



PRIME MINISTER

EMBARGOED UNTIL DELIVERY

CHECK AGAINST DELIVERY

HEALTH POLICY STATEMENT
FRANKSTON - 18 JUNE 1987

In February 1984, my Government restored fairness and equality of access to the health insurance system with the introduction of Medicare.

The system is built on our uncompromising commitment to three clear, fundamental principles: health insurance cover for all Australians; equality of access to health services for all Australians; and payment according to means for all Australians.

The dramatic and incontrovertible achievement of Medicare is this: two million Australians who previously had no health insurance cover now have it.

That's two million Australians who now have the security and confidence of health insurance who had none before.

After the chronic chaos of the Fraser years, Medicare restored sanity and predictability and reassurance to a vital area of family life and family budgeting.

Australian families have not forgotten the uncertainty they were caused by the string of five different health insurance systems introduced over the seven Fraser/Howard years.

That is why Australian families will be rightly alarmed by the Liberals' promise, confirmed as recently as yesterday by their health spokesman, to resume their onslaught on Medicare.

The purpose of today's press conference is not solely to highlight the flaws in the Liberal's health scheme.

It is also to contrast it with the range of policies which the Government has put in place to improve the delivery of health care services in Australia.

I also want to release details of two new initiatives which the Government will implement to further improve the Australian health system.

Before proceeding, I want to pay special tribute to Neal Blewett who has been an outstanding Health Minister throughout the life of this government.

One of the Government's new initiatives concerns Neal Blewett's portfolio; the other concerns Susan Ryan who has ably discharged her role as Minister Assisting me on the Status of Women.

Yesterday the Liberals' health spokesman, Senator Baume, released a policy which confirms that his Party's commitment to helping the big private health funds, at the expense of the average Australian family, has not diminished.

His proposal is unaffordable, unworkable and, most of all, unfair.

It is proof that the Liberals want to dismantle one of the Government's greatest social reforms - Medicare - and negate its progressive contribution to redistribution and equity.

The Liberal's health policy is clearly from the same stable as their tax policy.

It is a redistributive policy which penalises the poor and the ill and helps the wealthy and healthy.

The Liberals want to take the most valuable card in your wallet or purse - your Medicare Card.

In effect, they want to pick your pocket - and they're asking your help to do it.

Australians who get sick would be fleeced by the Liberals to the tune of \$250 a year.

And the Liberals insult the intelligence of the Australian community by saying this charge can be insured against. Over a year these weekly insurance costs would add up to virtually the same amount as the front end charge.

The Liberals justified the new \$250 charge on the grounds that it would act as a disincentive to unnecessary medical servicing. But that aim would be negated by the availability of insurance.

The Liberals' so-called amnesty to dispose of hospital waiting queues must be seen as a wand-waving exercise

It supposes people on public hospital waiting lists can afford top table insurance; and it would inevitably force private fund premiums through the roof.

And the proposal to reintroduce 'gap' insurance would hit hardest the chronically ill - including those least able to afford it.

Under the Liberals' scheme those people unable or unwilling to take private medical insurance will nevertheless find themselves paying the levy plus the \$250 charge or equivalent insurance plus the gap between schedule fees and actual medical bills or the optional gap insurance.

The flaws in this proposal are not surprising: Senator Baume was only appointed as his Party's health spokesman a few weeks ago; in the Liberals' haste in putting together their hotch-potch of policies, simplicity and fairness has gone by the board.

Their new policy has dribbled out in bits and pieces since the election began, which has only added to the confusion.

Just as the Fraser Government created five successive health systems in seven years - Michael Baume has presided over five different health policies in the last seven days!

Let me now turn to the specific initiatives we are announcing today.

The first concerns hospital waiting lists.

Let me first explode the myth which the Liberals have been assiduously pushing that waiting lists are a function of Medicare.

Whatever Senator Baume may claim, State Health Ministers agree Medicare is not to blame.

Hospital waiting lists are the regrettable result of a combination of factors such as shortages of nurses and medical specialists, and the rapid advance of medical technology which has helped to boost public expectations of treatment and demand for it.

These issues are properly within the responsibilities of State governments.

Some state governments, notably Victoria and NSW, have begun programs designed to address some of the bottlenecks.

However, the Commonwealth does have a role to play in supporting such state initiatives.

Accordingly, my Government will provide funds to State governments so they can implement programs which will have a real impact on reducing waiting lists.

States will, for example, be able to use the funds to increase the number of nurses, thereby increasing their hospitals' capacity to provide surgery.

They will be able to increase the number and quality of their day-care surgeries, which are recognised as the most cost-effective way of treating patients.

Or they will be able to create wards or theatres specially dedicated to certain kinds of treatment, which will allow hospitals to provide speedier treatment, and thus shorter waiting lists.

In other words, these initiatives will provide faster treatment at lower cost to the system.

Faster treatment means reduced waiting lists: and reduced waiting lists means better health care for all Australians.

In all, we expect \$100 million over two years to be spent on this work.

The third Hawke Government will make available \$25 million a year over the two year life of this Hospital Waiting List Assistance Program.

This money will be provided to State governments on a dollar for dollar basis, bringing the total to \$100 million.

We are thus addressing the real, as opposed to the illusory, causes of hospital waiting lists.

The second initiative I am announcing today continues the implementation of the Government's desire to prevent ill-health before it strikes, rather than to treat people who have already fallen sick

It is also an initiative of special relevance to women.

The most common form of cancer killing women in Australia today is breast cancer: over 5000 new cases are diagnosed each year; one woman in 15 develops breast cancer at some stage during her life.

This rate is far too high: especially when, according to the latest medical evidence, the chances of women over 50 developing breast cancer can be significantly reduced if it is detected early by breast x-rays.

The next Hawke Government will, as a first step, help set up and evaluate a nation-wide study into the effectiveness of breast cancer screening in mature women to assess the feasibility of a national screening program.

Similarly, there is evidence that screening programs for cervical cancer can also be effective in preventing it.

Many women however - particularly those in the older, higher risk groups and those in rural areas - are reluctant to attend male doctors for cervical cancer tests.

My government therefore will share with the States the cost of establishing cervical cancer screening services provided by women medical teams - especially in rural areas.

Both these preventive programs are inexpensive and, we believe, highly effective ways of stopping significant health problems before they start.

We will set aside a total of \$1.1 million in 1987-88 for the programs, rising to \$2 million next year. A further \$1 million will be set aside for the cervical program in 1989-90.

The Government has not restricted its efforts in health policy to the introduction of universal and fair health insurance system - as important as that is to every Australian individual and family.

We have also placed an upper limit on the amount that families or individuals have to pay for pharmaceuticals.

It is a simple and convenient safety net which protects the chronically ill - and which of course allows pensioners to continue to receive listed pharmaceuticals for free.

We have also led the world in the fight against AIDS.

We became the first country to implement comprehensive blood screening tests.

In no Australian case since May 1983 has the AIDS virus been transmitted through blood or blood products.

We have co-operated with the State Governments in a \$100 million campaign against drug abuse.

We have also taken steps to develop a strategy aimed at the prevention of ill health and the encouragement of healthier lifestyles in Australia.

We are the first Government to set about this task in a coherent fashion.

It is designed to yield not just improvements in the quality of Australian life but real reductions in the calls we make upon the health system.

On this record, and this contrast with the Opposition, we are proud to ask the Australian people to judge us.

Neal Blewett, Susan Ryan and I will be happy to answer your questions.
