusion

Removing claims that are for the purpose of accessing medical services rather than for compensation, will reduce the number of claims for compensation DVA and the VRB process. This will be cost effective for DVA and reduce DVAs administrative workload. Maximising Veteran health outcomes and minimise their total cost to DVA should be the primary objective of DVA.

NLHC has proven effective and efficient in reducing the severity of mental health conditions, why shouldn't this be expanded to all conditions?