



Appropriation Bill (No. 1) 2011-2012
Consideration in Detail
Health
15 June 2011
Sharon Grierson MP

Ms GRIERSON (Newcastle) (10:34): I take great pleasure in drawing attention to the appropriations in this budget and particularly for health. I take this opportunity to acknowledge and thank Minister Butler for his frequent visits to Newcastle and his wonderful delivery on mental health services. I also take this opportunity to thank Minister Snowden, who is sitting beside me, for his attendance at a national Indigenous men's health forum in my electorate. I know how much it is appreciated that our interest in the health of the Indigenous population is genuine and that we have delivered great outcomes. Also worthy of mention are the achievements of Parliamentary Secretary Catherine King, who is also in the chamber, on the organ donation program. I also note that the member for Shortland joined with me just recently in my electorate to announce one of the first Medicare Locals, and that is something we take great pride in.

For us, this budget delivers on four years of great investment in the health of our electorates. All of us have been touched by cancer in some way, with 88,000 Australians diagnosed with cancer each year and 35,000 dying from cancer each year. In the four years before the federal Labor government was elected in 2007 we had campaigned long and hard for attention to be given to our scanning and imaging equipment but we were ignored by the then health minister, Tony Abbott. We were pleased and privileged to have a PET scanner, but it had been bought by the specialists themselves and was being funded by the specialists themselves. It was not until Labor was elected that the positron emission tomography scheme was funded for a Medicare licence, and then, in a follow-up budget, \$1½ million was invested to upgrade services—to buy the necessary radiopharmaceuticals, increase the shielding equipment and purchase another PET scanner.

Under this government we have also seen a new Medicare licence for an MRI scanner at the East Maitland Private Hospital, which services my electorate and that of the member for Hunter. The Calvary Mater hospital in my electorate, which provides most cancer oncology services in the state of New South Wales, purchased a new MRI machine which was installed just two weeks before the budget. We had been waiting for that machine to be installed and I am very pleased that in this budget the minister was able to partially fund a new Medicare licence under a regional health program. So my question to the minister is: can you outline the ways that access to important MRI diagnostic services was included in the budget—those services that will help diagnose conditions such as cancer—and how this is reforming access to MRI services right across the nation?

Mr BUTLER (Port Adelaide—Minister for Mental Health and Ageing) (10:38): I thank the member for Newcastle for her question and for her ongoing interest in health reform under this government. I was very pleased to conduct a consumer and carer forum in Newcastle during our mental health reform process. That forum was auspiced by the Mental Health Council of Australia but hosted by the member for Newcastle. It was an incredibly valuable forum and I took a lot from it. There were some particularly passionate carers at the forum who gave me some very valuable insights into the ways that they and the family members for whom they are caring interact with emergency departments in hospitals in particular.

That is why one of the focuses of the mental health reform package outlined in this year's budget, supported by a \$200 million reform fund from the Commonwealth, is to engage with the states about ways in which the experience of people with severe mental illness and their carers presenting at emergency departments can be improved. I took a lot from the Newcastle session about that issue, and it was very important in terms of us developing that position to take to the states at COAG later this year.

As the member for Newcastle has outlined, the area that she represents in New South Wales has benefited greatly from the health reform process. There has been very significant improvement in medical assessment infrastructure in Newcastle, particularly at the Calvary Mater hospital, with eight beds funded by this government for a medical assessment unit. The member for Newcastle has already outlined a

number of the diagnostic imaging improvements which have been supported by this government. She would also be aware that the Hunter Urban Division of General Practice is one of the first group of Medicare Locals announced by the Minister for Health and Ageing in the last couple of weeks as well as being a lead implementation site for our e-health reforms, which are so central to the success of our broader health and mental health reform process.

The member for Newcastle would also be aware that this government has greatly supported the Hunter Medical Research Institute, which is something of a nation leader in medical research in the area of mental health. That institute has received support to the tune of \$35 million from this government that will allow it continue and expand its valuable research in the area of public discussion of mental health and suicide issues as well as early childhood mental health, which is such a central part of our mental health reform package in this budget.

The member for Newcastle asked particularly about the diagnostic imaging reforms presented in this year's budget. As all members know, and as the member for Newcastle in particular knows, diagnostic imaging is an incredibly important part of the healthcare system and a fast-growing part of healthcare expenditure. In 2009-10, Medicare expenditure on diagnostic imaging was around \$2.15 billion, an increase of over 10 per cent on the previous year in spite of a range of supply-side restrictions in the area of MRI licensing, for example. In response to significant advocacy from the sector and the broader community, in last year's budget this government announced a broad review into diagnostic imaging, which has led to the announcement of a \$104.4 million diagnostic imaging reform package over the next four years. In particular, that package will do a couple of things.

Firstly, it will expand the number of Medicare licensed MRI machines around the country from about 125 to about 200, an increase of over 50 per cent. That particularly will benefit regional communities. Also, we have responded to advocacy from the sector that would allow GPs to refer patients for MRIs directly rather than having to go through a specialist or a physician. From November 2012, children aged 16 and under will receive a Medicare benefit for a GP requested, clinically appropriate MRI service for the first time. That Medicare eligibility will be expanded to Australians over the age of 16 from the following year, 1 November 2013. These are reforms that will significantly improve

diagnostic imaging and thereby significantly improve the health of all Australians.