



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**  
**PROOF**  
**MATTERS OF PUBLIC IMPORTANCE**  
**Medicare: Bulk-Billing**  
**SPEECH**

**Thursday, 4 March 2004**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Questioner**  
**Speaker** Gillard, Julia, MP

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**Question No.**

**Ms GILLARD** (Lalor) (3.21 pm)—At the end of the parliamentary week, we are going to give the Minister for Health and Ageing the opportunity to talk about health. It is going to be a new experience for him. We want to talk about the bulk-billing crisis that every member on this side of the House knows is affecting their communities but has not been responded to in any proper way by this government. When the last bulk-billing statistics were released, bulk-billing nationally had slumped to 66.5 per cent, the lowest rate in 15 years. How did the government respond to the lowest bulk-billing rate in 15 years? They responded by saying, 'That's the last set of bulk-billing statistics we'll put out by electorate this side of the election.'

When you cannot fix a problem or you are not prepared to fix it, the next best thing is to cover it up. The response to a 66.5 per cent bulk-billing rate—the lowest bulk-billing rate in 15 years—has been a cover-up. We are going to fight the cover-up and make sure that there are more bulk-billing rates by electorate. I want to tell the minister this: we do not need the statistics coming out every quarter to tell us how bad it is. We can get out into the community and have constituents tell us directly.

I did that last week, when I visited the federal electorate of Indi. I went to Albury and Wodonga and spoke to locals. That might seem an odd place to take myself to but I thought that, given the lack of representation of their needs in this chamber, someone ought to go and talk to people in that community to find out what they think about having the lowest bulk-billing rate in Australia. They have won the race that no-one should want to win: bulk-billing at, believe it or not, 29.8 per cent. It has dropped 23.9 per cent since 2000.

If you were the representative in this parliament of an electorate that had seen a catastrophic fall in bulk-billing to the lowest in Australia—29.8 per cent, which means there is no way in the world that all the concession card holders are being bulk-billed and there is no way that low-income families are being bulk-billed—you would have thought that every day at every opportunity you would be on your feet talking about bulk-billing.

The reason I went to the electorate of Indi is that I realised that the current representative had uttered the words 'Medicare' and 'bulk-billing' once in the whole period she has been there. That was in the course of congratulating the Howard government about the so-called A Fairer Medicare package. The only time she managed to say 'Medicare' and 'bulk-billing' was in congratulating the government about a package which was such a spectacular failure that they withdrew it and executed the health minister. That is the only time she has managed to use those words in this place.

When I got to the electorate of Indi, I found a community desperately concerned about bulk-billing. Perhaps more interesting than anything else, I found that the Wodonga hospital was so desperate to try and deal with the GP patient case load presenting in its emergency department that, in the absence of any policy assistance or understanding from this government, it had got on and created its own Medicare team. That local response by a hospital under stress created the solution Labor has been advocating—a Medicare team. How did it do that? It created a GP clinic in a building on the hospital premises. I spoke to doctors working in that clinic and they told me that they would not be working as GPs if the salaried opportunities to work in that clinic were not available to them. Doctors who would have been lost to the medical work force are re-engaged in the medical work force, providing GP care on the hospital premises and taking the load off the emergency department. That is exactly Labor's plan for health hot spots in Australia. One hundred places around Australia have that kind of assistance. We would help 25 health hot spots to get that kind of assistance. This poor hospital is doing it itself. This hospital wants the minister for health to do something. I am wondering whether he is going there to do it tomorrow. There is something about my travel itinerary: wherever I go, the minister for health is often behind me. I am not sure why that is. It has caused me some moments of reflection, I have to say.

I was in the federal electorate of Indi last week—and who is going to be there tomorrow but the minister for health? Do you know what I think the minister for health is going to announce when he is in the federal electorate tomorrow? I think he is going to announce that the doctors in the GP clinic at this hospital will be able to access the Medicare rebate for their consultations. The grand irony of all of this is not only is the minister for health

following me to Indi; he is going there to announce a Labor Medicare team. Bereft of his own policy solutions, he is there not only following Labor in the travel itinerary but also pinching our policies and he is going to announce the equivalent of a Labor Medicare team.

I do not mind the minister for health doing that. Someone has to sort out health policy in this country. If we wait for the current minister for health to have a policy idea, we will be waiting a very long time. My challenge, Minister, is that, if you are going to go to the federal electorate of Indi tomorrow to announce a Medicare team, what if I sit down with you and we will work out where the other 99 go? We can implement Labor's policy from opposition. It would be the only good health policy implemented during this term of the Howard government. Let me know when you are ready and we will work through where the other 99 are to go, after you have announced the first of them tomorrow.

Apart from the issue of Medicare teams needed to support communities facing the bulk-billing crisis, what else has been the health issue this week? It has been the fate of the minister's 'MedicareMinus' package, the sham safety net. What is amazing me more than anything else about this sham safety net is that we know it was a forced response to Labor's bulk-billing campaign. In this term of the Howard government, they were not going to do anything in health. They were just going to sit quietly and watch Medicare die as bulk-billing rates fell and hope no-one noticed.

