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HOUSE OF REPRESENTATIVES
MATTERS OF PUBLIC IMPORTANCE

Medicare: Bulk-Billing

SPEECH

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Questioner
Speaker Gillard, Julia, MP

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Ms GILLARD (Lalor) (3.18 pm)—Today's matter of public importance is about the most important issue to Australians: the future of their health system, of Medicare and of bulk-billing. Under the Howard government, under this Minister for Health and Ageing, Medicare is dying. Earlier this week we finally got more figures which prove it. On Tuesday this week—Melbourne Cup Day—we finally got a new set of bulk-billing figures. I suppose we can explain the timing: it was partly because we had asked about it in this House the day before and partly because Melbourne Cup Day was a good day to sneak these figures out.

What the figures show is that, from June last year to June this year, over 12 months, bulk-billing has collapsed 5.4 per cent, just in that period. Of course, because bulk-billing is collapsing, it means that there were 2.5 million times when Australians did not get bulk-billed in the period. There were 2.5 million fewer bulk-billed consultations. What happens when bulk-billing goes down? The out-of-pocket expenses charged to Australians go up. They have gone up by more than 10 per cent on these figures.

Behind the national figures are dozens of local stories. Let us look at Dobell: it has had a fall in the bulk-billing rate of 31 per cent. Let us look at Shortland: it has had a bulk-billing rate fall of 34 per cent. The fall in the bulk-billing rate for Ballarat is 34 per cent; for Dunkley, 39 per cent; for Brisbane, 29 per cent; for Dickson, 37.4 per cent; for Kingston, 28 per cent; for Adelaide, 28.5 per cent; for Canning, 21.4 per cent; and for Canberra, 30 per cent. Do you know what that means? Clearly, it means that, despite all of the carry-on by this minister and the minister before him that the Howard government was concerned about getting access to bulk-billing for concession card holders, there is no way that concession card holders are being bulk-billed in those places. Concession card holders use about 50 per cent of GP services. So, if the bulk-billing rate is less than 50 per cent, that means concession card holders are presenting at the GP and not getting treated unless they pay. That is what those figures mean.

These figures were hidden by the government for more than a month. And no wonder—you would be hiding those kinds of figures! I am not surprised that the minister was ashamed. But he was not too ashamed to come into this House yesterday and, absurdly, try and claim that bulk-billing rates now are not a problem because bulk-billing rates now are not less than the average over the life of the Hawke and Keating governments. What a ridiculous claim, Minister! What you do not seem to want to understand is that Labor built Medicare and put it in place. Then, of course, bulk-billing rates climbed up and up. Under your government, they have come down and down.

If you are under any doubt, just have a quick look at the graph showing bulk-billing rates going up under Labor and down under this government. You can take an average; you can take a mean; you can take a median; you can take the confidence interval; you can do any sort of economic modelling you want to—any sort of statistical trick—but you cannot hide the simple truth that they were going up under Labor and they are going down under your government. So do not come in here anymore with these nonsense statistics.

While we are on the subject, let us look at the example in question time today of what happens when people cannot find a bulk-billing GP, because I do not think you understood the member for Shortland, Minister. What she is talking about is an acutely ill boy whose mother in Sydney is ringing around doctors trying to get him an appointment and a doctor's surgery says, 'The best thing you can do is get in an ambulance and go to a public hospital.' The mother comes from Sydney, picks up the boy and drives him to where they can find a doctor. That is the sort of access people are getting. Now your answer is to say, 'Go to the hospital.' Well, I would like to see you say that at a meeting of state health ministers, because the public hospital system does not need people with GP style complaints flooding into it. GPs frequently see people with a fever who are vomiting—that is one of the things that they actually deal with day in and day out. That sort of medical incident should be dealt with by good access to a GP and good access to a bulk-billing GP, but that is not what is happening under this government. To say, 'Let's just shift the pressure to state public hospitals,' is hardly an answer to the acute problems that are affecting the public hospital system or the Medicare system.

We all know that under this minister Medicare is dying, that under this government bulk-billing is dying and that the health care system is in acute crisis. That is what is happening under this minister. And we know that this minister cannot answer very simple questions about bulk-billing and about what should be happening with bulk-billing. What we do know is that on Sunday when he was on a TV program he was asked about bulk-billing. Glenn Milne asked the minister:

What is the target here on bulk-billing, because that's the objective, isn't it—to increase the rates of bulk-billing?

And the minister said:

I don't think you should assume that, Glenn. Bulk-billing is a matter between patients and doctors.

That is what the minister said about bulk-billing on Sunday. By the time he was in the House yesterday the tune had changed and he said:

Let me make this point very clear: bulk-billing is important and bulk-billing should be available ...

Well, Minister, it is not the world's most complicated question: do you support Medicare and do you support bulk-billing? It should take about two seconds of thought to say yes or no, and the answer should be the same on Sunday as it is on Wednesday—and the answer should be yes. But you cannot say on Sunday, 'Hands off, it is nothing to do with government; it is all about patients and doctors,' and then on Wednesday wander in here and say that you actually care about it. So, Minister, try and get the lines right and tell us what the answer really is. If you were to tell us anything like the truth, we know what the answer would be. The answer would be that you do not support Medicare and you do not support bulk-billing. No amount of trickery and moving the wording is going to cover that up.

