

Lung Foundation Australia submission to the Select Committee on Cost of Living

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Level 4, 12 Cribb Street, Milton QLD 4064

PO Box 1949, Milton QLD 4064

ABN: 36 051 131 901

1800 654 301

[Lungfoundation.com.au](https://lungfoundation.com.au)

enquiries@lungfoundation.com.au

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Executive Summary

Lung Foundation Australia is pleased to provide feedback to the Select Committee on Cost of Living. We welcome and strongly support the Inquiry and acknowledge the impact current cost-of-living pressures are having across Australia. We appreciate the complexity of the issues at hand and the need to identify solutions that support Australians without contributing to further inflation. It is well recognised that health is a significant cost to the health system and to individuals, and as such we focus our submission on strategies to relieve healthcare costs for people living with a lung condition, in line with principles of universal health coverage.

Lung Foundation Australia are the peak body for lung health, and we are pleased to represent the views and perspectives of the 1 in 3 Australians living with a lung disease, including lung cancer. To better understand how the cost-of-living pressures are impacting people with a lung condition, and possible measures for easing current pressures, we surveyed **over 700 people living with a lung condition**. Quantitative and qualitative findings from the survey emphasise the significance of this issue for people living with a lung condition, with many struggling with the cost-of-living pressures and turning to strategies that may impact their health in the short- and long-term.

Informed by both published evidence and consumer experience, we have provided feedback against Terms of Reference a) and d), and make a number of recommendations in the following areas:

1. Cheaper medicines, medical equipment, and vaccinations

1.1 Support for expansion of 60-day prescription program

1.2 Make pneumococcal vaccination free for people living with COPD, severe asthma, and interstitial and fibrotic lung disease

2. More affordable GP appointments and more care in the community

2.1 Support for investment in increased bulk-billing incentives

2.2 Invest in the evidence-based telehealth respiratory care program

3. Affordable allied health and mental health support

3.1 Fund pulmonary rehabilitation services for people living with a lung disease

3.2 Invest in the telehealth social work program for people with a lung condition

4. Reduce out-of-pocket costs for tests and scans

4.1 Direct the Department of Health and Aged Care to review the diagnosis of COPD and other chronic respiratory diseases

5. Address travel-related barriers to health care

5.1 Continue to fund telehealth options for initial specialist consultations

5.2 Implement national standards for patient-assisted travel schemes to enable equitable and affordable access to cancer care

6. Consideration for other system-level strategies

We recognise that many Australians are being impacted by the current cost-of-living pressures. The feedback we have received highlights the importance of additional and targeted supports for vulnerable groups such as people living with a lung disease. Thank you for the opportunity to provide feedback. If you would like to discuss the recommendations further, please contact Zoe Scovell, Health Policy Insights Officer, Lung Foundation Australia at zoes@lungfoundation.com.au.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Mark Brooke', with a stylized flourish extending to the right.

Mark Brooke
Chief Executive Officer
Lung Foundation Australia

About Lung Foundation Australia

Lung Foundation Australia is the only national charity and peak body dedicated to supporting anyone with a lung disease, including lung cancer. For over 33 years we have been the trusted point-of-call for the 1 in 3 Australians living with a lung condition. Our mission is to improve lung health and reduce the impact of lung disease in Australia. We work to ensure lung health is a priority for all, raising awareness about the symptoms and prevalence of lung disease, promoting prevention and early diagnosis, advocating for policy change and research investment, and championing equitable access to treatment and care. We have partnered with patients, health professionals, researchers, organisations, and the general community to drive health reforms that benefit the more than 7 million people impacted by lung disease in Australia.

Impact of lung disease in Australia

Lung conditions contribute significantly to the overall burden of disease in Australia, with lung cancer and chronic obstructive pulmonary disease (COPD) among the top five leading causes of premature mortality¹. Lung diseases cost the Australian health system approximately \$8 billion annually², not considering indirect costs attributable to loss of life and inability to contribute to the workforce. If not detected early or managed properly, lung health may deteriorate irreversibly, contributing to poor health outcomes, reduced quality of life, and preventable costs for patients and the health system.

2024 Cost of Living Survey

Lung Foundation Australia surveyed **703 people living with lung disease** to better understand how the cost-of-living pressures are impacting people with a lung condition and possible measures for easing current pressures.

Adults living with a lung condition were invited to complete an online survey (time to complete approximately 20 minutes), which included both quantitative and qualitative questions. People who reported possibly having been impacted by the cost-of-living pressures in the past year were presented with a more in-depth set of questions to uncover details of how they had been impacted. The survey was launched in late January and ran for three weeks. Participants were predominantly recruited via Lung Foundation Australia's mailing list. All quotes included in this submission are from responses to this survey.

