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FACSIMILE TRANSMISSION  
TO : FAX NO : 02 62773830  
THE SECRETARY  
SELECT COMMITTEE ON MEDICARE  
SUITE S1 30  
PARLIAMENT HOUSE  
CANBERRA ACT 2600

FROM :-  
MR. JOHN RANGLES.  
12, RESERVE ST,  
BICTON, W. A. 6157.

23/07/2003.  
NO PAGES ; THREE

Dear Sir/Madam,

Re : Senate Select Committee on Medicare.

Below please find my written submission to the above committee.

With the recently Federal Government announced proposals to change Medicare as we presently know and understand it, these proposed changes appear to be the commencement of a fairly drastic restructure of the present affordable national health scheme.

These envisaged structural changes if pursued, will eventually force the present Government into an ideological driven distinctive choice of :-

(1) : To continue further down the path of the present European style welfare type of national health service, that is, a national socially organised effort to protect the health of the whole population, substantially financed by the taxpayer, with the holistic principle, that all health services should be available to the general public according solely to medical need without recourse to the individuals financial capacity to pay.  
The European style health service is of course very closely allied to our present Medicare system, although this present Medicare system is perhaps not quite as embracing, as say for example, the British NHS.

Or : (2) : The American system of privately financed cost of services which lies with the individuals capacity to pay.  
Most working Americans are obliged to suscribe to health insurance plan payments shared with employer and employees.  
An American Government Medicare system is in place which is voluntary and only applies to those over 65 years of age. A weekly membership payment of some US\$25 per week is compulsory and not all medicos participate.  
The total national health coverage is said to be 34% easily covered for most eventualities, 46% would experience difficulty with a long illness, and 20% have no cover.

My wife and I are self-funded retirees, also receiving a small part pension from both the British and Australian Governments.  
Our total combined income is about A\$17,843.00 per annum.

We have lived in Australia for over 52 years, we are both Australian citizens, we have until last year , always paid income tax, of course we now pay GST.

Prior to the Whitlam Government years, we managed our health care requirements through a combination of the Public Hospital System and by contributing to a Friendly Society Health Insurance Scheme with Pharmaceutical benefits. At that time we were young and quite healthy.

With the introduction of Medibank, Medicare and Medibank Private, we were quite jubilant, at long last a national health scheme, although not as far reaching as the European schemes, it was a vast improvement on the quite ad hoc previous private individual insurance schemes.

We have always believed that Australia as, and to be, a first world nation should have a comprehensive taxpayer funded national health service.

Medicare with its bulk billing provision we found to be a fair and reasonable national health service and since its inception we have actively sought out GP's who routinely bulk billed, utilising their services.

We are also members of Medibank Private, and have been members since its inception. We joined this institution mainly for its ancillary and hospital benefits deficient or absent with Medicare.

When both my wife and I were working, to pay Medibank Private premiums was not really a hardship, but right now, just when we need the health benefits the greatest, we find with our greatly reduced income, the premium payments are a monetary burden we can barely afford.

Our combined weekly income is about A\$350 per week, out of this sum, we pay a premium to Medibank Private of some A\$40 per week, this figure after the Federal Government 30% rebate.

To add insult to injury, we now pay an extra \$10 per consultation to our local GP, notwithstanding we are Pension Concession Card Holders, needless to say we think twice before seeking medical advice. In this day and age and at our time of life, what an outlook?

We consider this extra fee an imposition and strongly object to paying it.

We firmly believe that the present Federal Government should not fiddle around with the present Medicare, but if it is required, any change should be an improvement, should be uplifting and constructive in its approach, and most certainly before any major change, the Government should seek widespread community involvement.

Medicare at present, remains a universally funded and immensely accessible system.

Perhaps the medicos are underpaid with the Medicare Rebate, perhaps the Federal

Government should pay them more ?

Perhaps this increase could be funded by an increase in the Medicare Levy Tax ?

Of course with the present Government's recent tax reduction this proposed Medicare Tax Levy increase may not be the flavour of the month ?

We understand the British NHS in 2002 paid individual GP's in multiple partner practices an average individual payment of over GBP60,000.00, which then was about A\$ 170,000.00.

The AMA would naturally be in contact with the BMA and would most certainly be aware of these payments.

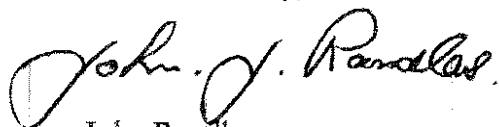
The British NHS, contrary to what is published in the Australian newspapers, is recognised by the World Health Organisation as one of the best national health services in the world and as such has a lot to offer as an example to other countries.

What is quite certain and again recognised in world health organisations, is the United States model is certainly not one to be copied.

I realise this written submission is dated after the said closing date, unfortunately I did not receive the Terms of Reference by mail from my Member of Parliament until the 21st, July, 2003.

I therefore trust you will accept this late submission and I thank you in anticipation.

Yours Faithfully,



John Randles.  
Bicton. W. A.