



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

BILLS

**National Health Reform Amendment
(Administrator and National Health Funding
Body) Bill 2012, Federal Financial Relations
Amendment (National Health Reform) Bill 2012**

Second Reading

SPEECH

Thursday, 24 May 2012

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date Thursday, 24 May 2012
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Questioner
Speaker Neumann, Shayne, MP

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Mr NEUMANN (Blair) (13:05): I speak in support of these two pieces of legislation. One is the National Health Reform Amendment (Administrator and National Health Funding Body) Bill 2012 and the other is the Federal Financial Relations Amendment (National Health Reform) Bill 2012. If you listened to the member for Bradfield, you would think that Labor controlled government in every state and every territory. In fact, that is not true. In fact, the National Healthcare Agreement was agreed by COAG, the Council of Australian Governments formed by Labor and coalition governments at different levels, in 2008 and amended in July 2011. Perhaps the member for Bradfield should consult with his state colleagues in the Liberal Party, the Liberal-National parties, the Country Liberal Party and other parties like that—whatever guise or description they call themselves in the state or territory—because his conservative colleagues signed up for this agreement in 2008 and signed up for it in July 2011. He did not say that in his speech today at all. In fact, he did not tell this House that they agree at a state level to this process.

The problem with regard to health funding in this country has been driven by mutual blame, suspicion, accusation, Canberra bashing, state bashing and the like year after year. So the agreements we came to in 2008 and 2011 were about increasing the capacity of the federal government to contribute more to improving transparency. That is why it did not matter whether it was a chief minister or a premier of a Labor or Liberal state. They agreed to a process to improve transparency, reporting and auditing of each separate state account in the funding pool; provision of advice by the administrator being set up under this legislation to the Commonwealth Treasurer on calculation of Commonwealth payments to each state minister; the preparation of special-purpose financial statements in the operation of each state pool which the states are contributing and the auditing of each state pool by state auditors-general; and the inclusion of special-purpose financial statements in the administrator's annual report. This process was agreed to by both sides of politics at a state and federal level, but those opposite cannot bring themselves to say 'yes' to just about anything. It is 'no' to this, despite the fact that their coalition and conservative colleagues at a state level support this.

Why do the states support this? They know what will happen when we establish this process and the government at this level commits more money: it will make a difference. You will see the Commonwealth bearing greater costs associated with the establishment and ongoing costs of the administrator and the funding body, and you will see an increase in contributions by the Commonwealth for the growth of hospital and health funding to 45 per cent in 2014-15 and 50 per cent from 2017-18 onwards. We have guaranteed that we will provide \$16.4 billion in additional efficient growth funding from 2014-15 to 2019-20. We have also put forward an additional \$2.8 billion into the system.

Why am I giving these figures? Because it is true that the coalition offered nothing at a state level in my home state at the last state election and at the last federal election: not an extra doctor, not an extra nurse, not an extra hospital bed, not an extra ward nor an extra hospital. Complaints, whingeing, carping, moaning, griping and grudging—that is what we get from those opposite. We do not get dollars and cents on the table. On this side of the House there are proposals to establish apparatus, agreed on a bipartisan basis and with additional money on the table—double the kind of funding that our previous coalition government from 1996 to 2007 offered the Australian people.

We are seeing substantial funding increases. There are structures or frameworks being established under this legislation and, as I said, some block funding services provided. This is changing the way we do things, and it has been agreed to by the states: an administrator will advise the Treasurer about who will pay into the national health funding pool, amounts calculated by the administrator and an emphasis on activity funded services. That is what is happening with this legislation. This legislation establishes the administrator of the National Health Funding Pool.

I do wonder sometimes why coalition members actually stand for federal politics. They seem to be against government and they seem to be against anything that governments do. But we know that government, private

enterprise and community services actually make a difference. The coalition's hatred of and hostility towards government seems to be endemic—it seems to be in their DNA. We hear members opposite talk about this sort of thing and all they want to do is criticise. We have established the National Health Performance Authority, which those opposite opposed—inexplicably. I am simply amazed that they did. We have established the Independent Hospital Pricing Authority as well.

