



BETTER ACCESS
— AUSTRALIA —

FEDERAL ELECTION 2022 HEALTH AND DISABILITY SERVICES IMPROVEMENTS THAT NEED A COMMITMENT TODAY



#MindtheGap in Newborn Screening

with a nationally funded newborn screening program for 80 rare diseases

- ✗ Australia's 1990s screening program is a postcode lottery for what a newborn will be tested for – without diagnosis there is no access to the 76 treatments available today
- ✗ Families forced to prepare complex technical submissions with no funding future
- ✓ Make newborn screening a nationally funded program with expansion from 25 to 80 diseases by June 2023 to catch up to world best practice
- ✓ Testing for 300,000 babies to be funded by the federal government with administration by state and territory governments (just like immunisation)
- ✓ Bi-annual review of emerging diagnostics and treatments including genetic screening



#MindtheGap in keeping healthcare affordable for patients

with a mid-tier PBS co-pay of \$20 and freeze indexation increases for five years

- ✗ Medicines aren't affordable for working families – families on \$66K or singles on \$35K pay \$42.50 per script, growing by 2.9% annually – it's unaffordable healthcare
- ✗ 2020 safety net reductions were chewed up by inflation in 2 years – it hasn't worked
- ✓ A \$20 co-payment for people and families earning under the Family Tax Benefit A thresholds would make medicines affordable again for the community
- ✓ Automated safety nets would ensure all high medicine users are fairly afforded the protection of the scheme
- ✓ Freezing indexation on co-pays and safety nets keeps healthcare affordable when cost of living increases are chewing up non-discretionary income



#MindtheGap in time to health technology access

with a #100day from TGA registration to subsidised system access KPI

- ✗ Average waiting time for access to medicines is 820 days. Devices and diagnostics too. OECD averages are closer to 100 days. Medicare is failing the community that funds it.
- ✗ Patients suffer via assessment processes focussed on cost to system not time to access
- ✓ All therapeutics subsidy processes and programs must have a target of #100days from safe registration by the TGA to subsidised access implemented by 2025
- ✓ A new independently led National Medicines Policy review must be commissioned with improving time to access its number one framing goal based on this KPI
- ✓ The PBS HTA review should be about universality of patient access first, then economics. All review team members must be independent with public health priorities, with regular public consultation including on TORs (*like post market review*)
- ✓ Access to devices and diagnostics via the MBS, PHI, NDSS, SAS and hospitals must be an equal priority for time to access reform



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#MindtheGap in the affordability of private healthcare

with review that addresses consumer needs and out of pocket costs

- ✗ Private health insurance is a 1970s product for a hospital setting but governments incentivise the system to increasingly deliver services in the community setting
- ✗ Increasing chronic disease, PBS demands for specialist prescribing only, and MBS annual referrals lead to massive out of pocket costs for patients
- ✗ Australians cannot insure against the increasing unaffordability of their community-based chronic and acute disease healthcare – specialists, GP, diagnostics, medicines
- ✓ We must review the basis of PHI and its integral role in our universal healthcare, to allow longer term partnerships between patients and their insurers to support community-care based coverage and high-cost interventions such as genetic therapies
- ✓ Remove annual specialist referrals for long-term chronic diseases to reduce costs to patients and costs to the MBS



#MindtheGap in government mandated discrimination

by ensuring all PBS medicines are protected by co-pays and safety net

- ✗ PBS medicines for opioid dependence are the only disease treatment not eligible for PBS co-pay and safety net. Patients pay \$50 a week with no safety net protection
- ✗ Parliament found these charges and the removal of PBS protections is likely to be found unlawful by the courts. But still no action to fix this after 12 months
- ✗ Meanwhile 3 people die everyday of this disease, often because they cannot afford their medicines
- ✗ Its robodebt for medicines. It's a breach of antidiscrimination laws and human rights
- ✓ Government must restore PBS co-pay and safety net protections for the 53,000 patients affected and make access via community pharmacy and staged supply equal in treatment to any medicines for diabetes, mental health or heart disease



#MindtheGap in access between health, NDIS and employment support

by improving assessment processes and equality of access

- ✗ Gaps between NDIS support and health system access are growing and inconsistencies are increasing
- ✗ Processes for access and assessment to the NDIS are lacking in transparency and empowerment and respect for those accessing the scheme
- ✗ Duplication of effort required to access employment services, the NDIS and health system is an unfair burden
- ✓ Person-centred access, clarity in expectations, recognition of ongoing and permanent disability and contemporary understanding of diseases impacting health to reduce reviews, medical churn for paperwork compliance, and new ways of improving employment opportunities for employees and small businesses