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PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

Main Committee

**AUSTRALIAN NATIONAL PREVENTIVE
HEALTH AGENCY BILL 2009**

Second Reading

SPEECH

Monday, 19 October 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

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Questioner
Speaker Dutton, Peter, MP

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Mr DUTTON (Dickson) (4.30 pm)—The preventative health initiatives touted in the Australian National Preventive Health Agency Bill 2009 are intended to alleviate pressure on hospitals and the health system—a health system this government said it would have fixed by mid this year. Kevin Rudd's supposed miracle cure for the hospital system has turned out to be nothing short of snake oil—not that this Prime Minister seems to care. A central plank to his election win was his takeover carrot, and now he is setting himself up to repackage it at the next election. Rather than having fixed the system as promised, it is now almost unanimously accepted that Australia's health system is under unprecedented pressure. Our state public hospitals are at capacity and in many cases nearing breaking point. The most recent public hospital report card of the AMA claims that major metropolitan teaching hospitals operate with a bed occupancy rate of 95 per cent or above—a long way from being fixed. Notwithstanding additional expenditure the report states:

Waiting times are still increasing and waiting lists are still too long.

This is evidence of the Prime Minister pouring money into a system he knows is broken yet refuses to fix. The Prime Minister's six months of consultation on the National Health and Hospitals Reform Commission review is not going to reveal anything different and is clearly just a stalling tactic.

Ms Hall—Madam Deputy Speaker, on a point of order: I understand that members can talk on things other than the legislation, but we are actually talking about the Australian National Preventive Health Agency Bill and the member has made absolutely no reference to it.

The DEPUTY SPEAKER (Ms AE Burke)—The member for Dickson has just commenced his remarks and I will allow him to continue, but he will draw himself back to the bill or I am sure the member for Shortland will do it for us.

Mr DUTTON—My old friend, my old stalking partner, the member for Shortland is always hand-wringing and never has anything positive to say.

The DEPUTY SPEAKER—The member for Dickson I think should know that he does have to be relevant to the bill.

Mr DUTTON—Certainly, Madam Deputy Speaker. The objective of preventative health measures to alleviate pressure on the public hospital system is rightly supported by both sides of politics. However, it is the policy measures employed where stark differences arise. There is a fine line for government in such a debate. Informing people of risks associated with certain lifestyle choices can easily drift into telling people how to live their lives and attempting to socially engineer a homogenous lifestyle for the latest government citizenry.

The Minister for Health and Ageing penned an article in the *Punch* recently by the title of 'I'm no nanny, it's about saving lives and the system' and, in doing so, acknowledged the Orwellian-like concerns associated with government going down this path. The issue is complex. As unpalatable as it may be, the taxpayers should pick up the bill through the health system for someone who lives their life with reckless disregard for the health consequences. Government intrusion into an individual's life and lifestyle should always be closely scrutinised.

This bill states the functions of the agency through the CEO will include the following: first, advise and make recommendations to the minister, ministerial council and various governments on matters relating to preventive health; second, gather, analyse and disseminate information; third, conduct awareness campaigns; fourth, make financial assistance grants on behalf of the Commonwealth; fifth, develop national standards and codes of practice; sixth, manage schemes and provide awards; and, finally, any other function as determined by the minister. Quite a wide scope.

So, whilst we have been given an initial indication of the reach of the agency, it is by no means an exhaustive list. The statistics on the impact of obesity, tobacco and alcohol on quality of life and on our health system are

confronting. With 32 per cent of Australia's burden of disease attributable to modifiable risk factors, there is capacity to alleviate pressures on hospitals and the health budget. Preventative health measures which deliver tangible health outcomes assist in ensuring the viability of the health system as we move forward. I was surprised to hear the minister state in her second reading speech:

In the past the prevention effort was neglected.

I would strongly disagree with that statement as, I suspect, would other members on both sides of the House. I would suggest to the minister that we are fortunate in Australia that the objective of preventative health, fundamentally the reduction of premature illness and death, is generally supported by both sides of parliament.

If we look objectively at the efforts of previous governments, improvements have been made by both sides through changes in tobacco excise, education and awareness campaigns, immunisation, bowel cancer screening and breast and cervical cancer screening to name just a few. Significant gains have been made. From 1996 to 2007 the coalition government also invested \$1.8 billion in immunisations; a further \$704 million in 2006 for the HPV and rotavirus vaccination program; \$211 million from 1999 to 2007 to fight HIV-AIDS, hepatitis C and sexually transmitted infections; and \$18.5 million in 2006 for the nation's first national skin cancer awareness and education campaigns.

