

ASEHA Qld Inc

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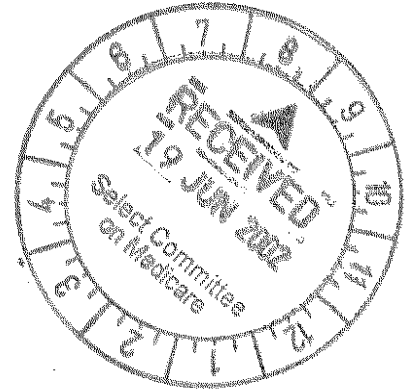
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A volunteer community organisation providing support for people with allergy, food and chemical sensitivity

A participating organisation of National Toxics Network

June 17, 2003

The Senate Select Committee on Medicare
Parliament House
Canberra, ACT 2600.



Submission Re Medicare

ASEHA Qld Inc is a voluntary organisation. It is a support group for people with allergy, food sensitivity, chemical sensitivity and related disorders. The entire membership of ASEHA is composed of chronically ill individuals and families at various stages of disability from mild to totally incapacitated.

We thank you for the opportunity to respond to the Medicare debate.

ASEHA opposes the Howard government policy initiatives that will undermine the integrity, universality and ongoing viability of Medicare. We support bulk billing for all Australians as a cornerstone of our health system.

ASEHA would like to see an independent national inquiry established to determine the future of the Australian Health care system and ensure that the community have a voice in shaping the type of health system that meets its need and provides quality outcomes for health care. Further we would like assurances that no changes will be made to Medicare until the national independent enquiry is completed.

It is not possible to separate environment from health, as the two are interdependent. Because government policy has failed to develop this country in an environmentally sustainable manner, current levels of pollution are responsible for increases in morbidity and mortality in the population. (Streeton, J A. 1997). Increases in chronic diseases such as allergy, asthma, other respiratory disease, heart disease and cancer are a direct result of rising pollution levels thus creating a higher need for health services in the community. (Simpson, R. 1995). In spite of the higher need for health care, government has not increased spending on health to deal with this. If government policies are not going to prevent significant increases in pollution and resultant disease, then they must accept responsibility for this and increase access to health care by increasing health care funding. Health care is a community responsibility.

Inequality in health care is already evident in the community with a growing health gap between the rich and the poor. Some individuals are not able to access health care for their

specific needs. Changes to the health care system have caused inequality, and as out-of-pocket health related charges increase growing numbers of Australians cannot afford access to necessary care. Co-payments have increased for GP services, medications and other services such as imaging, pathology and x-ray services that also attract a co-payment. Some other necessary services not covered by Medicare are dietetics, dental care, podiatry, physiotherapy and nursing care.

Should the government be successful in its attempt to further dismantle Medicare, we will then have a two tier system like the USA model which does not work over there and will not work here either. A two-tier system will enable only those on high incomes that can afford private insurance and gap payments to access health care. While those on health care cards will be able to access bulk billing and some low cost health care, the proposed amendments to Medicare are not consistent with Medicare being a universal health system with access to health care for all.

Under current health policy, health services struggle to meet demands. While waiting lists grow, in excess of \$2.3 billion each year goes into the private health insurance rebate. This money would be better spent if it were allocated directly to the public health system where it would be better value for money.

I would like to express dissatisfaction with regard to the adequacy of the Terms of Reference of the Senate Select Committee on Medicare, they currently lack the breadth and scope that is required for an appropriate review:

1. The Terms of Reference are reactive to Howard's proposed new policies, they are not proactive to achieving the long-term goals and outcomes that the community want from a fair, universal Medicare system.
2. The Terms of Reference in their current form lessen the likelihood of a national independent full enquiry into the health system.
3. The time frame allowed for the Senate Committee to consult with the community is inadequate.

An adequate consultation period with the community is essential to ascertain Community concerns about the proposed changes to Medicare and how they want Medicare to meet their health needs into the future. In our view, the appropriate mechanism for defining the terms of reference of the Senate Select Committee on Medicare is by consultation with the community.

Due to lack of funding and volunteers who are not constantly sick, we are unable to appear before the Senate. However, if there is some process whereby unfunded, organisations representing disabled individuals can directly address the committee, we would like an opportunity to do this.

RECOMMENDATIONS

Recommendation 1

An independent national enquiry should be established into the future of the Australian health care system so that the community determines the type of health system that meets its needs.

Recommendation 2

No changes should be made to Medicare until the national independent enquiry is completed. This is essential to allow for widespread consultation with the community to ensure:

- their views are not overlooked and
- the best possible outcome for quality health services under Medicare is achieved.

- As consumer issues are different to professional issues, any decisions made on Medicare should be consumer focused and services should be determined from consumer need.

Recommendation 3

There should be a strong consumer presence on the national independent enquiry.

Recommendation 4

The Australian government should not sign any international agreements, including trade agreements, which put our universal health care system or Medicare at risk of privatisation, foreign involvement or foreign ownership.

Recommendation 5

A co-payment at the point of service is not acceptable. More funding should be given to support and improve Medicare, our universal health care system. Access to bulk billing under Medicare should be applicable for **all patients**.

Recommendation 6

Increase Medicare funding so we can maintain and improve our universal health care system. When initiated by the Labor Government, Medicare worked better than the more expensive USA two tiered system. Increased funding for Medicare could also establish Denticare to allow low-income earners access to local dentists and reduce queues at public hospital dental clinics.

Recommendation 7

Discontinue the private health insurance rebate and put the money into the public health care system.

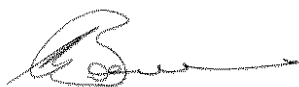
Recommendation 8

There are new and emerging diseases in the community that are not taken into account when health services are being planned and funded. These are often areas of unmet need that have both medical need and disability need. Direct consultation should be undertaken with groups in areas of unmet need and this should assist to ensure there is service provision for them. While there are safety nets in place in an effort to prevent exclusion of individuals with such diseases from service provision, many of them fall through the safety nets and cannot access appropriate or necessary care. Better quality assurances need to be built in to Medicare to ensure that people with new or emerging diseases are not disadvantaged in health care and can access appropriate services.

References

Simpson, Rod and London, J. Investigators. (1995) An economic evaluation of the health impacts of air pollution in the Brisbane City Council area. *Report to the Brisbane City Council*
Streeton, Jonathon. (1997) A review of existing health data on six air pollutants. *Prepared for the National Environment Protection Council*.

We thank you again for the opportunity to provide a submission and look forward to hearing from you in the near future.



Dorothy M. Bowes (Mrs)

Submission prepared by Dorothy M. Bowes for ASEHA Qld Inc June 17, 2003