



26 June 2014

Dear

Re - Medicare co- Payments

I am writing on behalf of the Hobart Women's Health Centre about our concerns regarding the Medicare co-payment proposal. Our Centre is a not for profit health promotion charity which has offered a wide range of services to Tasmanian Women for over 26 years. We also have a role in systems advocacy based upon the needs of women and in particular we advocate for a gendered approach to research, service provision, diagnosis and treatment.

We are aware of the difficulties of meeting the high and increasing needs for health provision in Australia. Changing demographics, a dispersed population and the increasing cost of high quality provision are all contributors. There is no doubt new and innovative ways must be found to maintain the high standards Australian expect and to plan for the future.

The proposed co payment may seem like a good solution to the issue but we consider the proposal flawed on a number of counts.

1. Currently there are many ways in which many Australians contribute to health care, through their general taxes, through the Medicare levy and in many cases in additional payments to their GPs and to private allied health providers. Additionally some Australians also pay for private health cover. Therefore the current system is based on either income or personal choice or both and it is at least transparent in its attempt to align payment with income. **For those least able to pay \$7 per visit will be a barrier contrary to the intention of Medicare.**
2. Currently those on a **low income or pensioned** may see a GP and be bulkbilled. This option is however limited in Tasmania with an increasing number of **GP providers ceasing to take bulk billed patients**. In order to assist disadvantaged women and their families the Hobart Women's Health Centre aims to keep a list of bulk billing doctors but even those who will take new patients are reluctant to "advertise" the fact for fear of attracting only bulk billed patients thus affecting their viability as a practice.
3. Additionally we know anecdotally women are more disadvantaged because of their nurturing role in many families. **Women are over-represented as carers** in our society (77% of carers are women) and they will often put their children or other family members, the aged or those with mental health issues and disabilities, ahead of themselves. As a result carers have lower health outcome than the general population.
4. We are also aware that many other Tasmanians **attend a GP appointment and then struggle to find the funds for treatment or prescriptions**. Our centre sees many women with chronic mental health and disability issues. For most healthy Australians visits to the doctors and medication prescription are rare. However although some built in limits seem reasonable for those with chronic conditions those limits are unrealistic. We regularly speak to women with mental health issues or complex and multiple conditions who need to see their doctors or other health professionals up to three times per month.

5. Increasingly a visit to the Doctor involves extra expense on top of the consultation. With advances in science and a reluctance to rely solely on experience and observation, the GP now has a plethora of diagnostic tools and referral points. These have become an **increasing financial burden in terms of out of pocket health costs**.
6. For **rural and remote communities** much of the allied health, pathology and treatment requires the inconvenience and cost of travel and sometimes an overnight stay away from family. Very few of these expenses are fully covered by Medicare.
7. As a Health Promotion Charity Hobart Women's Health Centre is convinced a **sustainable health budget must prioritise Health prevention and promotion** in the long term. Unfortunately women will forego many of the preventive procedures such as Pap tests if the number of Medicare visits is limited and funds are low. GP is the primary health care provider for most families and their early intervention reduces costs to the health care system.
8. Australia's health system is the envy of the world. **The universality of health care is essential to a civil society**. The proposal not only threatens universal health care but it also affects the economically disadvantaged disproportionately who are already the most vulnerable to poor health outcomes and access to care.
9. The means by which GP clinics collect the co-payment and track the number of visits by individuals has not been described by the budget proposal but **it is doubtful the processes will be cost effective for small practices** in particular. The administrative load on GPs is already high and this impost is likely to be a further burden with the added potential to cause conflict with patients. Additionally **the administrative cost to Medicare** to monitor visits, implement changes and collect these payments **will not be cost-effective**.
10. The purpose of this co- payment that is to provide **funds for medical research** may seem admirable but it should not come at the expense of those least able to pay.

The Hobart Women's Health Centre respectfully requests honourable members of the Senate to consider this proposal very carefully. Many of you will be getting to know your constituents for the first time; you will find many of them are deeply concerned about this proposal.

- This is not a move towards greater equity.
- It will not provide better access
- It will not increase timely primary health interventions
- It will not encourage health prevention and promotion strategies
- It will not cut red tape and
- The proposal is not a solution to providing a cost effective, equitable and efficient health service for all Australians. Nor is it the best means of funding health care in Australia.

Please use your vote creatively and with respect for those most likely to have poor health outcomes in our society.

Yours sincerely

Glynis Flower
Executive Officer