



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**HEALTH LEGISLATION**

**AMENDMENT (MEDICARE) BILL 2003**

**Second Reading**

**SPEECH**

**Thursday, 4 December 2003**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Page** 23781  
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**Speaker** Gillard, Julia, MP

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**Ms GILLARD** (Lalor) (10.45 am)—For a government that has plumbed the depths of new lows of contempt for this parliament, this is the worst moment. The Health Legislation Amendment (Medicare) Bill 2003 is nothing to do with health care; it is nothing to do with Medicare; it is a political stunt from a minister who was put in not to run the health system but to engage in a political fix for the next election. Of course, he would not show a level of interest to actually sit here during this debate, because he does not know and does not care about the health system in this country. He is there for one reason and one reason alone, and that is to shove in a political fix for health in the run-up to the next election.

We also know, as we have proved in the last few moments, that the government backbench does not care about health either. Here they have their minister supposedly moving a major package of amendments in this House and there is not a quorum, because they are too disinterested in health care to even sit and listen to their minister present what they believe is a major package. Every member of the coalition backbench stands condemned today for not showing any level of interest in this debate. This is a political fix—nothing more, nothing less. It has been premised on a foundation of untruth, and I am going to expose that now.

Let us go back to the beginning when we had Minister Patterson and the so-called, grossly misnamed, A Fairer Medicare package. We know what that was about. Under the spin of the so-called A Fairer Medicare it was about seeking to destroy the Medicare system. That was in the May budget initiatives, and Labor and the community campaigned against it. Whatever this government believe, whatever they think about health policy, Australians believe in Medicare. Australians know that this Prime Minister has for all of his political life been completely opposed to universal health care in this country, that he has always wanted to go back to a system which he very recently described as a good system—the system pre-Medibank, when people could not get access to bulk-billing GPs, when people faced means testing for public hospitals and when people were jailed for medical debts. That is the sort of health system that the Prime Minister thinks is a very good health system, and he is on the record as having said so. He wanted to take a step towards that health system, a step towards means-tested Medicare, and then, if he had got that through, he would have taken the next step towards means-tested public hospitals—because that is what this Prime Minister has believed in all of his political life.

So he instructed Minister Patterson—'Patterson's curse', the Prime Minister's patsy—to run up the flag, the so-called A Fairer Medicare package. Under all of the spin it was about the destruction of Medicare, and Labor exposed it to be so. Then the Prime Minister, still seized with the need to destroy Medicare, thinks to himself, 'This isn't working; I've got Minister Patterson going all around the country trying to defend a package that Australians have seen through I had better try something else.' The appointment of Minister Abbott was the something else, and his instructions to Minister Abbott could not have been clearer. His instructions were: 'Don't care about the health system; don't care about the health of Australians; I am completely disinterested in that. You've got two tasks, Minister, and those two tasks are: try and do something about health because it is running badly for us as a political issue and try and get the destruction of Medicare under way because that is where I want to take us. I want to get us through the next election pretending we believe in Medicare and then after the next election it will be back to business, back to the destruction of Medicare.'

Under those political instructions this minister put together the 'MedicareMinus' package, and the amendments necessary to implement that package were moved in the Senate. Now, the Senate did the right thing—Labor did it willingly, cheerfully and immediately and so did some of the Independents, and the Democrats ultimately did it—and said that this package, which is for the destruction of Medicare, needs to go out to the community for commentary. People in the Australian community—doctors, nurses specialists, people in emergency departments, people in maternal and child health services, people who immunise babies, people who provide Indigenous health services—all have a right to have a say about this package, and we are going to give them that opportunity.