Labor noticed and started the bulk-billing campaign, which led to the so-called A Fairer Medicare package. Does anybody here, apart from perhaps the Minister for Health and Ageing, who is sitting at the table, and his friend in the back row, seriously believe that the Howard government would have announced the so-called A Fairer Medicare package if it had not been for Labor's bulk-billing campaign? Of course not. It was a spectacularly bad response which was chucked out. Out went the old minister for health and in came the current minister for health. He was sent in for the political fix, so he cooked up the new package 'MedicareMinus'. We would never have seen that either, if it had not been for Labor's bulk-billing campaign.

'MedicareMinus' is not a health policy. It is not about fixing health problems; it is about a political fix for this government, with its perceived electoral problem on the health issue. The Howard government does not deal with health problems, it deals with political problems. It perceived health to be a political problem so it cooked up 'MedicareMinus'. What is more amazing than anything else about 'MedicareMinus' is the \$266 million sham safety net that is before the Senate. I will come to that in a moment.

According to the newspapers, the minister for health is so desperate to get a \$266 million plan through the Senate that he is wandering around with \$400 million that he is prepared to give away to Democrat and Independent senators to get a \$266 million plan through. Minister, are you going to spend \$400 million in bribes—on things that you obviously do not think are health priorities, otherwise you would already have come up with them yourself—to get a \$266 million plan through? That is good economics from a government that likes to lecture about fiscal discipline: spend \$400 million so that you can spend \$266 million—inflate the cost of a program from \$266 million to over half a billion dollars by giveaways. That is pretty good fiscal discipline, Minister; you should be proud of that.

When we actually look at the sham safety net arrangement, it becomes even more bizarre. Even before implementation, this is the 'mysterious disappearing safety net'.

**Mr Albanese**—It's got holes in it.

**Ms GILLARD**—It is more 'hole' than anything else, and the holes are getting bigger. The government's original claim for this safety net was that it was going to benefit 220,000 'units', as they nicely put it—meaning Australian families or individuals. When I was at a conference with the minister last week—we often end up in the same place or with me there slightly in front of him—the new figure for how many 'units' are going to be assisted by the safety net is 178,000. So the incredible disappearing safety net, which was going to look after 220,000 families or individuals, is now down to 178,000 families and individuals—and the difference has not been explained. When you look at the real details of it, what you find is that, even if it was going to help 220,000 families—and I am figuring this off the old 220,000 figure; this is what we did our maths on, because the new figure only came out last week—97 per cent of Australians will not ever get anywhere near the sham safety net.

But do you know what will happen to them? They will still be suffering from the bulk-billing crisis and suffering even more from the price inflation in doctors' fees and specialists' costs, which every health economist will tell you will be a consequence that will flow from the introduction of the sham safety net. In and of itself, the

introduction of the sham safety net will feed into doctors' and specialists' expectations about where they can put their prices, so prices will go up. The 97 per cent of Australians who never get anywhere near the sham safety net will be worse off; they will be nowhere near the sham safety net, they will still have the bulk-billing crisis and doctors' fees will have gone up.

This minister wants to spend \$266 million, plus the giveaways, to make 97 per cent of Australians worse off; and Professor Deeble, the architect of Medicare, says that half of the remaining three per cent who will notionally be better off are actually better off under the current arrangements. So 97 per cent of Australians will be worse off; and half of the three per cent that will notionally be better off are, in truth, better off under the current arrangements. This minister wants to spend \$266 million, plus \$400 million in giveaways, to benefit, even in the smallest sense, 1.5 per cent of Australians, whilst making 97 per cent of them worse off. Surely, when health dollars are so precious—when, around the country, people are facing the bulk-billing crisis; when, around the country, emergency departments in hospitals are under siege from people looking for GP style care; when, around the country, frail aged people are left to languish in acute care hospital beds because there is nowhere else for them to go; when, around the country, mothers and fathers are putting gold coins in jars and hoping that it adds up to enough to pay for their newborn babies' pneumococcal vaccinations; when, around the country, all that is happening—wouldn't you think there would be a better use for what is going to add up to \$266 million being spent on a sham safety net and \$400 million on giveaways?

Minister, we have already pointed to the better plan, and you know it is better—that is, Labor's \$1.9 billion plan to get doctors bulk-billing again. You are sliding your way into adopting Labor's Medicare teams—and there will be more health policy from us for you to look at. But we know that you would prefer to stick with your sham safety net, because it is about having an excuse to continue the winding down of Medicare; it is about your being able to say, when challenged about the death of Medicare: 'Don't worry about that; I've got a sham safety net.' Minister, let me assure you that, out in the community, where I have been in the last week and where you are going tomorrow, you will find that no-one is fooled by your sham safety net or by your rhetoric around Medicare; they know that you are up to the same old game of killing Medicare off. (*Time expired*)

**The DEPUTY SPEAKER (Hon. I.R. Causley)**—I encourage the member for Lalor to have a close look at her speech and the use of the word 'you'.