The coalition cannot consult with their colleagues at a state level about these types of things. I do not know whether they believe that the only way to communicate is by carrier pigeon, but certainly email and phone still operate. I wonder whether the Leader of the Opposition should ring up Barry O'Farrell and see what his attitude on this is? And Colin Barnett, and even Campbell Newman, because the states are backing us on this—except that those opposite, their federal coalition colleagues, cannot bring themselves to do so.

Let us have a look at our record, because the legislation here establishes a framework for a new system by which we will provide funding, and then let us look at those opposite. They do not say this. They do not admit it, although the then health minister back just before the 2007 election had to grudgingly and with contrition admit it, that the Australian Institute of Health and Welfare was correct in saying there was a diminution under the coalition government of funding for health and hospitals and that the states and private sector had to take up the slack. Grudgingly, he admitted that on the eve of the 2007 federal election. Conceding the veracity of that report was pretty tough for them, I am sure, because he had been there for a long time—the minister for health in the coalition government. And now he is in a different disguise—a different label. He is actually the Leader of the Opposition—the same man who ripped \$1 billion out of the health system when he was there.

We have massively increased the funding and we cooperated with the states. That is what this legislation is all about. This legislation goes hand in glove with what we have seen in terms of the budget: the extra \$515 million for dental health funding and trying to redress the problems in public waiting lists—\$400 million for a blitz on the public waiting list. What did the coalition do when they got into power in 1996? They abolished the Commonwealth Dental Scheme, forcing low- and middle-income earners onto long waiting lists that stretched out further and further again. I saw the same thing when I was the chair of the Esk health reference committee, and I saw it when I was on the Ipswich and West Moreton Health Community Council, as the waiting list expanded further and further at the Ipswich general hospital and its satellite hospitals in and around the Ipswich and West Moreton region. And why was that? Because the coalition steadfastly refused to accept that their policies were a failure. They refused to inject serious money to redress the problem. We are doing that as part of the budget, as part of the arrangements covered by this legislation. We are making sure that dental care for the disadvantaged is a priority, and that people do not face those waiting lists and those barriers to getting the health care they need, because poor teeth result in illness, injury and other problems. I am very proud of that, as well as extra provisions on bowel cancer reform, and I am very proud this government does it as well.

We are making a difference in the injection of funding in health and hospitals and in the private sector. I am pleased to say that in my own electorate the bulk-billing rates under this government and the health programs have reached a record high in the March quarter of 81.2 per cent of GP services bulk-billing. But in Blair the rates are so much greater. I found that out today when I looked into it. The rates for GP visits in Blair are 90.3 per cent of GPs bulk-billing; rates for pathology are 89.2 per cent; and rates for optometry are 99.1 per cent—an overall rate of 83.1 per cent. That is a big difference. I remember when it languished in the sixties and seventies under the previous Howard coalition government.

We are establishing a national health reform framework under this legislation. It is going to make a difference. It is going to make sure that what we establish in consultation with the states will see the federal government take a greater proportion of responsibility. Those opposite cannot bring themselves to agree that we are securing the future of Australian health by increasing funding. We will see how they vote on health bills in the future, but so far they do not seem to acknowledge their failures of the past. They do not seem to acknowledge that this is a bipartisan approach across all levels of government to take health and hospital funding into the future; a framework and an agreement that is devised by all levels.

I support this legislation. I think it will make a difference in my area. We are making a difference, as I said, in the bulk-billing rates. I note the Senate report on this particular legislation supported it, and it was very clear in what it had to say about it. I note that the costs under this framework will be borne in large part by us. I note the fact that it will be open and transparent. I note the COAG reforms. I note that the communique was signed off

by all levels of government and by all sides of politics, and I just wish those opposite would finally recognise that this is too great an issue to be subject to partisan bickering by those opposite. I support the legislation.

Debate adjourned.