The Senate said it was going to give them that opportunity over January. There is an essential untruth at the centre of all of this. The Senate could give the community that opportunity and the legislation could come back

in February. Let us just assume—and I would certainly hope this was not the case—the government then got a deal to put the package in place: it would be able to get its package through the Senate in February without jeopardising any of the implementation dates of the package. That is the truth. The Senate sent it out to the community and said, 'We'll give the community a say,' but the government, in trying to suggest that that is holding up the implementation of the package, ultimately is not telling people the truth. And then Minister Abbott was humbled yet again at his complete and continuing failure to ever deliver a major piece of legislation through this parliament—he never has and he probably never will. In his industrial relations portfolio the scoreboard is zero for major changes. By taking that kind of approach to dealing with health he is back where he started, and he is now worried that he has not got a piece of legislation through. So he has cobbled together the desperate stunt that is on display today.

I want to tell you about how desperate this stunt is. Late last night, the bill was at the printers. It was printed overnight. That is how carefully this major health legislation has been put together; it was at the printers overnight. The opposition, which represents millions of Australians, has not had a copy, a briefing or any information about it until it was circulated just then, when the minister got up and spoke to it. That is the circumstance we are in. This minister, supposedly presenting a major health package, got the bill to the printers last night—it has probably got 3,000 errors in it, but who would know, because they would have just sent the truck around to the printers and got it here. We, who are democratically elected to represent millions of Australians, have not even been given the courtesy of five minutes to read it; and we are expected to vote on it in this place.

Why is the minister doing this? Not because doing so will implement the package. Even this minister—who does not know anything about health and is supposed to know a bit about the procedures of this parliament—would know that this bill will not make any difference unless it clears the House of Representatives and the Senate today. He knows that is not going to happen. This is a stunt. It would not matter whether this bill sat here until next February; it would make no difference to any functioning aspect of the health system. There is no medical consultation, immunisation, health expenditure or interaction between a doctor or a nurse that will be affected by this bill being brought into this place today, because it is a stunt. The minister knows it is a stunt, and everybody speaking to it is implicated in the stunt. To those on the other side I say: I would be thinking about putting yourself in that position, particularly if you are a marginal seat holder, because I will tell you one thing—Australians do not like people playing politics with Medicare, and that is all that this is, a shambolic attempt at politics using the Australian health system.

If there is any pious cant from anybody on the other side suggesting that this bill is going to make any difference to any health care service in this country, then they will stand condemned as having knowingly peddled things which ought not to be peddled. They must know—if they know anything about this House and anything about the Senate—that this bill will be of no effect, because clearing it through this House does not make it law. These are the circumstances we are in: the minister, instructed to destroy Medicare and put in the political fix, is playing politics with people's health because he does not care about it. All he cares about is votes for the Liberal Party. That is all that this is about: cheap politics, playing with Medicare and showing an absolute disregard for the health care of this nation. That is what the coalition is doing today.

Let us turn to the actual details of this bill—although who would know? I have not had an opportunity to read it. I would suspect that some of the members who are about to speak could have had it for days and still not have taken the opportunity to read it—

**Mr Edwards**—Or understand it.

**Ms GILLARD**—That is right. As it is, we know that they cannot possibly have read it either. But let us just go through the elements of the 'MedicareMinus' package and how it is going to destroy Medicare. There is one thing that the Prime Minister stands for and that the Liberal Party has stood for since the day that it was formed. Much has changed in the cycle of Australian politics over the half-century or more we have had the Liberal Party, but one thing has remained a universal truth throughout all of that time in office: they have always been opposed to a universal health care system. They have always wanted a health care system with money at its centre, and they have always wanted means-tested fees for public hospitals. That was the system under Menzies: means-tested fees for public hospitals and you paid if you wanted to go to the doctor. Then, of course, the Whitlam

government came and swept that all away with Medibank, and the current Prime Minister opposed it viciously and continuously—

**Ms Jackson**—He has been around that long.

**Ms GILLARD**—As my colleague reminds me, yes, unfortunately he has been around that long. Then he was a member of the government that was implicated in the Fraser government's destruction of Medibank. And I would remind Australians, just in case they have forgotten: Malcolm Fraser went to the 1975 election promising to retain Medibank and, in office, he immediately set about its dismantling. So the one thing you know is that you cannot trust the Liberal Party to tell you the honest truth about health.

