



Amanda Rishworth MP

Member for Kingston

HEALTH INSURANCE AMENDMENT (90 DAY PAY DOCTOR CHEQUE SCHEME) BILL 2008

Second Reading

28 may 2008

[Ms RISHWORTH](#) (Kingston) (11.42 a.m.)—I rise to support the [Health Insurance Amendment \(90 Day Pay Doctor Cheque Scheme\) Bill 2008](#). This bill provides for specialist and consultant physicians to make use of the 90 Day Pay Doctor Cheque Scheme. This ensures that medical specialists who have not received the patient's Medicare cheque can make an electronic lodgement and be paid directly by Medicare. This measure is designed to encourage access to specialist or physician services without up-front payment.

Every person has intrinsic dignity even if, for one reason or another, they are not blessed with either the ability or resources to earn a high income. Our healthcare system should be built around our recognition of this and the recognition of that dignity. Our duty is to create and pursue this end. As I note for my first contribution in this chamber, I am deeply committed to preventive health programs as evidence shows clearly that they are pivotal to achieving good long-term health outcomes. This initiative is one of many new Rudd health reforms.

The Rudd government's approach to health is in stark contrast to that of the previous government. Over its term in office the Howard government shirked its duty to build an Australian public health system that respected patients' intrinsic dignity. The Howard government did little to tackle the challenge of the growing GP shortage which has left parts of my electorate with only one doctor for more than 5,000 people. Almost every time I have a street corner meeting or go doorknocking, I meet another person who knows that there is something wrong with them medically but cannot find a doctor with whom to make an appointment. Instead of having their often medically simple problem treated quickly, they live lives in quiet pain and suffering.

While millions of dollars could always be found for advertising the previous government, the Commonwealth's share of public hospital funding fell to just 41 per cent of total expenditure. Figures from the Australian Institute of Health and Welfare say that the states invested an extra \$3.1 billion in public hospitals, whereas the Commonwealth invested just \$1.4 billion more, even while the Australian population was ageing. According to the previous government, even while they refused to invest in more public health, growing elective surgery waiting lists were the states' fault and the states' problem. Outdated equipment and dilapidated hospital facilities were not the result of a falling Commonwealth share of public hospital funding. It was always someone else's fault. It is no wonder that many Australian families felt the need to invest in private health insurance, particularly given that individuals on just \$50,000 per annum were slugged with a Medicare levy surcharge, even if they did not want or could not afford to take out private health insurance.

I am pleased that in the Rudd government's first budget we are adjusting the threshold for the Medicare surcharge to apply to those who actually can afford to take out private health insurance. I am proud to be part of a government that is committed to building a healthcare system for all Australians, not just for the wealthy. This government is tackling the elective surgery waiting lists as an immediate priority and has invested \$150 million in an elective surgery blitz to slash the number of people waiting longer than clinically recommended for elective surgery. Nationally, 25,000 people are going to benefit from this initiative, which directly combats an era of the Howard government's lethargy and neglect. In the Rudd government's first budget, we have made health a priority. We have begun establishing 31 GP superclinics to support health professionals in communities where they are needed most. I am pleased that one of these clinics is going to be in my electorate of Kingston.

In this budget we have also committed to funding 50,000 additional health vocational training places, the implementation of a \$249 million National Cancer Plan to improve diagnosis and treatment of cancer, a plan to improve child and maternal health services for Indigenous communities and reinvestment into the Commonwealth dental care scheme. These are just a few of the many health initiatives of this new government.

The bill before us today ends the distinction between specialists and GPs for the purposes of the 90 Day Pay Doctor Cheque Scheme. I know from my experience as a practising psychologist that modern health care is delivered not just by the family GP but by a team of medical professionals working together, particularly in the case of chronic illness. Increasing the number of health professionals who have access to the 90-day cheque scheme will cut down on bad debts and help keep practices afloat, particularly for specialists in the areas where many patients come from low socioeconomic backgrounds. This bill will encourage specialists and consultant physicians to allow patients to be treated without up-front payment by guaranteeing that wayward Medicare cheques will be cancelled and medical professionals will be paid electronically. This makes it easier to offer a deferred payment.

We all know the convenience of seeking a non-bulk-billing doctor and not having to pay up-front, rather than forwarding the Medicare cheque, when it arrives, along with the gap payment. Unfortunately, it is sometimes easy to forget to get around to posting the cheque, since treatment has already been delivered. There is also the problem of mailboxes being pilfered and some people stealing any business letters they think could be of value, even though a Medicare cheque is not transferable. This bill will make it more likely for specialists and consultant physicians to provide services to patients without up-front payment. This is a positive measure that helps working families get the health care that they need. I commend the bill to the House.