

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: Submission to the Senate Community Affairs Legislation Committee re Health Insurance Amendment (Safety Net) Bill 201
Date: Sunday, 15 November 2015 11:48:25 PM

Committee Secretary
Senate Standing Committees on Community Affairs

Dear Committee Secretary,

I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists and a member of the Faculty of Psychotherapy, within the College. I write to you about the proposed Safety Net changes outlined in the Health Insurance Amendment Bill .

1. Impact of the current version of the Bill

I broadly support the capping of the rebate at 150% of the scheduled Fee in an effort to make the system for economically sustainable and equitable . **However the Bill in its current form , with the current item numbers in place , will cause an inequity : a significant number of patients who receive more than once week psychotherapy treatment from psychiatrists specialised in this area, will no longer able to afford the treatment.**

2. Who are these patients potentially negatively effected

Patients who need this treatment essentially **share having experienced significant trauma for a prolonged period of their life.** They typically come for help with a variety of longstanding symptoms such as anxiety, depression and addictions alongside significant difficulties in other areas of their life such as work and relationships . **To dismiss this group as the 'worried well ' is an insult to their suffering,** pejorative and biased in the extreme . **While increasing access for patients with unmet needs must be an ongoing focus , coupling this aim to effectively withdrawing an effective treatment from a group of needy patients is shortsighted . To claim all these patients come from affluent suburbs and therefore could afford any increased out of pocket costs, is an erroneous general conclusion drawn from using a very crude measure.**

3. Recommendation : reject the Bill until the Medical Review Taskforce has completed and implemented its changes

The problem I have outlined would be avoided by the current Bill, if changes to the relevant Medical Benefits Schedule (MBS) item could be made before this Bill was passed. **A significant group of patients after 50 sessions in the calendar year (who currently use item 316) will not be eligible for the higher rebate item number 319 , because of the narrow criteria linked to the 319 item number .**

Colleagues and I will petition the upcoming Medical Benefit Review Taskforce on this specific concern, but without changes to the current item number definitions, or the current Bill, this group of deserving patients will be made seriously vulnerable by having much needed psychological help placed out of financial reach.

I urge the Committee to recommend to reject the Bill in its current form until the Medical Benefit Review Taskforce has been allowed to review the present item numbers and decide on necessary item adjustments with this legislation in mind.

I would be happy to communicate further on any of the above points.

Regards,

Dr Tim Alexander
Consultant Psychiatrist