When Medibank was dismantled, where were we back to? We were back to a system where private money and private insurance were at the centre. There were fees for public hospitals, and it took the Hawke government to come and sweep all of that away. Where we are with this bill is back in that cycle of Australian politics. Labor believe in the universal health care system. We built it, we built it again after they destroyed it, and the incoming Labor government will build it again—despite the Liberal Party's continuing attempts to destroy it. Let us make no mistake: that is what this bill is.

What this bill has at its heart is a system where you say: Medicare is not a universal health system; it is a system that, through grace and favour, when we feel minded to do so, we will probably extend to the people who, on that day, we are prepared to define as poor. That is what this bill is about. It is about targeting incentives for bulk-billing concession card holders and children under 16. It is forever putting in place a scheme of arrangements so that, when you go to the doctor, categories of Australians will be treated differently. It is means-tested Medicare. It is the end of a universal health system in this country.

Doctors are rational human beings and they respond to the price signals that government sends them. I am not critical of that. Of course they would respond to the price signals that they are given—like anybody else who is trying to make a living. If this package is implemented, doctors will say, 'If I'm going to bulk-bill anyone, I will bulk-bill those people that I get the extra \$5 incentive for. I will only bulk-bill concession card holders and children under 16.' And that is if they bulk-bill; many will not. For the government to contend anything else is wrong. Sometimes Minister Abbott does. One day he is telling you that bulk-billing is an arrangement between a doctor and a patient, then obviously someone in his office gets to him and says, 'Oh, no. We might think that but we don't say it in public.' So he jumps on the other foot and he says what he said today: that the government has a role in bulk-billing. Then he forgets again and he says, 'No, it's all about a patient and a doctor.' And then he gets back on the other foot.

**Dr Emerson**—Flip-flop.

**Ms GILLARD**—Flip-flop. They still have him in training. We know he does not know anything about health and cares about it even less. But what this minister sometimes tries to contend is that this package will support bulk-billing rates generally. It will not. To believe anything other than that is to believe that a doctor will see a concession card holder, bulk-bill that concession card holder and get paid \$5 more for it and then see the next person, who is not a concession card holder, and accept getting \$5 less for that consultation. That is completely irrational. No-one could rationally contend that that is how doctors are going to behave.

This package is a recipe for driving bulk-billing rates down to around 50 per cent. That is what the experts have modelled it as. Health care card holders and children use about 60 per cent of GP services. Obviously, not all of them are going to be bulk-billed. So this package will cause the national bulk-billing rate to drop to around 50 per cent. If the government succeed in passing this package they will wear the proud track record of having driven national bulk-billing rates in this country down by 30 per cent in their determination to destroy a universal health care system. This package should be opposed because of that element. Australians believe in universality.

The minister says, 'Why should the Prime Minister and Kerry Packer get access to bulk-billing?' That simple statement ignores the fact that the Prime Minister has a full-time paid public sector physician to look after his health—a few other Australians would not mind that deal. The Prime Minister does not have to wander around looking for bulk-billing because his needs are catered for by the taxpayer.

But Australians would respond to the proposition as follows: they would rather have a health care system that everybody is in and that everybody pays for together. They do not mind Kerry Packer having access to that public health system as long as he is paying his fair share of tax and as long as his place in the queue is determined by his

medical need and not by his money or prestige. That is the definition of an Australian fair go: making sure that the people who have the most need get seen to first. We should all be in a health system together and all be paying into a health system—Medicare—so that we can jointly look after our needs. This bill is the destruction of that.