The previous coalition government commenced funding of the Bowel Cancer Screening Pilot Program in 2000. Following the pilot, as part of the 2005-06 budget initiative Strengthening Cancer Care, the coalition provided \$43.4 million for the phasing in of the National Bowel Cancer Screening Program. I acknowledge and give credit where it is due to the current government for continuing this important Howard government initiative, which reduces morbidity and mortality from bowel cancer. With respect to tobacco, the final death knell for tobacco advertising in this country—a complete ban on all international sport and cultural events—was announced by the then Minister for Health and Aged Care, Dr Michael Wooldridge of the Liberal government, on 2 November 2000.

Interestingly also, this government refused the coalition's proposal this year to increase the tobacco excise by 12.5 per cent to fund the proposed cuts to the private health insurance rebates. Instead, the minister pushed ahead with her attack which would have led to insurance downgrades and higher premiums and pushed people into the public system, hardly helping to build a sustainable health system.

Preventative measures cannot work in isolation. The health system needs to support early interventions in order to avoid disease progression. It is of little use spending \$102 million in social marketing over four years, as proposed by this bill, if the government's other policies increase the burden on public hospitals. The \$102 million for social marketing that is proposed in this measure dwarfs the mere \$16 million over four years the minister was trying to save by capping the Medicare safety net for injections into the eye.

The minister boasts about her supposed efforts in preventative health—the new preventive health agency and its huge taxpayer investment in advertising. However, if you look at the tangible action that this minister has taken in this area, the reality quickly deflates all her embellished rhetoric. This minister has proceeded against all sensible advice and reasoning to halve the Medicare rebate for cataract surgery. Whilst the minister likes to silence any scrutiny of her ideological crusade, it is important, in the context of this bill, that we scrutinise this government's record on preventative health.

There are over 200,000 cataract operations annually in Australia and cataracts are currently the leading cause of blindness in the world. As elected representatives, we need to question whether it is right that this government spends an additional \$102 million on marketing and \$17 million on additional administration under this agency when they claim they cannot afford to continue providing mostly older Australians with a full rebate for this very important preventative procedure. The minister stated on 25 August 2009:

If we are to embark on a next stage of health reform—to improve the health system for all of us—we will need to find further savings and efficiencies to fund our priorities.

It should be very concerning to the Australian public that this minister believes areas to be targeted for savings should include vital life-changing—and in some cases life-saving—and preventative surgery, with those funds now to be used to fund advertising.

Ms Hall—Madam Deputy Speaker, I rise on a point of order going to relevance. I have been most patient. I have allowed the member for Dickson to talk at some length about an issue that has absolutely no relationship at all to this legislation. I would ask you to draw him back to the discussion on preventative health care.

The DEPUTY SPEAKER (Ms AE Burke)—The member for Dickson has the call.

Mr DUTTON—The minister continues to roll out the same old rhetoric of doctors being overpaid to justify changes. However, this minister only ever seems to quote the gross revenue of the top 10 per cent of medical practitioners. The minister does not elaborate on overheads, significant outgoings for technological upgrades and for equipment maintenance, staffing costs, the extensive training required and ongoing education for such specialties. Most importantly, this minister never acknowledges that the Medicare rebate is for patients, not for doctors. It is the patients who will be out of pocket, not the doctors. Not only does cataract surgery help prevent blindness; it endures any scrutiny that this government can apply in terms of the benefit to older Australians. These are people who are able to—

The DEPUTY SPEAKER—The member for Dickson is now straying exceptionally from the bill. I understood where you were linking it before—

Mr DUTTON—But cataract surgery is a preventative measure. It stops people from going blind, it stops them from falling—

The DEPUTY SPEAKER—The member for Dickson will recognise the chair and allow me to make the point I was going to make. I understood where you were going before with the analogy of prevention. I allowed it to continue and I did not allow the intervention from the member for Shortland. But I think you have strayed from the mark, going on to another bill, one that we have already debated in the parliament. I would call you back to the Australian National Preventive Health Agency Bill that is before the Main Committee at this point in time.

Mr DUTTON—Further to your ruling, which I am completely happy to abide by, just by way of clarification, the rebate which is proposed to be cut by half has not been the subject of a bill before the parliament. That has not been part of the effective Medicare safety net.

Mr Dreyfus—Madam Deputy Speaker, on a point of order: this repeated mentioning of cataract surgery has nothing to do with the bill that is before the House—

Mr DUTTON—It shows your ignorance. Cataract surgery prevents people from going blind.

Mr Dreyfus—and the member for Dickson demonstrates his complete lack of understanding of the matter before the House by this repeated assertion that preventative medicine might include cataract surgery. On that basis, open-heart surgery would be preventative medicine.

The DEPUTY SPEAKER—The member for Isaacs will resume his seat. The point I was attempting to make to the member for Dickson is that the standing order requires relevance to the bill—the bill before us that we are debating at this point in time. I understand the point he is making, but he has to be relevant to the bill.

