

MEDIA RELEASE

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Billion dollar Medicare investment positive for health

Announced tonight in the 2017/18 Federal Budget, Catholic Health Australia (CHA) has welcomed the partial end to the four-year freeze on the Medicare rebate, however asserts the savings should be passed on to consumers to reduce the financial burden of accessing medical care.

Bulk-billing incentives for GPs will be indexed from 1 July 2017, with standard consultations by GPs and specialist attendances to be indexed from 1 July 2018. Specialist procedures and allied health service indexation will commence from 1 July 2019. The government will also recommence indexation of certain diagnostic imaging listed on the MBS from 2020.

CHA acknowledges growing costs associated with the provision of high-quality health care and welcomes the incremental abandonment of the Medicare rebate freeze to relieve the burden placed on clinicians. CHA's CEO, Suzanne Greenwood, is adamant that the abolishment of the freeze must ensure translation to a relative reduction in out-of-pocket costs for Australian taxpayers.

"Medicare was designed to provide affordable access to timely, high-quality health care for all Australians – regardless of financial means or geographical location – and investing in its future is integral to the population's continued health and wellbeing," said CHA's CEO, Suzanne Greenwood.

"We've seen justified increases to the Medicare levy in the past," said Mrs Greenwood. "In 2013 there was bipartisan support that resulted in an increase of 0.5% to the Medicare levy to assist in the funding of the National Disability Insurance Scheme (NDIS), and CHA welcomes the government's commitment in this budget to increase the levy by 0.5% from 2019 to ensure the NDIS is adequately funded into the future."

Palliative care continues to be severely under-resourced in Australia. While CHA welcomes the government's measure to invest \$8.3 million over three years to palliative care services in the home, much more needs to be invested if every Australian is to have equitable access to affordable, high-quality palliative care services.

There remains concerns about future funding of our hospitals. Care must be taken in negotiating a fair and sustainable agreement with the States by September 2018 that maximises value for consumers whilst ensuring the efficient delivery of high-quality health care.

The 'zombie' measures that have muddied the bottom line in the health budget since 2014 have finally been removed and as part of this decision CHA welcomes the government's

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commitment to maintain the bulk-billing incentives, essential to maintaining diversity amongst our pathology providers.

“Catholic sector pathology providers have requested the bulk-billing incentives remain and welcome the government’s decision in this space,” said Mrs Greenwood.

CHA welcomes the government’s \$115 million in measures over four years to fund suicide prevention support programs; telehealth for psychological services in regional, rural and remote Australia; psychological support services; and mental health research.

“While we welcome its small investment in preventative health, we hope the Government will make good on its promise to provide further investment in preventative health measures to reduce cases of complex and chronic disease amongst Australia’s population, with greater emphasis on meeting the challenges posed by social determinants of health.”

AGED CARE

Regarding the aged care measures, CHA welcomes the additional funding included in the Budget to improve the functionality and performance of MyAgedCare, and the provision of funding to develop an industry-led aged care workforce strategy.

“Looking forward, CHA notes that the report of the independent Legislated Review of aged care reforms, due to be tabled in Parliament in August this year, and the review of ACFI will provide the basis for the next tranche of aged care reforms,” said Mrs Greenwood.

“It is critical that these reviews are used in future Budgets to progress the reform destinations envisaged in the Roadmap for Aged Care Reform.”