To engage in a bit of flim and flam to try and pretend that that is not what is going on here, the government is advocating this complete bandaid 'safety net' arrangement. I would like to turn to that now. This arrangement is not going to help the vast majority of Australians—and that is true on the government's own figures. On the government's own figures only about 200,000 Australian families will get some assistance from this new arrangement. You have to spend \$500 or \$1,000 before you get anywhere near the so-called safety net arrangements. On the government's own figures only about 200,000 Australian families will benefit. What about the 19 million other Australians who get absolutely nothing from these arrangements? These arrangements are really no more than a bit of wrapping paper around what is ultimately a poison pill. That is what the government is trying to get away with here with these arrangements.

I ask the minister: why do you need to build a safety net? Why don't you actually invest in the core of Medicare? You only need to have these complicated and nightmarish bureaucratic arrangements if the central assumption you are making is that Medicare will fail. Why make that central assumption? Why not instead invest in the central core of Medicare and rebuild it? Labor has shown the way to do that through our \$1.9 billion plan to get doctors bulk-billing again—a plan which experts say will take bulk-billing rates back up to 80 per cent nationally. Why don't the government want to do that? They do not want to do that, because they do not believe in a universal health care system. It is absolutely as basic as that.

An indefensible part of this package is the nightmarish bureaucracy and cost which come with these bandaid arrangements. Nearly a third of the money allocated for these bandaid arrangements goes in administration—not in health outcomes, not in making anybody feel better, not in making sure that somebody has seen a doctor, but in administration. Why? It is because these arrangements are going to require the Health Insurance Commission database to be linked to the family tax payment database.

We know what a nightmare the family tax payment database is. Any member of parliament who was doing their job would have had hundreds if not thousands of people complain to them about the shambles of the family tax payment database—and the government is going to put those databases together. The whole system cannot work unless that happens and the record of this government on the delivery of IT projects is so spectacularly unsuccessful that if you have a bet that they are going to deliver that then you must have a bet on a horse that is still running in the Melbourne Cup. It is absurd to suggest that the government are going to get that done in a timely way.

Every Australian who is not on a concession card or does not have access to family tax benefit has to separately register with the Health Insurance Commission and describe the nature of their family unit. Every time you get married, every time a family breakdown occurs—a separation or a divorce—every time a child is born, every time someone dies, every time a dependent child moves to the stage of being independent, every time a formerly independent child comes back into the family home, you are going to have to contact Big Brother at the Health Insurance Commission and explain to them what has happened with your family unit. I do not think Australians who have had a recent bereavement in the family want to get on the phone to the Health Insurance Commission. They probably want to spend some time grieving for their loved one.

I do not think people who are going through family difficulties, separations and breakdowns—people who are under pressure—want to deal with the Health Insurance Commission at such times. They probably want to deal with immediate family arrangements and see that they make decisions in the best interests of every family member. But Big Brother will require them, every time there is a change in family arrangements, to notify the Health Insurance Commission. This measure is intrusive and costly, and I am willing to lay down a bet that it will not work.

There will be Australians all over this nation who are eligible for payments who will never receive them. There will be other Australians around this nation who will get a payment and think that they should not have it but not know what to do next. This measure will not work, and yet it is the central core of this package. It is indefensible. Most people will not get anything out of it. It is premised on the foundation that Medicare is going to fail. It is an administrative and costly nightmare, and it will degenerate into a bureaucratic shambles. These so-called safety net arrangements should be opposed because they are really a lot more hole than net. They should be opposed, and the government should do the sensible thing and rebuild the core of Medicare.

From the day Tony Abbott was appointed to the health portfolio, nobody would have been under any illusion other than that the minister was there to engage in a political fix. But, if there were any doubt in anybody's mind that these arrangements are in the nature of a political fix, let us remember that a central part of this package is advertising. In fact, \$21.1 million was allocated to advertising the old, failed A Fairer Medicare package. This government had the audacity to spend some of it before the parliament got to consider the package.

**Opposition member**—That is arrogance.

**Ms GILLARD**—It is arrogant, wasteful and out of touch with the needs of the community. The government created a package called A Fairer Medicare and they started spending money to advertise it to Australians, yet now even they recognise that it was a bad package.

