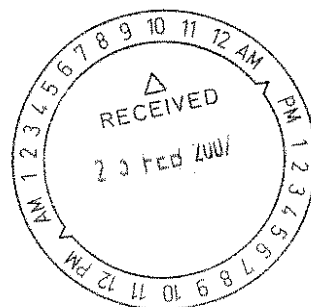


19 February, 2007.

The Secretary  
Standing Committee on Finance and Public Administration  
P.O. Box 6100  
Parliament House  
CANBERRA. ACT. 2600.



Dear Sir/Madam,

Re: Access Card Bill.

I refer to the Committee's invitation for written submissions in relation to the above matter and attach a copy of a submission dated 7 January, 2007 which I forwarded to the Department of Human Services in relation to the draft Access Card Bill. I believe it is self explanatory and I offer it as the basis of this submission. The following points are highlighted –

1. I.D. Requirements.

Most importantly, it would seem that a lot of people including myself and some Parliamentarians inclusive, of Government backbenchers, are concerned that this card could become a national I.D. card. This is despite the legislation making it an offence to ask for the card to be produced as I.D. except of course for Medicare or Centrelink/Veteran Affairs purposes. I did note in my prior submission that NSW Transit Officers based I believe at Ourimbah, seized and retained obviously illegally, Medicare cards produced as ID, probably in relation to fare evasion offences. A similar provision, although in a different context, is found in the Australian Constitution.

**I believe that the best way to prevent this card becoming a national ID, apart from what the draft legislation currently provides is to make provision in the legislation that these subject provisions can only be amended after a national referendum, with a majority of states in favour, has approved of any proposed amendment.**  
In this way the wishes of Australia's citizens will be made known to Parliament and its legislators.

Referendums are usually held in conjunction with elections and normally, the case for and against proposed changes in legislation, are distributed to Australia's citizens so that they may be informed of all the pros and cons before they vote on such a referendum. Additionally there will be a lot of views expressed in the press, on radio and TV to enable people to become as informed as they can be on the subject.

Quite frankly, along with many, many other people **I do not believe** that sometime in the future, somebody from either side of Parliament will not get up and say that because of security/threat of terrorism or some other so called compelling reason (according to them and the current philosophy/ideologies of the party at the time) to morph the card into a national ID. I do recall that we were never ever going to have GST and the incorrect information we were given by the Government in relation to the children overboard saga and, not least of all, the weapons of mass destruction in Iraq. I believe that *trust in the Government on issues like this must be minimal (except to the party faithful and the hanger ons)*.

The Attorney General recognises that this part of the legislation could be changed after the next election by a future Government. This seems to indicate to me that if the Coalition gains Government again with majorities in both houses, then the legislation will change, no doubt on the grounds of security. Bronwyn Bishop, I believe, is correct in relation to her statement in relation to the Nazification of the Government and the big brother syndrome. A national ID will no doubt be added as an addendum to the draconian anti terrorism legislation under the guise of national security.

## **2. Fraud/Loss of Card/Restricting Information.**

There is no guarantee that an access card will decrease fraud to the extent suggested by the Government. It should be possible to reduce fraud by reducing the various Centrelink cards to one.

I understand that digital/biometric photo is not all it is made out to be and that there have been misidentifications at airport scanners using this type of photo. If this were to reoccur in Medicare/Centrelink offices, people could well be denied benefits etc.

There is also no guarantee that the chip or the software will not be broken into by hackers or others. There are experts who with the appropriate software can produce fake driver's licenses, credit cards and other cards/ID which would pass muster. As night follows day things like this will occur.

It is not too difficult to lose or misplace cards, and the proposed access cards will be no different. Certainly if and when the legislation is changed and a person were expected to carry a card at all times from when you exit the "front gate" until you return home gives huge opportunities to lose it or have it stolen....leaving it in clothing at the beach is just one of a number of excellent places for it to go missing! It is actually bad enough having to take your driving licence to the beach (assuming you are the driver of a motor vehicle). It may be (and probably is) safer to leave one's driving licence in the car say under a mat then take it onto the beach! The one consolation about drivers' licences is that they do not have a chip to "break into" and thereby obtain information from it.

## **3. Combined Medicare and Centrelink Card.**

I see no reason why we should have a combined card, irrespective of certain functions coming under the administration of the same Minister. All Australians have their name noted on a Medicare Card with the exception of children and non working

teenagers. This, of course, is not the case with the various Centrelink/Veteran Affairs cards – they may involve a third of the Australian population only. The holders of veteran affair cards would only encompass a very small proportion of the population.

Certainly there should be no objection to combining all the Centrelink Cards into one or all (if there are more than one) Veteran Affairs Cards into one; but to add the Medicare particulars to those cards, I believe is completely unnecessary and seems to be an attempt by the Government to enable it and its agencies to have easier access to the information currently held on different cards in different data bases. This smells of a national data base and a precursor to a national ID.

#### **4. 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.

#### **5. Conclusion.**

*I see nothing wrong with the reduction of the various cards into two or three. Doing this in itself should reduce fraud. Notwithstanding this the Government, however seems to want to create a national data base and is using the idea of one access card as its driving force.*

I have no objections to the creation of one card only for Centrelink; one for Veteran Affairs (if there is more than one) and perhaps an updated Medicare card.

The legislation should be amended to provide that any changes to the provisions about not requiring for card/s to be produced as ID can only be amended after a national referendum has been held with a majority of people in a majority of states voting in favour of such amendment.

There should be provisions which allow persons other than the holder of an access card to put in scripts and pick up medicines and access Medicare benefits if they are properly authorised. This is currently the case as it is not possible for everyone to get

to a Chemist or a Medicare office all the time, particularly if that person is sick or in capacitated.

Likewise, provision should be provided for people who, whilst they are not the recipients of Centrelink benefits, are named on a spouse's Centrelink card as being able to receive their medicines, ointments etc. at the pensioner rate of \$4.90 per script. These persons may also have procedures like x-rays bulk billed.

Yours faithfully,

A handwritten signature in cursive script that reads "Brian Rowe".

Brian Rowe.