Key characteristics of survey respondents:

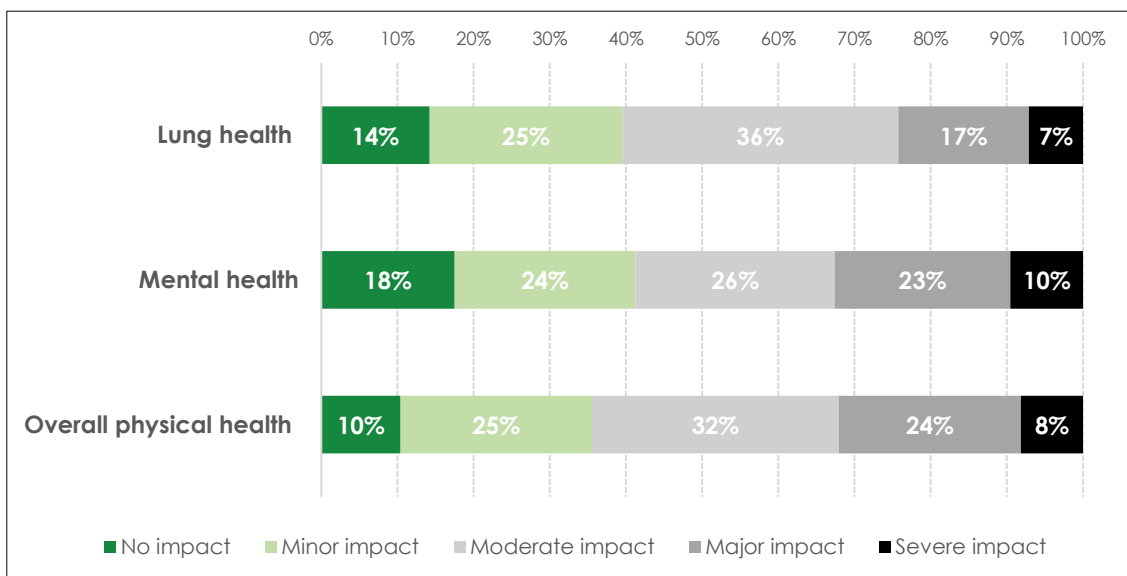
- Average age 68 years (48% aged 70 years or older)
- 68% female
- 11% living with lung cancer
- Representation from each state and territory, with highest representations from New South Wales (29%), Queensland (27%) and Victoria (20%)
- 45% living in a capital city, 38% in a regional city, and 17% in a rural or remote area
- 76% held a concession card (pensioner card, veteran card, health care card) in the past year
- Nearly half (48%) owned their home outright

Terms of Reference a): the cost-of-living pressures facing Australians living with a lung condition

Worsening mental and physical health driven by changes in cost of living

The cost-of-living pressures are significantly impacting people with a lung condition. In our survey, more than 80% of respondents reported having been impacted by the cost-of-living pressures in the past year. Among this group, more than 50% of people reported finding it difficult to manage their lung health, mental health, or overall physical health as a result of the cost-of-living pressures (see Figure 1).

Figure 1. Impact of the cost-of-living pressures on ability to manage lung health, mental health, and overall physical health among people living with a lung condition (n = 577*)



*Survey respondents who agreed or strongly agreed with having been impacted by the cost-of-living pressures in the past year.

The cost-of-living pressures are causing a great deal of stress for people living with a lung condition and impacting their mental health and wellbeing. This stress is also impacting lung health and overall physical health through symptoms such as disturbed sleep, reduced appetite, and increased breathlessness.

"...trying to "live" is hard work even without lung disease and the added pressure of the cost of living can be stressful. As my doctors have said, stress and lung disease don't go well together."

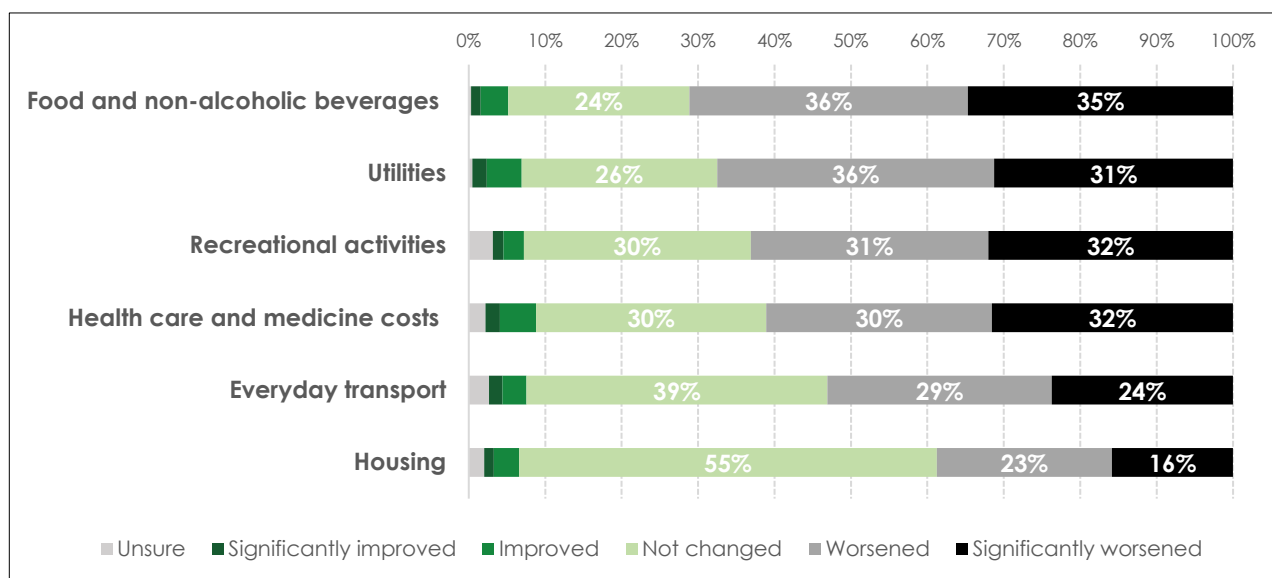
"The general rise in the cost of living is causing me great anxiety and as a result I am losing sleep and eating less which is having a negative impact on my mental health, and in turn my lung health is suffering because I am either not using the medications prescribed or I am not looking after myself and my immunity to coughs and colds etc is low. I find I am isolating myself more (I live alone) and avoiding crowds. This is not my usual way of living as I love live music and going out in general."

