



Speech by

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MEDICARE

Mrs ATTWOOD (Mount Ommaney—ALP) (11.56 a.m.): About three weeks ago at a stall I held in Oxley, over 70 people called in to sign a petition against the federal government's intention to stop Medicare. That is a fairly strong statement for the residents in the electorate of Mount Ommaney to make. They do not want to see their basic right to affordable health care eroded away by the Howard government. They are living in a country where everyone has equal access to decent health care.

In 1972 and again in 1983 battlers voted for universal public health coverage, leading to the creation of Medibank under Gough Whitlam and Medicare under Bob Hawke. Between the betrayal of Whitlam in 1975 and Hawke's rise in 1983, Liberal Prime Minister Malcolm Fraser partially dismantled Medibank and he paid dearly. Whatever taxpayers think about war, they will have to meet the continuing costs of the war in Iraq. The federal government will have no money for a rescue mission for bulk-billing. Howard sees private health insurance as the real answer and has spent public money subsidising this industry.

The decline in bulk-billing is not about some Howard-driven private sector crusade but about the fact that a universal health system costs a fortune. Health is important to Australians and their families. That is why Labor introduced Medicare and bulk-billing: to make sure that health care is affordable to all Australians. But under the Howard government the costs of health care are rising. I ask members to take a visit to the doctor as an example. It is getting harder to find a bulk-billing doctor and more expensive to see a doctor who does not bulk-bill. The average out-of-pocket costs of seeing a doctor who does not bulk-bill has gone up by more than 50 per cent—that is after receiving the Medicare rebate.

The federal government approved an average private health insurance premium increase of seven per cent at the beginning of this year, and so now families are paying \$150 to \$250 more for their premiums. We can expect more rises over the next 12 months, and this is what Howard meant when he said that his policies would make private health insurance more affordable! The cost of essential medicines is also on the increase. These increases have hit the sickest and the poorest Australians the hardest as the costs of health care are being shifted onto individual Australians and their families. The Liberal government has no commitment to Medicare and bulk-billing, and as John Howard said in 1987—

We will be proposing changes to Medicare which amount to its de facto dismantling. We'll pull it right apart.

He also said—

The second thing we'll do is get rid of the bulk-billing system. It's an absolute rort.

That is according to Radio 2GB on 1 June 1987. Now that more doctors are dropping out of bulk-billing, John Howard is beginning to achieve by stealth what he could not achieve directly—an end to Medicare and an end to bulk-billing. Finding a doctor who bulk-bills is now a difficult task.

A contributing reason for this is the federal government's process of allocating provider numbers. The federal government allocates GP provider numbers according to the population in a specific area. If there are too many doctors or specialists in the city centre then those doctors practising on the outer rims are more likely to miss out on attaining a GP provider number. This means fewer doctors practising where needed but also fewer who are able to bulk-bill in areas where bulk-billing is necessary—on the fringes. This is all because of the way the federal government limits the allocation of

GP provider numbers. The federal government refuses to fund pneumococcal disease and chickenpox and says that parents need to do this. However, the federal government boasts of a great surplus and it seems ironic that this is the first time it has refused to fund something put to it by the experts. Why are they being so tight fisted over such an important universal health issue where almost half affected are children under five?

As the Minister for Health stated a few weeks ago, more than 250 people who care passionately about the future delivery of quality health care in Australia marched on federal parliament. Those doctors who represented health care professionals, such as doctors, nurses, allied health professionals, consumers, welfare and disability groups and others, had just attended the Australian Health Care Summit, where they spent three days discussing the problems facing the health care system and developing constructive policy options to address those problems. These experts are not endeavouring to score political points. They said that all governments should sign an interim Australian health care agreement for one year only so that governments and experts have time to consider a better way of arranging our health system. The federal government disregarded this great opportunity to make the system work better, but also allowed no opportunity to reform the system.

The summit developed a comprehensive nine-page communique containing a statement of principles, proposals for a way forward and a call on all governments to take action. Those principles include universal access underpinned by a strong primary care system in a timely fashion based on health needs, not ability to pay.