

25 October 2022
Media Release



BETTER ACCESS
— AUSTRALIA —

A budget with some good foundations but it doesn't deliver for all Australians

In their first budget, the Albanese Government has delivered on their election commitments to provide a national expanded and world class newborn bloodspot screening program for Australian babies and make medicines more affordable for some Australians.

Better Access Australia has been advocating for these reforms since 2021 but there are gaps in the announcements tonight.

World Class Newborn Screening in Australia about to be a reality

“Better Access Australia welcomes the Albanese Government’s investment of \$39 million to deliver a world-class new newborn bloodspot screening program in Australia commencing in 2022-23.

“This is a huge day for the families that have courageously told their stories and fought so hard to ensure no other families have to endure the diagnostic odyssey of rare disease for babies born in Australia. Because without diagnosis there is no treatment.

“This investment by Labor will end Australia’s postcode lottery for our babies and end the complete lack of access to screening anywhere in Australia for over 50 diseases we can treat from birth. It’s a decision that will protect 5 babies today, 150 in November and 1500 babies every year from the date this program commences.

“Australia currently only screens nationally for 25 diseases. This compares to California that screens for 80 diseases, of which 76 have treatments. Thanks to this Budget, those statistics will finally change, and Australia will be a world leader in Primmer-health once again

“The incredible work of the Australian Pompe Association, AusPIPs, Dr Kate Holliday from the Patient Pathways Program, Dr Mike Freeland and so many other federal members of Parliament have made this ground-breaking reform a reality for all babies born in Australia. We thank them for their commitment, time and courage to make this long overdue reform possible.

Cheaper medicines for many Australians welcomed

But not everyone protected from Australia’s record inflationary pressures

“Tonight’s budget funds the reduction in the cost of PBS medicines for families and individuals earning over \$78,000 a year by over 30% from \$42.50 to \$30.

“Australia has one of the highest cost of medicines in the OECD. Reducing the general PBS co-pay from \$42.50 to \$30 from 1 January recognises the increasing unaffordability of healthcare.

“This reform is even greater than the Government is being credited for, with the indexation due on these co-payments scheduled to push the general co-pay to around \$45.50 on 1 January without this reform.

“But in a cost-of-living budget, concessional patients have been forgotten, with their co-payments scheduled to go up by around 50 cents a script from 1 January. These are the same families and pensioners earning less than \$78,000 a year and struggling to meet their rent, mortgage, power bills, food bills, and education expenses.

“Government is getting a windfall from these indexation arrangements, and that needs to stop.

“A freeze on indexation for two years would protect concessional patients and pensioners not just general patients – because every percent increase hurts, and every additional cent is hard to find.

“At a cost of between \$15M and \$76M it’s small cost to Government and there’s still time to fix this with the legislation coming before the Senate tomorrow.

✘ Discrimination against some of the most vulnerable patients in the health system continues

“There is still no protection from medicine costs for patients accessing the Opiate Dependency Treatment (ODT) Program in this budget.

“The current general co-pay legislation currently before the Parliament will ironically exacerbate the discrimination against these patients who are paying over \$200 a month in out-of-pocket dispensing fees to access their PBS medicines. The only patients on the PBS to be discriminated against in this way.

“In June 2021 the Senate Standing Committee on the Scrutiny of Delegated Legislation found that the ODT Program would likely be found unlawful by the courts if challenged. This Program also likely breaches the Discrimination Act 1992 (Cwlth), but despite the clear inequality and probably unlawfulness of the program the Albanese Government, likely their predecessor, is refusing to address the blatant injustice, which is the ODT Program.

“One in ten patients accessing the ODT Program identifies as a First Nations person. Despite the Government’s announcement of more than \$133.5 million to prioritise First Nations peoples’ health outcomes, with a total investment of \$4.6 billion over 4 years, there continues to be no support for patients accessing the ODT Program.

“Once again tomorrow’s Bill before the Senate is the opportunity for the Parliament to act to protect the rights of some of the most vulnerable in our community

✔ Changes to the NDIS

“Better Access Australia welcomes the Government’s ongoing commitment to the National Disability Insurance Scheme (NDIS) as part of Australia’s critical social infrastructure now and for future generations, with funding provided to better detect and eliminate fraud through the new Fraud Fusion Taskforce (\$137.7m) and more support for participants to access alternative dispute resolution methods, advocacy services and legal assistance (\$12.4m).

“BAA also welcomes the recently announced Review to rebuild community trust in the NDIS and ensure its sustainability into the future. The anticipated high growth in the NDIS in future years underscores the importance of making sure every dollar is well spent to support people with disability.”

For more information about Better Access Australia, please visit www.betteraccessaustralia.org.au

Media contact: Carol Lavery | M: 0404 846 658 | E: clavery@betteraccessaustralia.org.au

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