"Actually, [I] am as anxious about being able to afford my medical cost as I am to the results of the scans etc."

Rising costs forcing choice between health and other necessities

People living with a lung condition report significant difficulties in affording a range of everyday expenses due to rising costs. The types of expenses people report finding the most difficult to afford include food and non-alcoholic beverages, utilities, recreational activities, and health and medicine costs (see Figure 2).

Figure 2. Changes in ability to afford everyday expenses over time (the past year compared to 2019, before the recent rise in cost of living) among people living with a lung condition (n = 637*)



*Survey respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by the cost-of-living pressures were asked to report how these pressures may have impacted their ability to afford everyday expenses over time.

As a result of rising costs in many essential areas, people with a lung condition report having to prioritise their spending and sacrifice other less essential expenses important to their wellbeing, such as social activities, hobbies, and time for self-care. People also report having to make challenging decisions between affording health care and other necessities such as food and utilities.

"Most of the medication is expensive and I have to decide whether or not to spend the money on it or food."

"As a mum, you do everything for your kids. ...They come first, and I find sacrificing my medication, my exercise classes, allied health, and mental health sessions now imperative to ensure the children get what they need."

"... I have also been unable to afford medicine some fortnights so have gone without, which leads to exacerbations and poor control."

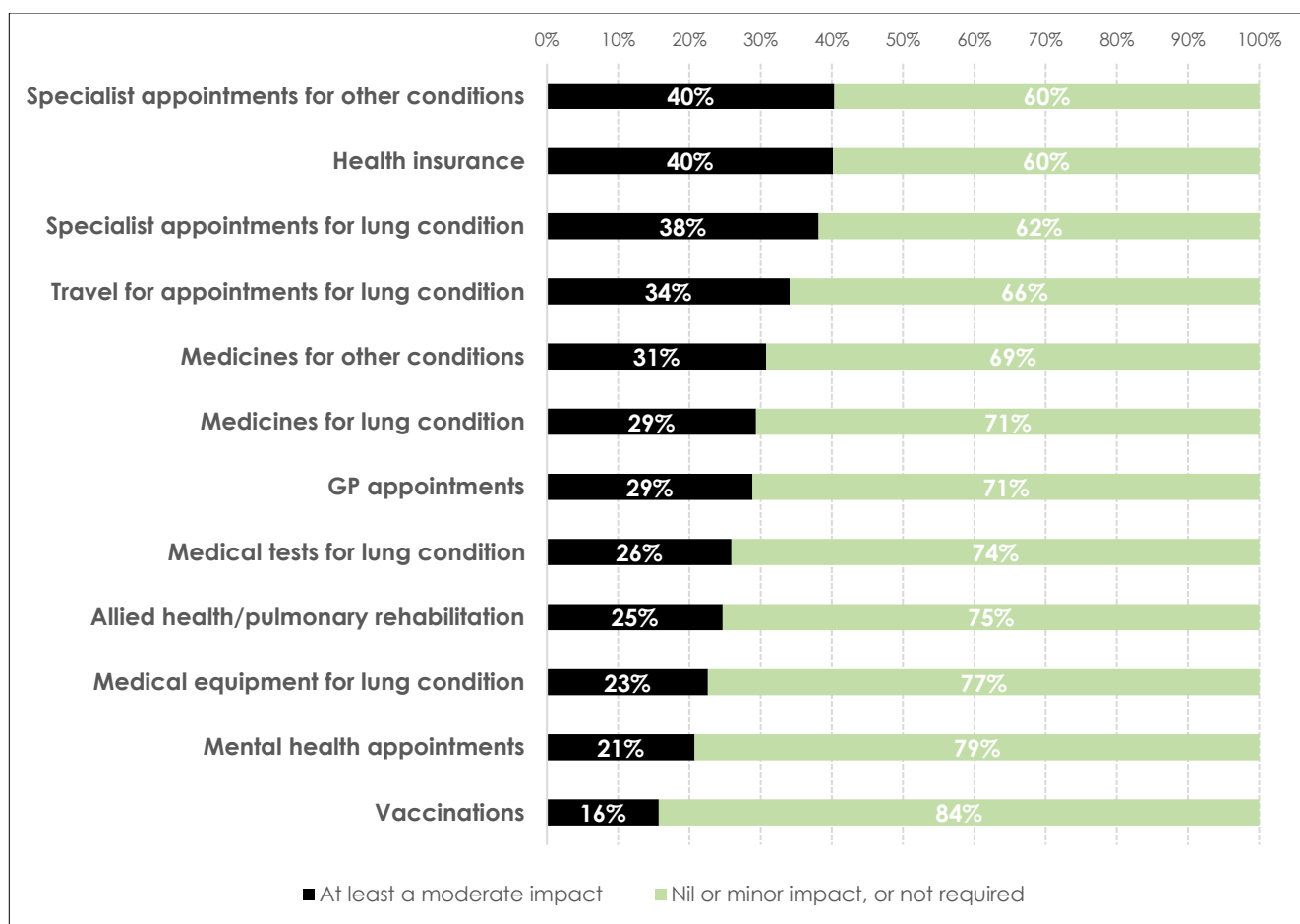
"I turn my oxygen off during the day when I can to save the electricity costs."