Mr DUTTON—In relation to the bill that is being debated at the moment, there is a proposal to spend over \$100 million on advertising, on social marketing. I am suggesting to the House that as people who are responsible for the administration of the taxpayer funds that are proposed to be spent under this bill we should question whether or not that is an appropriate expenditure of money compared to other measures which this government could spend money on in the health portfolio. That is the point that needs to be made today.

This government is intent on building health bureaucracies. That is exactly what state Labor have done for the last 10 or 20 years. The difficulty for this government is that it has very great problems explaining to the Australian public why it is that it continues to bloat a health bureaucracy—not with people on the front line, not with doctors and not with nurses, not with people who are performing procedures that make life-changing events take place, such as cataract surgery for older Australians in particular—but by spending money on new agencies and putting money into advertising. That is what this bill proposes.

For argument's sake, this bill does not propose anywhere, on my reading of it, that they would abolish equivalent numbers of positions within the department. They do not propose that there would be an offset of a number of places within the department, many of which are already performing this same work. That is the difficulty that the government has in relation to this bill.

There have been a number of recent comments which are relevant to this debate, and I think they are worth noting. Another member of the House of Representatives stated, as recently as last week:

The indiscriminate creation of new bodies, or the failure to adapt old bodies as their circumstances change, increases the risk of having inappropriate governance structures.

This in turn jeopardises policy outcomes and poses financial risks to the taxpayer.

The member went on to say:

Incorporating a new function within a department is almost always the preferred option because of the difficulties a small body faces in meeting its own needs.

Those opposite may be very interested—even the member for Shortland, with her limited understanding on this topic—to learn that those comments belong to the Minister for Finance and Deregulation, the Hon. Lindsay Tanner, in a speech that he made to the Australian Institute of Company Directors on 14 October 2009. Quite obviously the left hand does not know what the right hand is doing in the Rudd government. It is quite extraordinary a week after the finance minister calls for a reduction of government agencies that the health minister creates another one.

The finance minister is quite correct though. How can the establishment of another agency, the employment of more bureaucrats and the expenditure of hundreds of millions of dollars for advertising be a priority when our hospitals are overflowing? The government cannot afford to provide cataract patients with a full rebate when they have tried to remove funding for macular degeneration patients. Will the agency, for argument's sake, be assessed in terms of its contribution towards achieving the targets and benchmarks of the National Partnership Agreement on Preventive Health, or is this funding unconditional? Reviews, agencies and more bureaucrats should not be your priority, Minister. Patients should be.

We learned that the advisory council of the agency will consist of up to 11 members, one member representing the Commonwealth government, one or two members representing state and territory governments and between five and eight members with expertise in preventative health, as nominated by health ministers or their delegates. Whilst the EM alludes to business and industry inclusion, it certainly is not specified. It is important that industry and business is very much a part of this process and that they are engaged. One of the most challenging aspects of preventative health is reaching a consensus on policy that will actually drive change. For policy to work in this area, it is important that engagement in the process is broad and inclusive. It will not succeed if a polarising us-and-them approach develops between academia, industry and business.

Today I have highlighted a number of reservations the coalition has with this bill. Firstly, there is the future reach of this agency—how far will it intrude into individuals' rights to make their own lifestyle choices? Secondly, there is the duplicity of generating savings by cutting rebates for things such as cataract surgery and trying to remove assistance for people being treated for macular degeneration and then spending \$102 million on lifestyle advertising and marketing. There is the lack of reasoning for another layer of bureaucracy. What savings will be made in the Department of Health and Ageing if preventative health is to be administered separately? Finally, there is the lack of engagement with industry to drive change.

Clearly, from all of our consultation with stakeholders in this area, we can see that this is a government that refuses to consult. They do not consult because they do not like what people are saying. This is a government, now two years into its term, that has not lived up to its election promises in relation to health. This is a crucially important area, because for over a decade there has been a complete neglect and indeed in some cases trashing of the health system by state Labor governments.

Preventative health is important—of course it is important. We all recognise that. But we do not need a government which is intent on building bureaucracies for the sake of doing it. We need tangible outcomes. We need for people to be engaged. We need there to be an idea of exactly how it is this group is going to engage with business and with industry and how it is that the Preventative Health Taskforce is going to deliver to the government the sorts of ideals that the government has not yet been able to enunciate. That is of course part of the problem with this government in relation to health. There is a lot of promise but very little delivery. Those are the concerns that the coalition expresses today in relation to this bill. We put the government on notice in relation to the areas that we will be looking at as we go forward. We would ask for the government to provide answers and responses to the legitimate questions that have so far been asked.