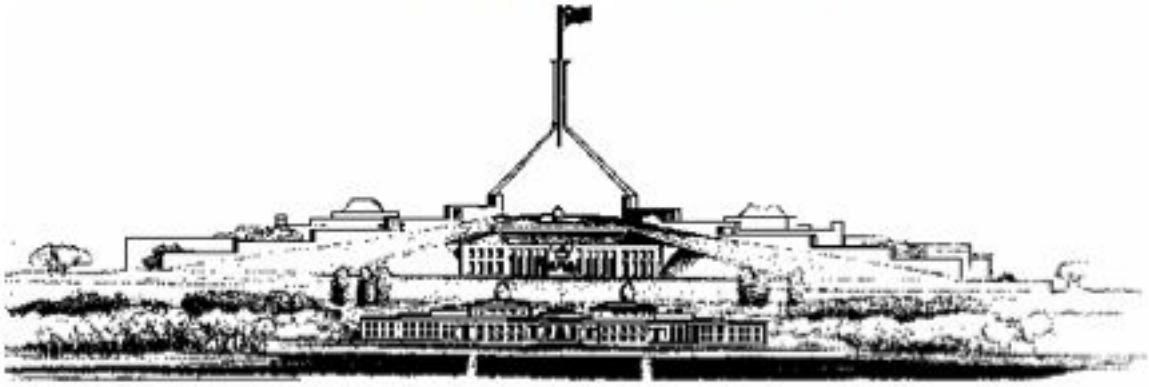
COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

BILLS

National Health Amendment (Pharmaceutical Benefits) Bill 2014

Second Reading

SPEECH

Tuesday, 15 July 2014

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date	Tuesday, 15 July 2014	**Source**	House
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Questioner		**Responder**	
Speaker	Snowdon, Warren, MP	**Question No.**	

Mr SNOWDON (Lingiari) (20:00): It gives me not exactly pleasure to speak to the National Health Amendment (Pharmaceutical Benefits) Bill 2014, because I think it is an affront to us all; however, I think it is good to be reminded of what this bill is actually about. Its purpose is to amend the National Health Act 1953 in order to increase the co-payment and safety net amounts for items listed under the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme. The bill will increase the co-payment for general patients by $5 to $42.70, the co-payment for concessional cardholders by 80c to $6.90, the safety net for general patients by 10 per cent each year for four years and the safety net for concessional patients by prescriptions each year for four years.

As other opposition speakers have said following the member for Ballarat's contribution, Labor will be opposing this $1.3 billion tax increase on medicines because, like the GP tax, it will hurt every Australian, particularly the sick, the most vulnerable and the disadvantaged. As I have pointed out on a number of occasions in this place, there are far too many of those people in my own electorate. The government wants us to pay a GP tax for doctor visits as well as for pathology and medical imaging, and now in this legislation it seeks to increase our contributions for essential medicines. What I do not think is commonly understood is the massive disincentive these measures will have on people accessing medicine or, indeed, the suite of measures which the government has introduced as a disincentive so that people will not attend their doctor, their GP, not get the pathology tests, not do the preventative health things that are very important for people in order to manage their own health and also not get the medicines that they require to look after their own health or that of their families.

The Prime Minister has said in this place that this is a demand reduction exercise; this is about getting people not to go to the doctor. Indeed, ultimately this will mean less call on the Pharmaceutical Benefits Scheme. It appears that this is how the government want to get its savings while, at the same time, increase the revenue they receive from the Pharmaceutical Benefits Scheme as a result of increasing the co-contribution levels. They are doing this while, at the same time, telling us that the budget is in crisis—but then they are having this money diverted to a health research fund. They are not actually addressing the issues to do with the bottom line. I want to commend the member for Blair for his contribution earlier, where he pinpointed this very clearly. It is totally unacceptable for the government to continue this farrago of untruths about the state of the budget and the reasons why it is seeking to have every Australian pay these co-payments when the moneys are not going to be used to alleviate the budget crisis. That in itself is evidence enough of the hypocrisy involved in these proposals.

I want to concentrate for a moment on the range of measures which the government has engaged with here in the health portfolio. We know that $50 billion worth of cuts have been proposed. These will have an enormous impact on every Australian family. But if you recall the COAG Reform Council report released in early June, it found that we already have a situation where 8.5 per cent of people in 2012-13 delayed or did not fill their prescription due to cost—that is, almost 10 per cent delayed or did not fill their prescription due to cost. In disadvantaged areas, this figure is 12.4 per cent, and amongst Aboriginal and Torres Strait Islander Australians this figure is 36.4 per cent. Let us just see what this means.

We are asked to believe by this government that the Prime Minister is concerned about the state of Aboriginal and Torres Strait Islander health, that he believes in closing the gap in life expectancy and infant mortality and in generally improving the life outcomes for Aboriginal and Torres Strait Islander Australians. This very measure on its own operates to undermine that objective most directly. We know that 36.4 per cent delayed or did not fill their prescription. What does this mean? It means that people are taking decisions about things that directly affect their health, their families' health or their children's health that potentially jeopardise their health outcomes as a result of already not being able to afford the medicine that they should be taking. Yet now we have this government seeking to penalise these people further by ensuring that this percentage of 36.4 per cent will increase —nothing could be surer.