Making decisions to turn off oxygen during the day, or not to purchase medication, presents **significant risks** to health outcomes for these Australians. Many lung conditions are chronic. When these conditions are not managed properly symptom exacerbations can occur, often resulting in hospitalisation, and lung function may deteriorate irreversibly. The choices people with a lung condition are making due to rising living costs can have major implications.

Cost-of-living pressures impacting affordability and use of health services and treatments

More than 75% of all survey respondents reported that out-of-pocket costs for their health care or medicines had increased over the past year, compared to before the rise in cost of living. In the context of other rising costs, this is making it even more difficult for people with a lung condition to afford necessary health services and treatments. People with a lung condition report finding it most difficult to afford specialist appointments, health insurance, and travel for medical appointments (see Figure 3).

Figure 3. Impact of the cost-of-living pressures on ability to afford various health services and treatments in the past year among people living with a lung condition (n = 637*)



*Survey respondents who agreed, strongly agreed, or were neutral with respect to having been impacted by the cost-of-living pressures were asked to report how these pressures may have impacted their ability to afford different health services and treatments.

A significant proportion of people also report challenges in affording medicines, appointments with a GP, allied health support, medical tests, and medical equipment. Tests and medical equipment most frequently reported as being difficult to afford included lung function tests, inhalers, oxygen, nebulisers, and scans (e.g., CT, MRI, PET). Survey respondents reported that not being able to afford appropriate medical equipment was having a major impact on their health and quality of life.

"I am unable to afford portable oxygen anymore which means that I do not leave home. I am on 24/7 oxygen. This has obviously caused social isolation. I am unable to visit pharmacists, supermarkets, and other places that people take for granted."

Certain subgroups of survey respondents reported greater difficulties in affording some health services and treatments. Nearly 1 in 4 people (23%, n = 76) less than 70 years old reported difficulties in affording vaccinations, compared to only 8% (n = 24) of people aged 70 years or older, possibly reflecting important differences in access to free vaccinations in these age groups. Similarly, nearly 1 in 2 (46%, n = 52) people living in a rural or remote area reported difficulties in affording travel for medical appointments for their lung condition, compared to 33% (n = 82) of people living in a regional city and 30% (n = 83) of people living in a capital city. People who did not hold a concession card reported greater difficulties in affording GP appointments and medicines, likely given differences in bulk-billing and medicine co-payments. However, approximately one quarter of people who held a concession card still reported at least a moderate impact on their ability to afford GP appointments or medicines.

In light of these affordability challenges and other pressures, people with a lung condition have made changes to their use of health services and treatments.

“I stopped physiotherapy and that was pretty much keeping me out of hospital. I delay specialist appointments and string that out too.”

Some of the most frequently used strategies include going without or reducing use of allied health services, sourcing funds in a potentially compromising way to be able to see a private respiratory specialist or pay for medicines and medical equipment, and cancelling or delaying GP appointments (see Table 1).

Table 1. Strategies used by people living with a lung condition in the past year as a result of the cost-of-living pressures (n = 703)

Strategies	n	%
Gone without or cut back on allied health services	284	40%
Used savings, gone into debt, or sought money through other means to see a private specialist for my lung condition	243	35%
Changed to a cheaper generic medication despite personal/healthcare provider preference for brand name medication	232	33%
Cancelled or delayed seeing a GP	208	30%
Used savings, gone into debt, or sought money through other means to be able to purchase my medicines/medical equipment	200	28%
Attended a health clinic that bulk bills instead of going to my usual GP/clinic	189	27%
Cancelled or delayed specialist appointments for my lung condition	169	24%
Sought advice from a pharmacist instead of my usual GP/clinic	148	21%
Gone without or cut back on mental health appointments	145	21%
Delayed or gone without a test or scan	129	18%
Changed from seeing a private specialist for my lung condition to the public system	108	15%
Used out of date medicines	97	14%
Cancelled private health insurance for me/members of my household or reduced the coverage	82	12%
Cut back or stopped using my prescribed medicine so that I can afford other things for myself	63	9%
Gone to the Emergency Department for a non-urgent issue instead of a health clinic/GP	56	8%
Bought over-the-counter medicines instead of my prescribed medicines	47	7%
Cut back or stopped using my prescribed medicine so that I can afford medicines or other things for my family/household	45	6%

For many, the cost of traveling to an appointment (fuel, parking, or public transport) was prohibiting them from accessing their healthcare professional.

