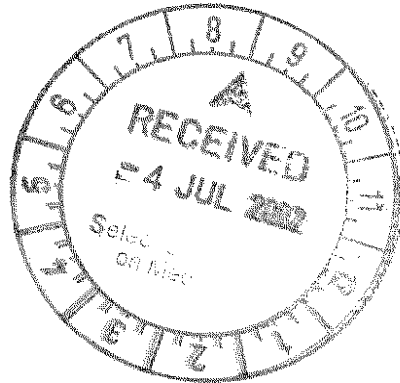


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Our Ref: 13/23/0005

Senator Jan McLucas
Chair
Senate Select Committee on Medicare
Parliament House
CANBERRA ACT 2600

Dear Senator McLucas

SENATE SELECT COMMITTEE INQUIRY ON MEDICARE

Thank you for your letter seeking a submission from Victoria to your inquiry.

The Government of Victoria, as do Victorians generally, sees Medicare as a vital part of Australia's overall health care system. Most importantly, we see Medicare as the key to all Australians having timely and equitable access to essential medical services, regardless of where they live and of their capacity to pay.

The Government believes that, since its introduction in 1984, Medicare has served Australians very well indeed. Particularly through bulk-billing, it has done a great deal to ensure that Australia has avoided going down the American route of a two-tier health system, where those who can afford to pay get better treatment than those less well off.

While programs such as Medicare need to adapt to stay responsive to community needs, Victoria is concerned to ensure that Medicare is not devalued or destroyed by proposed changes that potentially:

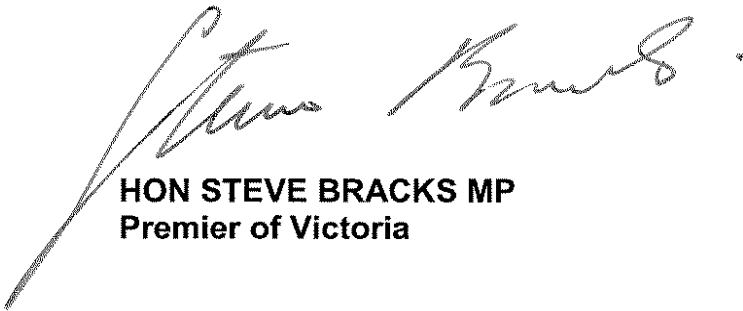
- Undermine universal access to health care and create two tiers of access to Medicare;
- Shift part of the responsibility for providing free GP-type services to the States and Territories, through increasing the demand for public hospital emergency departments;
- Make it easier for doctors to increase what they charge non-concessional patients, and contribute to health cost inflation; and
- Indicate the Commonwealth's effective abandonment of a cooperative national approach to health care reform.

Victoria would welcome an opportunity for our Minister for Health, the Hon Bronwyn Pike MP, to make a presentation and discuss related issues with your Committee when it conducts hearings in Melbourne. I have asked the Minister to make appropriate arrangements with the Committee.

I should also note that the Victorian Parliament's Family and Community Development Committee is conducting a related inquiry on *The impact on the Victorian community and public hospitals of diminishing access to after hours and bulk-billing general practitioners*. This Committee's terms of reference are attached for your information.

Thank you again for your letter.

Yours sincerely

A handwritten signature in black ink, appearing to read "Steve Bracks", written in a cursive style.

HON STEVE BRACKS MP
Premier of Victoria

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

THE IMPACT ON THE VICTORIAN COMMUNITY AND PUBLIC HOSPITALS OF THE DIMINISHING ACCESS TO AFTER HOURS AND BULK-BILLING GENERAL PRACTITIONERS

The Committee is asked to inquire, consider and report on:

1. The decline in the bulk-billing of general practitioner (GP) services in Victoria since 1996;
2. The increase in patient presentations to public hospital emergency departments in Victoria since 1996, and the extent to which this includes providing types of medical services that normally would be provided by a GP in a primary care setting (GP-type services);
3. The causes of increased presentations to public hospital emergency departments in Victoria since 1996, including difficulties in patients gaining access to bulk-billed and after-hours GP services;
4. The availability of after-hours GP services in metropolitan, regional and rural Victoria;
5. What effective measures can be taken to reduce the number of presentations to public hospital emergency departments consistent with maintaining the principle of universal access of eligible persons to health care free of charge at the point of access; and
6. The extent to which Commonwealth and Victorian legislation may affect Victoria's ability to develop and implement effective and patient-centred solutions to relieve the pressure on public hospital emergency departments to provide GP-type services.

In considering this reference, the Committee should examine:

1. Available bulk-billing, patient out-of-pocket expenses and emergency department data at regional and local levels, highlighting where bulk-billing rates are lowest and where emergency department presentations for urgency categories 4 and 5 are highest;
2. The respective roles and responsibilities of the Commonwealth and the Victorian governments;
3. Relevant Victorian and Commonwealth policies and legislation, including the 1999-2003 and 2003-08 Australian Health Care Agreements; and
3. Innovative and relevant models of care and service delivery in other Australian States and Territories, and overseas.

The Committee is to report to the Parliament by 30 June 2004.