



WORLD CLASS UNIVERSAL HEALTH

Reduce out of pocket costs and build a truly universal healthcare system – including dental – that provides healthcare for everyone, regardless of bank balance, postcode or illness.

After six years of the Coalition Government, our health system is critically ill. The Liberal Party has bowed to its donors in the private health insurance industry and the junk food industry. Under their watch, the healthcare system has become increasingly privatised and they have ripped money out of hospitals and Medicare. They have done nothing to address looming health crises like obesity, diabetes and heart disease and have let public hospital waiting lists grow.

The Greens will create a truly universal health system designed to keep people well, which provides the care you need when you need it, regardless of your illness, postcode or bank balance. We will also address the acute problem of public hospital waiting lists through an additional injection of funding.



THE GREENS WILL:

- Put prevention at the heart of health
- Reinvest the private health insurance rebate into public healthcare
- Clear public hospital surgery waiting lists and invest in our public hospitals
- Create a single funding agency to end cost shifting once and for all
- Implement team based healthcare for people with chronic conditions
- Provide Medicare funded dental care

PUT PREVENTION AT THE HEART OF HEALTH

Prevention is better than cure, and with rising rates of chronic illnesses like obesity, diabetes and heart disease¹, we must find ways to keep people healthier throughout their lives rather than just treating illnesses once people get sick. The Greens recognise that social factors like income, education and employment affect people's health. And for First Nations people, there are additional cultural determinants of health which must be considered.²

The Coalition Government demolished the Preventive Health Agency and has ripped funding away from preventive health and public health. The Greens will reinstate the focus on preventive health invest \$196 million in the next four years, and \$54 million per year ongoing³, to establish an independent Preventive Health Commission with a clear focus on rolling out evidence-based prevention programs, so we all live healthier, happier, longer lives.

Key tasks of the Preventive Health Commission will include:

- Implementing a comprehensive, evidence-based strategy to combat obesity, including banning all advertising and sponsoring of junk food, alcohol and gaming/betting companies at sporting events and during sports broadcasts; and
- Tackling the harms of alcohol including a dedicated campaign to raise awareness of the harms of alcohol and drinking during pregnancy, in order to prevent fetal alcohol spectrum disorder (FASD).

REINVEST THE PRIVATE HEALTH INSURANCE REBATE INTO PUBLIC HEALTHCARE

Out of pocket costs are rising and Australians are increasingly unable to afford healthcare. In 2017, 1.3 million Australians delayed seeing a doctor because of the cost.⁴

The Greens are the only party to have consistently committed to adequate funding for Medicare, opposing both Labor and Liberals' attempts to freeze the indexation of the rebates paid to health professionals through Medicare.

We support all public investment in healthcare going directly to the public system, not to subsidising private health insurers.

Australians shouldn't feel like they need to have private health insurance to be able to access services or get top quality care.

The Greens are the only party who will return all public investment to our public health system to ensure Australians can have confidence in our world class system. We will:

- Reinvest the \$6.5 billion (and rising)⁵ of taxpayers' money from the private health insurance rebate into the public health system to pay for our plan to properly fund public healthcare and,
- Invest \$4.7 billion over the decade⁶ into Medicare to immediately lift the freeze in full and protect bulk billing, including investing in life saving diagnostic tests like X-rays and MRI scans.⁷



1 AIHW, Australia's Health 2018 - Chronic Conditions, 2018. <https://www.aihw.gov.au/getmedia/6bc8a4f7-c251-4ac4-9c05-140a473efd7b/aihw-aus-221-chapter-3-3.pdf.aspx>

2 For more information about cultural determinants of indigenous health see: <https://www.lowitja.org.au/page/research/research-roundtable/cultural-determinants>

3 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2019-20 Budget

4 AIHW, Australia's Health 2018 <https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-do-we-use-health-care>

5 Senate Estimates, 28 Feb 2018, p 21. https://www.aph.gov.au/Parliamentary_Business/Senate_Estimates/ca/2017-18_Additional_estimates

6 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Budget

7 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Mid-Year Economic and Fiscal Outlook.

CLEAR PUBLIC HOSPITAL SURGERY WAITING LISTS AND INVEST IN OUR PUBLIC HOSPITALS

For too long, the Coalition Government has gutted our public hospitals. They ripped billions of dollars out in 2013⁸ and have never returned this funding – causing waiting lists to grow and patients to suffer.⁹

The Greens are dedicated to ensuring we have a genuinely universal public health system. We will properly fund our public hospitals and support our doctors and nurses by:

- Clearing public hospital waiting lists for all elective surgeries in the next two years;
- Investing an extra \$2.8 billion to 2025 into our public hospitals to get people the care they need faster by legislating for equal (50/50) funding of hospitals between states and the Commonwealth¹⁰;
- Invest \$100 million in a public hospital capital works grant fund to fund urgent upgrades to hospitals that need assistance after years of cuts and neglect. Funding would be provided on a competitive basis. Hospitals which might receive this funding include: Launceston General Hospital, Canberra Hospital and Royal Darwin Hospital.



