



27 March 2022

A Budget that prioritises equality and affordability of access to our health system can deliver Better Access, Australia

As the federal budget looms, the need for a focus on improving equality of access to health services in Australia remains critical. Individual treatment subsidies are always welcomed but the systemic shortcomings must be addressed now if we are to end the increasing tension of a system of those who have access and those who do not.

Budget 2022-23 is a chance to redefine and future-proof the system, not merely work around it. Action is needed in this Budget because right now:

- ✘ PBS co-payments are tracking towards \$50 per script outpacing the cost of living;
- ✘ Australia's babies are some of the least protected in the world for early screening and diagnosis of rare diseases;
- ✘ Patients managing opioid addiction are being financially discriminated against by the government despite the protections of the law;
- ✘ Average wait times for access to subsidised medicines are over 820 days and growing; and
- ✘ Patients are being forced to accept huge out of pocket costs in their access to specialists for primary healthcare, none of which is covered by their private health insurance,

"This budget needs to show leadership and a future vision for improving access to healthcare in Australia, Better Access Australia Chair Felicity McNeill said

"Health Minister Greg Hunt spoke with great pride and gusto on Friday about [his decision to defy his bureaucracy](#) to introduce systemic reform and financial certainty for pharmacies year upon year, to the tune of hundreds of millions of dollars if not billions of dollars in new investment.

"We need the Government to apply this same strategic focus to the broader reform of access to health treatment in our system and improve access for all in the community, because there are too many voices that simply cannot be heard. Ms McNeill stated.

"Right now Australians are paying some of the highest co-payments for medicines in the world. Only the US, Canada and Switzerland charge patients more.

"Our system doesn't differentiate between someone earning \$70,000 or \$270,000. We need to change this. Introducing [a mid-tier co-payment](#) aligned to the Family Tax Benefit A schedule would once again make medicines affordable on a weekly basis for families.

"Right now, Australian babies are screened for less than a third of diseases they would be screened and immediately treated for if born in California.

"As Joh, a mum of two said, "I lost my son because newborn screening in Australia does not currently include Severe Combined Immunodeficiency (SCID), despite the rest of our industrialized neighbours having it. An updated newborn screening would have meant my son would be alive today. Because we knew about it in my second child we were able to save his life and he is a thriving toddler now.



“Pre-conception screening is a welcome step but most families in Australia don’t know they are carriers of a rare disease. The need to protect all 300,000 babies born each year, and not just a small subset of them, must be our priority – equality of access, and timeliness of that access to health treatment. [National polling shows Australians recognise this need with over 84% of respondents supporting expanded national newborn screening today.](#)”

*“**Right now, three people die everyday because they cannot afford their medicines for opioid dependence.** These patients are not afforded the protections of the PBS co-payments and safety nets in place for every other disease and every other medicine on the PBS. It’s a breach of discrimination laws and has been found by the Parliament to likely be unlawful. We can do better, and we must.*

*“**Right now, families are celebrating access to a new treatment for cystic fibrosis – but it took too long,** and time to access for these patients sadly pails into insignificance given the wait endured by patients managing migraine, eczema, some rare and common cancers, Pompe, and spinal muscular atrophy. Our system needs to change the way we approach administration of our access programs.*

*“**Right now, patients are increasingly unable to afford the specialist fees to get access to medicines.** Fees not covered by their health insurance. It is the primary care setting out of pocket health costs that are reaching crippling proportions, not necessarily hospital visits.*

“It’s time to recognise that specialists are not just for managing access to expensive medicines. It’s also time to recognise that the concept of health insurance is 30-years behind the system’s push for greater use of the primary care setting in lieu of the acute care setting for managing our health.

“[Five major reforms in the Budget](#) would go a huge way to delivering better access to health treatment in Australia, and we hope that better Access Australia’s calls for reform will be a feature of the Budget this Tuesday by:

- 1. Introducing a mid-tier co-payment for the PBS based on Family Tax Benefit A, recognising the challenges for individuals, couples and families earning less than \$136,000 and freezing indexation growth for 5 years*
- 2. Introducing an expanded and nationally consistent newborn bloodspot screening program following a once-off catch up review, with the new program rolled out by 1 July 2023 based on the funding model for the National Immunisation Program*
- 3. Ending the government’s requirement for pharmacies to charge out of pocket fees for access to medicines for managing opioid addiction and bring their distribution and subsidy into line with all other PBS medicines by 1 July 2022*
- 4. Establishing a #100days from medicine and device registration to subsidy target in Australia to improve access to all therapeutics irrespective of indication or patient population with program administration and contracting based on this new standard*
- 5. Reducing out of pocket costs for patients obliged to see specialists on an annual basis to maintain access to ongoing PBS medicines used in the primary care setting*
- 6. Conducting a consumer-need analysis of private health in Australia recognising the interaction between the public and private health systems and the increasing use of private healthcare outside the hospital setting with no insurance coverage.”*

Media contact: Timothy Davies | **M:** 0466 640 539 | **E:** tdavies@betteraccessaustralia.org.au

Better health, disability and social services. Better Access Australia.