Bulk-billing was always the backbone of Medicare. This minister might like to deny it, but it was always the backbone of Medicare. Medicare had two principal promises: (1) that Australians would be able to get reasonable access to bulk-billing—not that every doctor would bulk-bill, but that people would get reasonable access; and (2) that people would be able to be treated for nothing in public hospital emergency departments. They are at the core of Medicare. We know the Prime Minister and this man acting on his behalf are opposed to Medicare, but at the moment they are engaged in a bit of political trickery. What they are doing is this: this man who is routinely portrayed in the media with his boxing gloves on has been told by the Prime Minister: 'Peel them off. Put the kid gloves on. I want you to wear the kid gloves until the election. If we win the election, we will strip the kid gloves off, put the boxing gloves back on and get back down to business.' But for the next few months this minister is going to have the kid gloves on. It is going to be an unusual sight. There are going to be moments when he is not going to be able to sustain it and will reach for the boxing gloves again, but for a while he is going to have the kid gloves on.

And I can tell you, I reckon, word for word what he is going to say during that period. He is going to manage to stutter out from time to time that he cares about bulk-billing, like he managed to stutter it out yesterday. And sit tight, because I would bet a lot of money that sometime before the next election we will see him making an announcement about supporting bulk-billing. I would not be surprised if it is targeted to health hotspots that happen to coincide with marginal seats, and I would not be surprised if it is targeted to electorally sensitive groups like families with children, but he will manage to make an announcement about bulk-billing, and immediately after the election when the boxing gloves come back on the bets will be off and that program will be terminated. But wait for it. That is what is going to happen.

I will tell you the second thing that is going to happen. He is going to make a work force announcement about health hotspots around Australia—once again, those in coalition marginal seats. And that work force announcement is going to look a lot like Labor's Medicare teams. It probably will not be as good—a pale imitation—but it will be a work force announcement around that style. And when he makes it, with the kid gloves on, it will be done in the full knowledge that after the election, when the boxing gloves are back on, that will be cancelled and those services will not be delivered.

Mr Abbott—What's your evidence for that?

Ms GILLARD—Your reputation is my evidence for that: the man who said, 'Don't trust politicians,' meaning himself, and the man who set up Australians for Honest Politics and then did not tell the truth about it. That is my evidence. But let us wait for those announcements. And I will tell you what the next announcement is going

to be. He is going to spend a lot of time wandering around public hospitals looking concerned. This will not only be Tony with kid gloves; this will be Tony in a white coat with a stethoscope looking like he is concerned about public hospitals—that is what is going to happen next. But let me tell you, when the white coat comes off and the boxing gloves go back on after the next election—should this government win—what will be on the table then. I reckon it will be means-tested fees for public hospitals—that is what will be on the table then. Just like Fraser did, just like Menzies did, just like the Prime Minister did when he was Treasurer of this country and just like the system of health that the Prime Minister described on TV recently as a very good system, means-tested fees for public hospitals will be introduced. The Prime Minister's track record—

Mr Abbott—That is a state government matter, surely?

Ms GILLARD—If you knew anything about the health system it would be a little bit of assistance. You ask Prime Minister Howard about how he was Treasurer in a government that forced the states to have means-tested fees on public hospitals. You just ask him, because you might learn something. That will be the next thing. Then there will be more practice nurses around the place. There will not be a nurse in Australia who is safe from being cuddled by the minister for health in front of a TV camera between now and the next election. The ones in Parliament House particularly are living in fear. He will be there saying he loves nurses, and there will be more nurses around the place. Lay your bets on that; it will be better than the Melbourne Cup. But after the next election it will all be different and the nurses will not be there either.

Let me give you another tip. It is an unusual tip about private health insurance. The party of private health insurance are going to find little ways of weaselling out of paying the full rebate. They are already doing it. The question the minister did not seem to understand in question time today was about this departmental document. You have not read it, have you? And you did not read the *Daily Telegraph* report about it.

The DEPUTY SPEAKER (Hon. I.R. Causley)—The member for Lalor will address members by their seat or their title.

Ms GILLARD—Sorry. Undoubtedly, the minister for health has never seen this. He has never read it, because, if he had, he would understand this: your government is entering into an arrangement where private health insurers will define one medical device in six categories and that is the one they will fully fund. If you want the better one, you will pay the gap. The Leader of the Opposition used one of those examples today, which was a gap in the thousands of dollars. The party of private health insurance has a secret plan, outlined in a leaked document, to undermine private health insurance. And that is before the election—or maybe this was going to stay in the cupboard until after the election.

Ms Hoare—With the boxing gloves.

Ms GILLARD—My colleague reminds me that that is probably in the same cupboard as the boxing gloves. Between now and the next election, this minister will be there saying, 'I love private health insurance; I support private health insurance,' but, when it comes to delivery time, if the Howard government is re-elected then there will not be that much support for private health insurance because this plan will be out of the cupboard. The truth is that he might not actually know much about that because they have not told him the plans yet, but sooner or later they will let him know that is the plan for private health insurance.

The truth is that the only way of supporting the Medicare system and the only way of ensuring bulk-billing is to return the custodianship of it to the party that built it and believes in it. Return it to the party that is not pretending to support it for a political fix but that actually supports it and has plans to make it work for the 21st century. The choice is clear: a health care system renovated and renewed or a series of political fixes which, as soon as election day comes, will be swept aside and Medicare will be destroyed. (*Time expired*)