"I just cannot afford the fuel to drive in for multiple appointment[s] in the same week as I have no money left after paying bills, rents, utilities, medications, etc being on a disability pension there is just no money"

People living in a rural or remote area were more likely to report cancelling or delaying a specialist appointment for their lung condition (32%, n = 39), compared to people living in a regional city (26%, n = 69) or in a capital city (19%, n = 61).

Terms of Reference d): Measures to ease the cost of living for people living with a lung condition

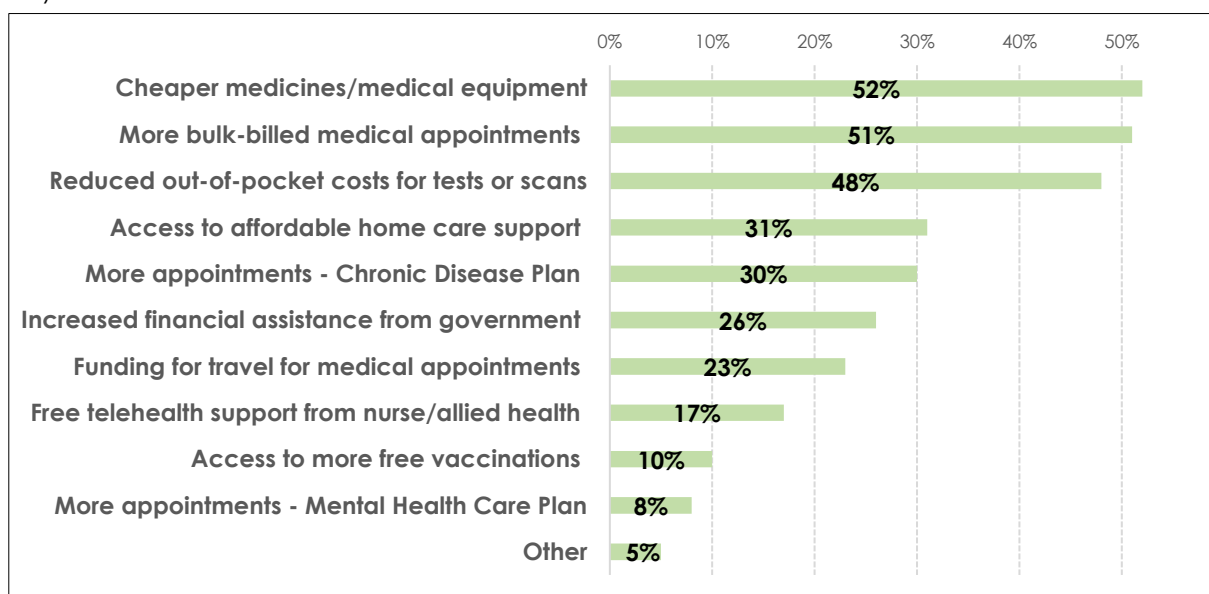
Community experiences and satisfaction with Government action

More than 1 in 2 survey respondents (51%) reported being dissatisfied with the actions taken by governments to help people with a lung condition through the cost-of-living pressures. Many reported that when it came to current government support to reduce costs, they were either not eligible, or the support was not sufficient. People mentioned that relieving the cost-of-living pressures would mean they would be better able to manage their health condition.

"Any help to relieve and reduce the stress associated with illness and cost of living would greatly benefit the healing process as well as mental health and physical well being. The last thing a sick person needs to worry about is money or how they will eat, pay rent, or buy medications."

Survey respondents were asked to choose three initiatives that would be most helpful to them from the options listed in Figure 4 below. People were most likely to ask for increased access to cheaper medicines and medical equipment, more bulk-billed medical appointments, and reduced out-of-pocket cost for tests and scans. There was also strong support for greater access to affordable allied health services, funding for travel for medical appointments, as well as other system-wide supports like home care assistance or increased financial support from government (e.g., income support).

Figure 4. Initiatives considered most important to relieving health care costs for people living with a lung condition (n = 703)



It should also be noted that a small but important proportion of survey respondents (11%) were satisfied or very satisfied with the actions taken by the government to help people with a lung condition through the cost-of-living pressures. Some people spoke very highly of the healthcare system in Australia and the supports available to them, in particular concession cards and bulk billing.

"I've been using the wonderful Qld and Australian Health systems for my condition so it has all been bulk billed"

"I recently obtained a Commonwealth Seniors Health Card which made a huge difference to the cost of my medications."

Recommendations for future measures

Lung Foundation Australia recognises the Government's investment in strategies to reduce the cost-of-living pressures for Australians, and commend the Government's efforts to reduce inequities and provide support to those most vulnerable. We do, however, hope to highlight the unique challenges and vulnerabilities of Australians living with a lung condition, as such our response focuses predominantly on strategies to reduce healthcare costs for people living with a lung condition. The recommended measures aim to encourage use of health services and treatments in line with evidence-based recommendations, helping to improve the health and wellbeing of people living with a lung condition and prevent unnecessary health system expenditure.

"Reducing out-of-pocket expenses for appointments, scans, medicines means they become more affordable and accessible; this allows us to actually go to appointments and take our medicine, which then enables us to have better control of our health conditions and reduces pressure on the health system overall."

1. Cheaper medicines, medical equipment, and vaccinations

The cost-of-living pressures are making it difficult for people living with a lung condition to afford their medicines, medical equipment, and vaccinations.

