



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

BILLS

**National Health Amendment
(Pharmaceutical Benefits) Bill 2014**

Consideration in Detail

SPEECH

Wednesday, 16 July 2014

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date Wednesday, 16 July 2014
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Questioner
Speaker Snowdon, Warren, MP

Source House
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Mr SNOWDON (Lingiari) (17:18): I made a contribution to this debate on the National Health Amendment (Pharmaceutical Benefits) Bill 2014 earlier, and I pointed out a couple of very salient facts. We know that, the more expensive medicines are, the harder they are to get. For disadvantaged people—of whom there are many in my electorate—this is an absolute nightmare. I remind the House of the COAG Reform Council report released in early June which found that we already had a situation in 2012-13 where 8.5 per cent of people delayed or did not fill their prescriptions due to cost. In disadvantaged areas this figure was 12.4 per cent and for Aboriginal and Torres Strait Islander Australians it was 36.4 per cent. We know that this—and the Prime Minister has said it—is really a demand-reduction measure. The Prime Minister is ensuring that that 36.4 per cent will grow—that the people who most need access to medicines in this country will not access those medicines because of increased cost.

Mr Deputy Speaker, you cannot justify this position, if you juxtapose it with the Prime Minister's stated objective of being the Prime Minister for Indigenous affairs. On the one hand, he is supporting the Closing the Gap initiatives—so he says—and on the other, he is introducing policies through this budget which will have a material impact by lessening the opportunities for people to extend their lives. These measures will mean that people who need access to preventive medicines to control chronic diseases will not get access to those medicines. And we know that, already—before the introduction of these measures—36.4 per cent of Indigenous people delay or do not fill their prescriptions due to cost.

It is salient to remind ourselves that the last time a Liberal government increased the tax on medicines—in 2005—the number of Australians getting the prescriptions they needed for some essential medicines fell by as much as 11 per cent. So let us make this very clear: the impact of these measures will be that people who should get access to medicines, because of who they are, where they live and the state of their health, will not access those medicines. I ask the minister, who is unfortunately not in the chamber: what happens to those people who currently have access to concessional medicines through section 100? What will happen to those people? Are those costs being absorbed in the process, through the health services that provide those medicines? Are they expected to be picked up by the pharmaceutical companies or by the chemists—who is going to take up these costs? Or are they going to be exempt? We need to know this. I ask the minister to let us know, very clearly, what impact of these measures will be.

Now, of course, only around 50 per cent of Aboriginal and Torres Strait Islander Australians access Aboriginal community controlled health organisations. The remainder access the mainstream health system and they will not get access, in large part, to these concessional drugs in any event. They will go to their doctor in south-east Brisbane, south-west Sydney or somewhere to seek help and will find that not only do they have to pay the \$7 up-front to get access to the doctor but also, when they are then prescribed medicines—and they might have multiple prescriptions as a result of a need to address chronic disease—they have to pay this extra impost. And a substantial number of these people will not access these medicines. That will inevitably mean that people who need access to medicines for the health of their kids, their parents and their whole extended family will not have access to those medicines. The outcome for those people is going to be crook, yet we hear nothing from this government about how it might exclude these people.

We should not have this in any event. We all know that. We know that the government's own backbenchers do not support it, because very few of them—I think five—have been in here to advocate for it. What does that tell us about the support from the government for these sorts of measures? They can read the tea leaves as we do. They understand the reality of what is happening in their communities as we do. They understand that the people who will be most affected by these measures are the people who can least afford it and who are the sickest in the community.

The government should be condemned for this proposal. I ask the minister, yet again, to come in here and explain to the Australian community why they would put such an impost on the people who can least afford it and who

are the most vulnerable in our community. The Prime Minister can prattle on all he likes about being the Prime Minister for Aboriginal and Torres Strait Islander Australians, but he clearly is not and he clearly does not care. This budget is replete with measures that are designed to undermine and attack the rights of Aboriginal and Torres Strait Islander Australians, including the \$500 million cuts in program funding over the next little while.