




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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MINISTERIAL STATEMENT

Health, Federal Funding

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (9.49 am): Since becoming health minister I have been honoured to work on behalf of Queenslanders to ensure we have the best possible health system. It is the most human of all portfolios because it touches the lives of Queenslanders every day. As our population grows and gets older there will be a greater call on our health services. The most we can do as parliamentarians is to support our hardworking doctors and nurses by making sure they have the resources they need.

Traditionally, health funding has been a partnership between the Commonwealth and state governments. However, changes made by the Howard coalition government saw the Commonwealth's share of funding for public hospitals decline. But in 2011 the Prime Minister and state and territory leaders signed an historic agreement to reverse this decline in the Commonwealth's share of funding. The National Health Reform Agreement provided a framework for the Commonwealth and the states to share the cost of funding efficient growth in public hospital services.

Under this agreement the Commonwealth agreed to fund 45 per cent of efficient growth from 2014-15 to 2016-17 and 50 per cent of efficient growth from 2017-18 onwards. This agreement was signed not only by the then Labor Prime Minister and the then Labor leaders of Queensland, South Australia, Tasmania and the territories but also signed by the then Liberal Premier of New South Wales, Barry O'Farrell, the then Liberal Premier of Victoria, Ted Baillieu, and the then Liberal Premier of Western Australia, Colin Barnett.

Despite promising no cuts to health, Tony Abbott tore up this agreement in his first budget. In that budget he changed the funding model unilaterally from 2017-18 onwards so that the Commonwealth funding for public hospitals would grow only in line with population growth and CPI. That formula simply does not cut it. It does not take into account the ageing of the population let alone other factors that drive health expenditure such as technological change. That decision cut \$57 billion of funding for public hospitals nationwide from 2017-18 to 2024-25. My department estimates that Queensland's share of these cuts on a population basis is \$11.8 billion.

That \$11.8 billion figure is not just a number on a spreadsheet. It is a very real sum of money which will impact on the services accessed every day by tens of thousands of sick Queenslanders who need treatment. It will mean \$5 billion less for the south-east corner—from Redcliffe and Caboolture in the north through our capital Brisbane to Logan and Beaudesert in the south. It will mean \$1.4 billion less for the Gold Coast. It will mean \$1 billion less for the Sunshine Coast. It will mean \$800 million less for Ipswich and surrounds. It will mean \$650 million less for the Darling Downs. It will mean \$610 million less for Cairns. It will mean \$600 million less for Townsville. It will mean \$570 million less for Central Queensland. It will mean \$520 million less for the Wide Bay. It will

mean \$460 million less for Mackay. It will mean \$220 million less for rural and remote parts of Queensland.

Both the Premier and I have made Queensland's position abundantly clear at our respective COAG meetings. That is that we will be campaigning on this issue right across Queensland until Tony Abbott reverses his decision to cut \$11.8 billion in funding from Queensland hospitals.