"I have gone without meds for a week or 2 because it's either eat or buy meds. I had to stop paying a few bills and declared non secured bankruptcy. I may need to look at selling my house in the near future."

We make two key recommendations to address this issue as outlined below. In addition to these recommendations, we recognise the significant financial barriers people are facing in purchasing and operating their medical equipment and advise further consideration also be given to this matter.

1.1 Support for expansion of 60-day prescription program

We strongly support the Government's implementation of the 60-day prescription program which will not only reduce the cost of medicines for patients, but also reduce out-of-pocket costs for GP appointments³. When our survey was conducted, the first tranche of medicines had been added to the program, but only 23% of respondents reported having accessed cheaper medicines through this program. A further 94 medicines have since been added, with more than 300 medicines to be included in the program by the end of the year. Continued expansion of this program is critical and will help reduce the costs of medicines for people living with a lung condition, especially chronic conditions like COPD.

1.2 Free pneumococcal vaccination for people living with COPD, severe asthma, and interstitial and fibrotic lung disease

In 2017-18, vaccine-preventable pneumonia and influenza were the seventh most common cause of avoidable hospitalisations in Australia⁴. The Australian Technical Advisory Group on Immunisation (ATAGI) clinically recommend pneumococcal vaccination for adults of all ages living with these lung conditions⁵. While all adults can receive free pneumococcal vaccination through the National Immunisation Program (NIP) at age 70 (50 years for Indigenous Australians), those that are younger but living with these lung conditions have to pay out-of-pocket. Private pneumococcal vaccination can cost over \$200, which is prohibitive for many people, especially in the context of current cost-of-living pressures.

"Many required vaccines for immunocompromised patients are very expensive e.g. Shingles, Hep A/B, pneumococcal etc. Financial support would help ease the financial burden."

Free pneumococcal vaccination for all adult Australians living with COPD, severe asthma, and interstitial and fibrotic lung disease would reduce pneumonia hospitalisations, which then reduces health system costs and pressures, as well as costs to the community associated with time off work and any further out-of-pocket costs from treatment. We understand that the National Immunisation Strategy is set to be updated in 2024, and we hope that it will aim to improve alignment between clinical recommendations and funding recommendations.

2. More affordable GP appointments and more care in the community

Being able to access to affordable GP appointments and care in the community is important to people living with a lung condition.

"It would relieve a lot of my anxiety if I were able to book a Telehealth appointment that was bulk billed with my Dr for peace of mind conversations. Sometimes I just need confirmation that what I am doing is the right thing. Sometimes I just need a script filled, and sometimes I'm too sick or breathless to even get to my GP."

We make two key recommendations to address this issue as outlined below. We also support the recommendations made to the Committee by Consumers Health Forum of Australia to reduce out-of-pocket costs for GP and specialist appointments⁶. The cost-of-living pressures have made it even more difficult for people with a lung condition to afford specialist care, therefore we also acknowledge the importance of strategies that could reduce unnecessary burden on specialist services to the benefit of patients.

We would like to acknowledge and thank the Government for their recent investment in a lung cancer telehealth support service. The service will provide specialised advice and navigation support to people living with lung cancer, free of charge, at a time when it is desperately needed.

2.1 Support for investment in increased bulk-billing incentives

We strongly support the Government's \$3.5 billion investment to incentivise bulk-billing in general practice⁷. The effect of this investment on bulk-billing rates appears promising, with an estimated \$15 million in GP gap fees saved for consumers over a two-month period⁸. It will be important to continue to monitor the impact of these incentives, and consider additional strategies, to ensure increased and equitable access to bulk-billed primary healthcare services.

2.2 Invest in the evidence-based telehealth respiratory care program

The cost-of-living pressures are impacting people's ability to manage their lung health. We recommend the Government invest in Lung Foundation Australia's evidence-based, cost-effective, telephone-based respiratory care program, which provides free, holistic support to people living with a lung disease⁹. The service fills a critical gap in care for people living with respiratory disease, empowering and supporting them to better understand and manage their condition in the context of other health and social factors. This program can help to support people with a lung condition and serves as an adjunct to primary care, enabling the patient to increase their knowledge and understanding of their condition in a stepwise approach, improving their ability to manage their condition in line with guidelines and treatment plans.

"...it would be most helpful to be able to talk to a nurse or allied health professional via a telehealth appointment instead of having to travel to and from an appointment and it would mean you wouldn't have to wait in a waiting room with others so as to avoid the possibility of catching any germs that may be floating around waiting to pounce."

3. Affordable allied health and mental health support

Complementary to the previous section, there is a need for improved access to affordable allied health and mental health support for people living with a lung condition. The cost-of-living pressures are causing significant financial stress and anxiety among the lung disease community and leading to reduced utilisation of important allied health services.

We make two key recommendations to address this issue as outlined below. We acknowledge the Government's investment in strategies to increase access to mental health support, particularly through the pandemic, but highlight that other strategies may need to be considered to address the unique mental health needs of people living with a lung condition. We also recognise the potential for the MyMedicare program¹⁰ to improve access to comprehensive care for people with a lung condition who visit hospital frequently or live in residential aged care. It will be important to monitor the impact of this program on healthcare costs for consumers and to expand access to other key groups over time.