It is worth contemplating again a quote I have used previously in this place from an AIHW report released in the last couple of months. It refers to the social determinants of health and how they restrict an individual's ability to access health services. On page 332 of that report, it states:

Cost is a commonly reported barrier to accessing health services by Indigenous Australians … and low levels of income can discourage people from seeking medical care and paying for ongoing medical costs …

It is very clear. People of low income will make choices. Inevitably, that will mean that the most vulnerable in our community, those who have low-socioeconomic outcomes or little access to resources, will have their health disadvantaged as a very direct result of these measures. The government sees nothing wrong with that. It still parades its farrago of untruths about the state of the budget and it will use the resources that will accrue out of this measure not to address the health outcomes of people or to address issues to do with the bottom line—not for either of those—but for health research.

This measure is on top of other measures that directly affect Aboriginal and Torres Strait Islander Australians. At least $160 million has been cut from health programs by this government in this budget, according to its own budget papers. The government disavows that. It keeps saying that there are no cuts to health and no cuts to education. It is very clear in its own budget papers that there are. In the context of Aboriginal and Torres Strait Islander health there have been $160 million worth of cuts. At the same time that it is cutting these health programs the government is saying to Aboriginal and Torres Strait Islander Australians, who can least afford it: 'You will pay more either in co-payments at the medical practice, if you have access to one, or alternatively, once you have been to the doctor, for pathology or other services. If you need medicines there will be an increased co-payment for that.' The result is inevitable. This is not the only area in which the government is penalising the most vulnerable people in our community.

I will turn to another area which relates directly to this—mental health services. In Central Australia, Aboriginal people with mental health issues living in 10 remote Aboriginal communities and more than 50 little outstations west of Alice Springs in the western desert region of my electorate, from Docker River and Mutitjulu in the south to Kintore and Papunya in the north, have for more than six years had access to a primary mental health service which meets most of their mental health needs. This has been achieved under the Mental Health Services in Rural and Remote Areas program, known as MHSRRA. The Northern Territory Medicare Local took over provision of this program from the General Practice Network during 2012-13. The network had been operating the service since 2008. The service was subsequently contracted out to the Royal Flying Doctor Service in 2013-14, and the experienced mental health team transferred from the NT Medicare Local to the RFDS with no loss of continuity in services for these remote communities. This clinical mental health service not only has met the stated objectives of the MHSRRA funding guidelines, to provide access to mental health services for people living in remote areas, amongst other goals, it has also found a way to provide an excellent, innovative, culturally safe clinical service which each of the 10 communities reports they are happy with and want to see continue. The service to these communities in my electorate has attracted and retained a stable group of highly skilled, dedicated and experienced practitioners.

Mental healing takes time. These patients usually need to have access to the bonded therapist for at least two years. Continuity of the relationship is essential. The consequences of not doing this are dire and can lead to suicide attempts and other setbacks. Yet now the rollover funding for this program has been denied. Minister Dutton said he would roll over funding for the program. That has been denied. The Prime Minister promised before the election that he would not cut frontline health services. This is a frontline health service. Its funding has been cut. As a result of the funding cut, the RFDS has had to withdraw from providing this service. The Medicare Local is looking for another service provider to provide the service at around half the funding that was previously available. In the meantime these communities are not being serviced.

Whose fault is that? It is not my fault. It is Minister Dutton's fault. It is Prime Minister Abbott's fault. And despite their protestations that they have not cut funding to health, here is yet another example where funding to an essential frontline service has been reduced, jeopardising the service for people who live in some of the most remote and underprivileged communities in this country. We are talking about mental health services. Those opposite talk about their concern for and understanding of the needs of these people. In fact they show that they do not care. We need to get the government to understand that this service is an essential service. We need to get it to provide sufficient funding to allow the RFDS to continue to provide the very high quality service that has

been provided previously to these communities, firstly through the Medicare Local, then as a result of funding to the RFDS.

We cannot accept the proposition that, somehow or other, having fewer resources available to these mental health services will give a better mental health outcome for these people. It clearly will not. It is an absolute disgrace that the people who most need access to these services, who live in remote parts of Australia, have effectively been denied access to these services because of this reduction in funding.

There can be no excuse. I do not care what state the budget is in; this is an essential service. You would not tolerate this if it were on the North Shore of Sydney. But it is not on the North Shore. It is in small, remote, isolated Aboriginal communities where people are underprivileged and disadvantaged and have high levels of chronic disease which as a result of the GP co-payment issue are likely to go unaddressed for long periods of time and which as a result of the co-payment issue from medicines will mean that they do not buy medicines to address their chronic disease. At the same time, they will not be seeking access to doctors and other medical professionals to undertake preventive health checks, because they will not be able to pay or will not be prepared to pay the co-payment.

Whose fault is this? Again, it is not my fault; it is not the Leader of the Opposition's fault; it is the Prime Minister's fault and the fault of Minister Dutton. They will not own up to that responsibility, they will not accept that responsibility, they will obfuscate and they will tell us all sorts of porkies about what in fact is happening, but we know, on the ground, what the impact of these measures will be.

The people of Australia are not fools. They can see right through the rhetoric coming out of this government and they understand the impact these changes will have on them and their families. I say to the government: it is not too late to change your ideas. You need to fix this issue and remove this ridiculous prospect of a co-payment on medicines.