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Good health and wellbeing in rural and remote Australia.

MEDIA RELEASE

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Co-payments: missing the point for rural and remote health

People in rural and remote areas are already paying for health care they can't access and Medicare co-payments will do nothing to improve the situation for them.

It would be counter-productive in health terms and unfair in 'Australian terms' to erect any additional barriers in the health sector to primary care in country or city. There is evidence from around the world that the more access people have to primary care, the healthier they are as individuals, communities and even whole societies.

Primary care is provided in many of the more remote areas by nurses, Aboriginal Health Workers, allied health professionals, the RFDS and others - in circumstances where there is often no local GP. The health funding changes that will work in such areas are those that recognise, increase and enhance the wonderful work undertaken by those other professionals - not fiddling with GP co-payments.

Out-of-pocket health care costs are already higher in rural and remote areas and many people make extraordinary efforts to access a GP, including paying transport costs, and the last thing they need is another barrier to access. Lack of continuity of care is also an issue.

In aggregate, people in rural and remote areas have about \$2.1 billion less access to primary care every year than people in the major cities. This disparity is despite the fact that they have poorer health, lower socio-economic status and lower life expectancy than people living in Australia's major cities.

Co-payments for emergency department treatments and extra costs for private health insurance would simply exacerbate these rural access deficits. Compared with those who live in major cities, country people by necessity have to rely on public hospitals by an amount estimated at \$800 million a year more because they have limited access to primary care services.

The uptake of private health insurance (particularly full cover) decreases with remoteness because incomes are lower and few private facilities exist. A greater role for private health insurance would therefore be impractical in rural and remote areas.

People in more remote areas are already paying the same rates of taxation for much less access to publicly-funded health care. Regardless of the financial situation, rural people should never have to pay more for less.

Note: evidence about the Medicare deficit and the overall primary care deficit is available [here](#).

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