3.1 Fund pulmonary rehabilitation services for people living with a lung disease

Pulmonary rehabilitation (PR) is a six- to eight-week evidence-based exercise and education program that teaches people with a chronic lung condition the skills they need to manage their breathlessness. PR is recognised as the most effective non-pharmacological disease management intervention which provides a magnitude of positive health outcomes for people living with a chronic lung condition¹¹. In addition, participation in PR has been shown to reduce burden on the healthcare system through reductions in hospital admissions and length of stay¹². Eligibility for publicly-funded PR varies, and even people who are eligible face significant wait times due to demand. Private PR programs are available, but there are often out-of-pocket costs even for people with suitable private health cover. We recommend investing in PR in the community to make these programs more accessible to people with chronic lung conditions.

"I would like to go to a facility that allows me to do pulmonary exercise to help with my breathing, but cannot afford it."

3.2 Invest in the telehealth social work program for people with a lung condition

For people living with lung disease or lung cancer, there are a range of unique symptoms and factors that can contribute to deteriorations in mental health, such as increased anxiety due to breathing difficulties, or stigma associated with their diagnosis. The cost-of-living pressures have created a new source of stress for people living with a lung condition, contributing to worsening mental and physical health. We strongly recommend investment in a telehealth social work program for people with a lung condition, which can provide the short-term emotional, practical, and social support that is needed. Lung Foundation Australia are experienced in delivering such a service and are able to rapidly scale from our existing silicosis service¹³, with additional funding.

"I am not in any financial position to have lung disease and the costs that apply. I have been unable to afford counselling. ...There is no hope, and I feel like I am just waiting to die because I am falling through the cracks, no-one is hearing me."

4. Reduce out-of-pocket costs for tests and scans

Tests and scans are critical to diagnosing, treating, and monitoring lung conditions. The cost-of-living pressures are making it difficult for people with a lung condition to afford these services, with many people asking for support to reduce out-of-pocket costs for their tests and scans. We make one key recommendation to address this issue as outlined below. However, we emphasise the importance of promoting or maintaining strategies that keep essential tests, scans, and pathology services affordable and accessible to the community.

"I have delayed spirometry and CT scans due in the past year and am not using the final part of our savings in order to get them done..."

4.1 Direct the Department of Health and Aged Care to review the diagnosis of COPD and other chronic respiratory diseases

Spirometry is required for accurate diagnosis and monitoring of certain lung diseases, namely COPD. There are known, long-standing barriers to spirometry in primary care, so many patients are being forced to undergo testing in private laboratories or specialist clinics. When spirometry does not occur in primary care, this increases costs to Medicare and to patients. More information relevant to this recommendation can be found in [Lung Foundation Australia's COPD Blueprint](#) (see Priority Area 2).

5. Address travel-related barriers to health care

It has been difficult for people with a lung condition to afford to travel for face-to-face medical appointments in the context of the current cost-of-living pressures. Travel costs can be an important barrier to people accessing recommended health care services.

"The price of fuel has impacted me when I need to travel over 200kms each round trip to see my lung specialist and other lung related tests."

We make two key recommendations to address this issue as outlined below. We acknowledge that recommendations 2.2 and 3.2 may assist also.

5.1 Continue to fund telehealth options for initial specialist consultations

In September 2023, the MBS Review Advisory Committee released draft recommendations relating to its post-implementation review of telehealth MBS items¹⁴. A recommendation was made to cease MBS funding for initial non-GP specialist consultations conducted via telehealth. Lung Foundation Australia, with several other non-government organisations, made a submission to the Committee advising against this change. The Committee is due to provide its final recommendations to Government by 31st March 2024. People living with a lung condition are struggling to afford transport costs associated with medical appointments, especially those living in rural and remote areas. The cost-of-living pressures have made it very difficult for people with a lung condition to afford specialist care in general. With the added costs of travel, it is becoming even more challenging for people to access specialist support. For people who face significant and inequitable barriers to accessing health care, telehealth provides an option for receiving support that would otherwise be unattainable.

5.2 Implement national standards for patient-assisted travel schemes to enable equitable and affordable access to cancer care

Although the Australian Government funds patient-assisted travel schemes for people affected by cancer, there is substantial variation in how these schemes are delivered across states and territories¹⁵. Eligibility criteria and financial support are inconsistent and, more alarmingly, inadequate, leading to significant out-of-pocket costs for patients. National standards to guide patient-assisted travel schemes for people with cancer are needed to promote equitable and affordable access to cancer care.

6. Consideration for other system-level strategies

We acknowledge the breadth of strategies of relevance to easing the cost-of-living pressures for Australians. Among respondents to our survey, there was also considerable support for increased access to affordable home care support and financial assistance from government. Consideration must be given to strategies that will reduce or prevent poverty and meet basic needs.

"My sole source of income is the disability support pension. It is inadequate to meet basic expenses like housing, utilities, food, medicine, etc. I am not bad with money, I just don't have enough of it. If my income support was increased I wouldn't have to make a choice between paying my bills and having accessing health care, plus I'd be able to afford to make healthier so-called lifestyle choices like healthier foods, or being able to join an exercise class."