8 The Guardian, Tony Abbott now admits \$1.8bn in hospital cuts will begin from July, 19/05/14 <https://www.theguardian.com/world/2014/may/19/hospital-cuts-begin-july-tony-abbott-admits>

9 Since 2012-13, elective surgery waiting lists have grown by 2% per year. AIHW, Elective surgery waiting times 2016–17: Australian hospital statistics, <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-elective-surgery-waiting-times/contents/table-of-contents>

10 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Mid-Year Economic and Fiscal Outlook.

A SINGLE FUNDING AGENCY TO END COST-SHIFTING ONCE AND FOR ALL

The Greens will stop the cost shifting between the Commonwealth and the States once and for all by investing \$970 million over the next four years¹¹ in a Single Funding Agency.¹² The Agency will ensure that all levels of government and the health system work in partnership to create a nationally unified but regionally responsive health system, which delivers integrated care and services centred on people's needs.

TEAM BASED HEALTHCARE FOR PEOPLE WITH CHRONIC CONDITIONS

About half of all Australians have a chronic condition.¹³ To be effectively treated, chronic conditions require lifestyle changes and close monitoring over time, and often require input from a team of health professionals.

A system which better responds to chronic disease would improve the lives of millions of Australians, and in the long term may save the health budget millions in unnecessary hospital presentations. Our current primary care system is designed through Medicare incentives to be responsive when we fall suddenly ill or have an accident. But what if the disease cannot be easily cured like chronic heart problems or diabetes?

The Greens have a plan to reform Medicare to meet the needs of the millions of Australians living with chronic disease through additional funding for GPs and voluntary enrolment to provide coordinated care.

Our \$3.5 billion plan will provide services for up to 500,000 people with chronic physical illnesses and 500,000 people with chronic mental health conditions each year.¹⁴ Over time, this number would expand to meet the needs of the population. Our scheme will:

- Reorganise the current GP payment system, with \$1000 payments available to GP practices for each enrolled patient to compensate doctors for delivering high quality chronic disease care.
- Give patients who are in the scheme access to \$750 of

11 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Budget

12 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Mid-Year Economic and Fiscal Outlook, however will see reductions in updated costing due to changes to the government's baseline.

13 AIHW, Australia's Health 2018, <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>

14 Financial implications prepared by the independent Parliamentary Budget Office are costed and current as at 2018-19 Mid-Year Economic and Fiscal Outlook.

allied health professionals' care through Primary Health Networks. The specific practitioners who are eligible for this scheme will be determined by Primary Health Networks and GPs.

- Develop nationwide standards and models of care for the treatment of chronic disease.
- Improve data collection across the primary health system so that patient outcomes can be better monitored and assessed.
- Develop a national framework for chronic disease identification and treatment, including patient risk profiles, performance targets and detailed care pathways.

Together these reforms will ensure our system is geared to meet the modern needs of Australian patients.



MEDICARE-FUNDED DENTICARE

Right now, dental care is not included in Medicare, forcing people to pay out-of-pocket for the dental care they need. More than a third of adults report they have delayed seeing a dentist due to cost.¹⁵

The lower your income, the more likely you are to experience chronic dental problems. For people in rural and regional Australia, First Nations people, and older people, the numbers are even worse. More than a third of remote area residents and an appalling 57% of First Nations Australians live with untreated tooth decay.¹⁶ Older Australians in particular cite cost as a barrier to accessing dental care.¹⁷

Waiting lists for many public dental clinics around the country are now months or years long¹⁸, so those who can't afford to pay for dental care miss out.

The Greens will invest \$3.5 billion¹⁹ over the next four years to make Medicare-funded dental available to all Australians by 2025. In the next four years we will make it available to: all children under 18 years; all aged pensioners; all people on the full rate of benefits including Newstart, youth allowance, carers payment and the disability support pension and all other concession card holders.

¹⁵ AIHW, Oral health and dental care in Australia: key facts and figures, 2015 <https://www.aihw.gov.au/getmedia/57922dca-62f3-4bf7-9ddc-6d8e550c7c58/19000.pdf.aspx?inline=true>

¹⁶ RFDS, Filling the Gap, Disparities in Oral Health Access and Outcomes in Remote and Rural Australia, 2015 https://www.flyingdoctor.org.au/assets/magazine/file/RN020_Filling_the_Gap_Dental_Research_Report_D6.pdf

¹⁷ AIHW, Older Australia at a glance - dental services, 2017, <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-and-aged-care-service-use/dental-services>

¹⁸ AIHW, A discussion of public dental waiting times information in Australia: 2013–14 to 2016–17, 2018, <https://www.aihw.gov.au/getmedia/df234a9a-5c47-4483-9cf7-15ce162d3461/aihw-den-230.pdf.aspx?inline=true>

¹⁹ The Parliamentary Budget Office revised their methodology of this costing between 27 July 2018 and 26 March 2019. This cost reflects the updated costing which was provided to the Australian Greens on 26 March 2019, after our previous announcement of this policy.