

**Senate Finance and Public Administration Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Budget Estimates 2014 - 2015, 30 May 2014**

**Ref No:** BE14-031

**OUTCOME:** 5 - Primary Health Care

**Topic:** GP co-payment and Aboriginal Community Controlled Health Organisations

**Type of Question:** Written Question on Notice

**Senator:** McLucas, Jan

**Question:**

Aboriginal Community Controlled Health Organisations (ACCHOs) provide a range of services, including preventative health programmes, nutrition programmes and health education programmes in addition to clinical services. Are ACCHOs expected to use this funding to instead absorb the cost of the GP co-payment? Has any modelling been done on the impact of a reduction in these additional services due to the co-payments?

**Answer:**

The Australian Government is committed to the delivery of effective and efficient health services for Aboriginal and Torres Strait Islander people. Overall funding levels for Indigenous health will continue to grow over the next four years.

From 2014-15 to 2017-18, the Government will invest \$3.1 billion in Indigenous specific health programmes and activities, an increase of over \$500 million compared to 2009-10 to 2012-13. Funding provided through Medicare rebated services is additional to this.

From 1 July 2015, all patients will be asked to directly contribute to their own health care costs. Individual doctors, including GPs in Aboriginal community controlled health organisations, will decide whether or not to seek the patient contribution, as the patient contribution is not a mandatory charge and doctors will still be able to determine the value of the services that they provide.

No modelling was undertaken in the Department of Health to assess the impact of a reduction in additional services in Aboriginal community controlled health organisations due to the patient contribution measure.