A significant proportion of survey respondents also reported finding it difficult to afford private health insurance. Private health insurance can be very helpful for Australians with chronic conditions, so we commend the Government for limiting the average industry premium percent increase to 3.03% from April 1st 2024¹⁶. We note the increase in private health insurance premiums was lower than other insurance products, as well as wage increases and inflation. We recommend consideration be given to additional strategies that will keep premiums low while cost of living is high. Further, we urge consideration of additional financial incentives, supports or concessions for people who may be considering cancelling or reducing their policy due to significant financial hardship. Alarmingly, 12% of survey respondents reported already having cancelled or reduced their private health insurance, and we are concerned this may have detrimental impacts on their health.

"I am fortunate to have private health insurance but that is very expensive and does not fully reimburse me for things such as scans. Medicare only provides a small rebate for specialist appointments. Over the past year the cost of just about everything has gone up..."

We also would like to offer our recognition and support for the submission made by Cancer Council Australia¹⁷, in particular the recommendations listed below which are made in response to Term of Reference d):

- Achieve true Universal Health Coverage in Australia by reducing out-of-pocket costs and protecting Australians against financial hardship following a cancer diagnosis.
- Retain telehealth Medicare Benefits Schedule item numbers that enable people to have the option of having initial and subsequent consultations with non-GP specialists conducted by telephone or video where clinically appropriate, reducing the financial impact of travelling to treatment.
- Implement a national best practice standard for patient-assisted travel schemes where funding reflects an appropriate proportion of actual cost.

References

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- ¹ Australian Institute of Health and Welfare (AIHW). (2023). *Australian Burden of Disease Study 2023*. <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/interactive-data-on-disease-burden/leading-causes-of-disease-burden>
- ² AIHW. (2023). *Health system spending on disease and injury in Australia, 2020-21*. <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-in-au/contents/australian-burden-of-disease-conditions>
- ³ Department of Health and Aged Care. (2024). *Cheaper medicines*. <https://www.health.gov.au/cheaper-medicines>
- ⁴ AIHW. (2020). *Disparities in potentially preventable hospitalisations across Australia: Exploring the data*. <https://aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisa/contents/about>
- ⁵ Department of Health and Aged Care. (2020). *ATAGI clinical advice on changes to recommendations for pneumococcal vaccines from 1 July 2020*. <https://www.health.gov.au/resources/publications/atagi-clinical-advice-on-changes-to-recommendations-for-pneumococcal-vaccines-from-1-july-2020?language=und>
- ⁶ Parliament of Australia. *Select Committee on Cost of Living: Submissions received by the Committee*. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Cost_of_Living/costofliving/Submissions
- ⁷ Australian Government. (2023). *Budget 2023-24: Strengthening Medicare*. <https://budget.gov.au/content/02-medicare.htm>
- ⁸ The Hon Mark Butler MP. (2024). *Media release: Bulk billing on the rise*. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/bulk-billing-on-the-rise?language=en>
- ⁹ Rana, R., Gow, J., & Moloney, C. (2022). *The impact and effectiveness of a nurse led telehealth education program for Chronic Obstructive Pulmonary Disease patients*. <https://lungfoundation.com.au/wp-content/uploads/2022/11/Evaluation-Report-on-LFA-COPD-Nurse-Education-program-1.pdf>
- ¹⁰ Department of Health and Aged Care. (2023). *MyMedicare*. <https://www.health.gov.au/our-work/mymedicare>
- ¹¹ McCarthy, B., Dymrna, C., Devane, D., Murphy, K., Murphy, E., & Lacasse, Y. (2015). *Pulmonary rehabilitation for chronic obstructive pulmonary disease*. *Cochrane Database Systematic Review*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10008021/>
- ¹² Walsh, J. R., Pegg, J., Yerkovich, S. T., Morris, N., McKeough, Z. J., Comans, T., Paraz, J. D., & Chambers, D. C. (2019). *Longevity of pulmonary rehabilitation benefit for chronic obstructive pulmonary disease: health care utilisation in the subsequent 2 years*. *BMJ Open Respiratory Research*. <https://bmiopenrespres.bmj.com/content/6/1/e000500>
- ¹³ Lung Foundation Australia. (n.d.). *Silicosis Social Worker*. https://lungfoundation.com.au/find-a-service/silicosis-social-work-service/?service-card=9&qad_source=1&qclid=EA1alQobChMIgpfjgPiShQMV6KVmAh37kQp5EAAYASADEgKutPD_BwE
- ¹⁴ Medicare Benefits Schedule Review Advisory Committee. (2023). *Draft Report: Post Implementation Review of Telehealth MBS items*. <https://consultations.health.gov.au/medicare-reviews-unit/mrac-draft-report-post-implementation-review-of-te/>
- ¹⁵ Cancer Council Australia. (2023). *Financial Cost of Cancer*. <https://www.cancer.org.au/about-us/policy-and-advocacy/national-cancer-care-policy/financial-cost-of-cancer>
- ¹⁶ The Hon Mark Butler MP. (2024). *Media release: Private health insurance premiums rise less than wages, pensions and inflation*. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/private-health-insurance-premiums-rise-less-than-wages-pensions-and-inflation?language=en>
- ¹⁷ Ibid 6