*Government member interjecting—*

**Ms GILLARD**—A backbencher is interjecting. If you are to be honest with your constituents, you are going to have to say: 'The May budget was absolutely flawed, and it was a dreadful package. I am sorry we did it; the Labor Party were right.' If the Liberal Party had a modicum of standards—and I know that is a completely absurd proposition—or any sense of ethics, it would be repaying to Australian taxpayers the hundreds of thousands of dollars wasted on advertising a package that it has now ditched.

Of course, the cycle continues. The government have refused to disclose what they are going to spend on advertising this package but they have already started advertising it. Every time you see advertisements in the newspaper you can tot up about another half a million dollars of taxpayers' money that has been wasted in advertising a package that this parliament has not had an opportunity to consider, a package that community members have had no opportunity to express feedback on. That is the standard of this government; that is what they are out for.

In the mode of the political fix—because that is what this is about—wait for the TV advertising campaign. That will be next. This government have never been shy of getting their paws into taxpayers' money to put on TV what is really party political advertising. I make the bet that they probably will not use Joe Cocker to deliver a health message; but let us wait for the advertising. Every time Australians see that advertising, they should think to themselves: 'This is the mark of the standards of the current Prime Minister and the current government. They would rather pay for advertising for political advantage than pay to immunise a baby against pneumococcal disease.' Every time they see those advertisements, they should think to themselves: 'The standard of this government is that they would rather spend money hunting for votes and looking for political advantage than immunising a baby against pneumococcal disease.' Let us remember that pneumococcal disease kills more Australians in this country every year than meningococcal C, for which the government does pay for vaccinations. That is the mark of the standards of these people.

The Health Legislation Amendment (Medicare) Bill 2003 should be rejected because it is a political stunt and is not at all about Australia's health care system. It is holding the democratic process in contempt to run into this parliament a bill, still dripping from the printers, which no-one—possibly apart from the minister for health, if he bothered to do so—has had an opportunity to read. That is a contempt of the processes of this place and it is being done only for political advantage, or perceived political advantage. There is not one health care delivery system, service or payment in this country that will be affected by this bill going through this House.

**Dr Southcott**—Rubbish!

**Ms GILLARD**—Don't you know about the Senate? Why don't you get out the book that explains to you about the Senate?

**Opposition member**—He's a doctor, too. You would think he would know.

**Ms GILLARD**—From a remark like that, the member for Boothby is obviously not a doctor of public policy. Maybe one of his Senate colleagues could explain to him what they do in the Senate and that they actually need to pass legislation for it to become law, because it has obviously passed him by. But just because the government do not understand the functioning of parliament does not mean that we should delay ourselves from engaging in the processes of parliament. This parliament should vote for the second reading amendment standing in my name. I move:

That all words after "That" be omitted with a view to substituting the following words:

“the House condemns the Government for seeking to destroy Medicare and calls on the Government to withdraw the Bill and introduce provisions to increase the Medicare Rebate by a further \$5 for every bulk billed GP consultation across Australia”.

When the debate on this bill is finished in this parliament today, if members of the government vote against that then let us be absolutely clear: they have voted against bulk-billing for all Australians. They have voted against national bulk-billing rates, they have voted against Medicare. And, if the government want to have a debate in the community about those matters, we are ready to give them a debate. Australians value Medicare and they will not support a government or a local member who has come into this place, engaged in a political stunt and, in the course of that political stunt, put their name on paper to vote against the universality of our health care system and to vote against bulk-billing for all Australians. That is what this government is probably about to do, because the Prime Minister has never believed in Medicare and this government have never believed in Medicare. They are seeking to destroy Medicare. They are trying to fool Australians to get through to the next election. (*Time expired*)

**The DEPUTY SPEAKER (Mr Mossfield)**—Is the amendment seconded?

**Dr Emerson**—I second the amendment and reserve my right to speak—although I am not very hopeful!