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7th January, 2007

The Manager
Office of Access Card
Department of Human Services
P.O. Box 3959
MANUKA. A.C.T. 2603

Dear Sir/Madam

Re: Exposure Draft of the Access Card Bill

I refer to the above matter and note that as I do not have the internet connected, I have been unable to peruse the bill. I also could not see a précis of the bill - only a propaganda leaflet - in a Medicare office. Nevertheless, I offer the following comments, some of which no doubt have been incorporated into the bill -

1. Combined Medicare and Centrelink Card

I do not believe that all the individual cards should be rolled into one card. I agree with the proposition that the various Centrelink cards could be combined in one card. However, as a lot of people are not the recipients of Centrelink benefits and this would probably include over half of Australia's population, I suggest it is more than questionable that any medical details be combined with those details held by Centrelink, and consequently two cards should be issued...one for Centrelink and a second for Medicare. A doubting Thomas might suggest that this is an attempt by the Government to group certain particulars of Australia's population on one card which would coincidentally enable the Government and its agencies to have easier access to those particulars.

2. Protection of Identity

I believe the photo on any card will be digital/biometric. I am also led to believe that this system is not infallible as there have already been problems with scanners at airports involving misidentification using this type of photo identity. On the basis that this is the case, what hope will there be for the "ordinary Joe in the street" if he has changed his hairstyle, grown a beard etc. and is wrongly denied access to benefits because of faults in the system mentioned above.

Additionally, I understand that digital photos will allow the "powers to be" to use computerised facial recognition software to identify people from images recorded by the ever increasing number of cctv spy cameras that people pass by almost everyday, in the street, shops, trains, buses etc.

There is no guarantee in fact that one card in lieu of two separate cards, one for Centrelink and one for Medicare, will better protect identification. Indeed, having one card only may lead to the reverse and make it easier for identity theft – particularly with the information which the cards could hold. Purses, wallets etc. can easily be misplaced/lost/stolen and as night follows day someone will find a way to access the details of the chip. People with appropriate software and talent can now produce fake driver's licenses, credit cards and many other cards/types of ID that would probably pass muster with everybody except perhaps experts. Obviously the least information on the card and in the chip the more likely a person's ID will be protected and consequently cut down on any subsequent fraud.

3. Restricting Access to Information.

Like a lot of other persons I believe that this card should not be able to operate as an Australian ID card. I can see no reason why this card need be carried on a daily basis and indeed no one is obliged to carry ID unless it is absolutely necessary eg. a drivers' licence when a person is driving a motor vehicle, a club membership card to gain entry into that club etc.

Whilst enacted legislation would presently protect the information on an access card and prevent any card being used or requested as ID by the various State and Commonwealth law enforcement agencies, outside of Centrelink and Medicare usage, there is no guarantee that this will remain the case in the future with some government finding an excuse to repeal or modify this provision. In these circumstances a provision should be incorporated in the proposed legislation that these particular provisions can only be modified etc. by a national referendum. Such a provision will prevent the Government changing this aspect of the legislation at its convenience.

I also suggest that the more cards that are carried around by a person, the more likely some may be lost or stolen. I doubt that many people like having to carry a driver's licence to a beach or similar place and being made to do likewise with an access card would only increase the opportunity for identity theft.

It is very important that this card not be requested as ID because it is a known fact that at least one law enforcement body – the NSW Railway Transit Officers kept Medicare cards produced to them as ID. Making a request to produce the Access Card an offence punishable by imprisonment is good but how and who is going to enforce this provision? Would it occur for example in the circumstances mentioned above?

I also suggest that production of access cards should not form part of a 100 point ID for the issue of a new bank account, credit card etc.

4. Prevent Fraud

An access card may decrease some fraud, however there is no GUARANTEE that it will decrease to any appreciable degree. It may well make it easier, especially if the chip can be broken into and identity theft can take place. After all there are hackers and professionals who spend a lot of time trying to and successfully cracking codes, passwords etc. and entering various programmes that they should not.

5. Loss of Card.

Provision should be incorporated in the proposed legislation which enables the replacement of lost or stolen cards in such a way that the card holder is not put through hoops or forced to pole vault (i.e. unreasonable requirements) before obtaining a replacement card. Loss of a card may in any event incur financial penalties for that card holder by not being able to access benefits.

6. General.

- **If it has not already been done, provision should be made in the legislation to continue health card benefits to persons who are not themselves a client of Centrelink and therefore do not hold a health card. These persons are nominated to receive health care benefits such as having pharmaceutical scripts dispensed at pensioner rate and bulk billing opportunities for pathology tests, X-rays, ultrasounds etc., on the health card of their respective spouses.**
- There should also be provision which allows a card holder's agent/spouse to collect scripts on that person's behalf, as is currently done now, no doubt on a daily basis. This is particularly so where one spouse is sick and unable to attend a pharmacy. Generally no problems arise, especially where the script holder and agent are currently listed on the same Medicare card.

Additionally patients in nursing homes and long term hospital patients are unable to access Medicare and Centrelink benefits on their own.

- Similarly, there should be a provision which allows the receipt of Medicare benefits on behalf of a spouse or authorized agent.
- The bill should also contain a provision where people can opt out of the Government's proposal and not be denied benefits.

I realise that the bill has been drafted on the basis of material approved by the Minister and Cabinet; however this does not preclude amendments being made to the draft before its introduction into Parliament.

Yours faithfully,



Brian Rowe