




Speech By
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MOTION

General Practitioners

 **Mr JANETZKI** (Toowoomba South—LNP) (5.32 pm): During question time in November 2022 we first asked about the impact of Labor's patients tax on bulk-billing and emergency department presentations and what it would ultimately cost to see the doctor. At the time the Treasurer said—

I will not be acting because it is not proper for me to do so.

Since that statement there have been two complicated rulings. The first ruling was dropped on the eve of Christmas 2022, without any consultation or modelling, when the Queensland Revenue Office unveiled its first public ruling. It reinterpreted the law so that general practice and other health practitioners would now be subject to payroll tax. The Royal Australian College of General Practitioners labelled the change an 'illogical tax grab' and warned that general practices would have no option but to pass on the costs to patients.

The AMAQ described it as 'a crippling patient tax that will mean the end of bulk-billing in Queensland'. The AMAQ went on to say that the targets for this tax are 'small suburban and regional clinics owned by mums and dads' and will 'impose an unprecedented extra cost on patients at a time when cost-of-living pressures are hitting communities hard'. Doctors also warned that after-hours practices would be particularly vulnerable to the tax and could wind back their hours as a result and that more Queenslanders would be forced to go to already overstretched, overcrowded and under-resourced hospital emergency departments.

Last year at estimates, under my questioning the government conceded that, among other things: Treasury had not worked with Queensland Health to determine the impact of this new tax on ambulance call-outs at a time of record ramping; no modelling had been undertaken to determine the impact of this new tax on bulk-billing rates in Queensland; and no modelling had been undertaken to determine the impact of this new tax on the access of aged-care facility residents to their visiting GP given a large proportion of those visits are currently not charged a gap. The Treasurer admitted that there was no idea how many doctors or medical centres would be impacted by this new tax; there was no idea how much additional payroll tax would be raised from a range of other health services; and there was no explanation as to why existing medical practices had been granted an amnesty until 2025 while new medical practices had not.

When Labor finally released the second attempt at the framework for its patients tax in September last year, after 78 clauses over 29 pages across two complex rulings, we knew that the devil would be in the detail. Rather than fix the problem he created, Treasurer Dick only made it more complicated and more expensive for Queensland patients. During this saga the one question I have asked the entire time is, 'Will Queenslanders end up paying more to see the doctor?' The framework is in, doctors are trying to get themselves organised and the answer is yes. Either medical practices will be forced to pay Labor's patients tax or they must restructure their business models which will result in long-term higher administrative costs that will be passed on to patients.

A health system in crisis needs certainty and stability, not a confused framework from a government in chaos and crisis desperately trying to solve the problems it created itself. Today doctors remain concerned about how Labor's tax plan will be practically applied, the cost they will face in complying with their obligations and whether it will need to be passed on to patients. In order for doctors providing life-saving care to families, the elderly and the vulnerable to operate their practice with confidence, they need clarity on how they should structure their arrangements.

The Miles government can no longer be trusted to develop sound public policy for the public good. Good governments consult model scenarios and carefully consider the real-world impacts of the policies they seek to implement. Good governments do not drive up the cost of seeing a doctor in the middle of a cost-of-living crisis. Good governments do not increase the rate of presentations to emergency departments and drive down bulk-billing rates in the middle of a health crisis. Good governments certainly do not force doctors to be bookkeepers when they should be healing Queenslanders.