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Senate Standing Committees on Community Affairs

By [Online Submission](#)

AMA submission to the Community Affairs Legislation Committee

Thank you for inviting the AMA to provide a submission to the Community Affairs Legislation Committee regarding the Inquiry into the Human Services Amendment (Photographic Identification and Fraud Prevention) Bill 2019.

Medicare strongly underpins the entire health system. It provides access to affordable, high-quality health care for all Australians, and in particular, the poorest, the sickest, the vulnerable and the disadvantaged.

While the AMA believes that threats to the sustainability and security of Medicare are serious, any actions in response to such threats must not reduce patient access to medical care, or significantly add to the administrative red tape burden faced by patients and health service providers. As such, the AMA does not support the *Human Services Amendment (Photographic Identification and Fraud Prevention) Bill 2019* that would require the information on the front of a Medicare card to include the cardholder's photograph.

The proposed amendment was introduced to mitigate against fraudulent use of Medicare cards by someone other than the allocated cardholder. However, no evidence to support the cost of Medicare fraud, in the abovementioned manner, to the health system or the prevalence of such fraud was outlined by the Bill, or the explanatory memorandum. The AMA will not support systemic changes to the administration of Medicare cards unless there is a strong evidence-base on which to do so. This reason alone is sufficient for our rejection of this proposal.

The addition of a photograph to the front of Medicare cards also poses several significant impracticalities that the AMA believes would do little to address fraudulent card use, and would increase administrative red tape to unacceptable levels.

First and foremost, patients do not need to present their Medicare card when accessing health services – their Medicare number is enough¹. This renders the photograph on the front of the card useless, suggesting the impact of the proposed amendment on purported Medicare fraud would be minimal.

The placement and quality of photographs on the front of Medicare cards is another significant impracticality. Up to nine persons can be included under one Medicare card number, with up to five

¹ <https://www.humanservices.gov.au/individuals/subjects/whats-covered-medicare/health-care-and-medicare>

persons appearing on one physical card². This is not a trivial issue. There is very little remaining space on the front of a Medicare card when five names appear, let alone for an additional five photographs. Multiple photographs with enough clarity to enable identification would be exceptionally difficult in these circumstances. There is a risk with unclear photographs that a patient may be denied access to care, were it deemed by the service provider that they did not match their photo, and could not confirm their identity another way.

Another issue exists with children that are added to their parent's Medicare card, such as a newborn. Medicare cards are valid for five years, so by the time that infant is a toddler, their appearance would be completely different to the photograph on the card. For them to be reliably identified, replacement certified photographs would need to be provided as the child's appearance changes. This adds another administrative burden on busy parents and additional costs to the provider of the photograph.

New processes would need to be developed to supply the photographs for each person listed on a Medicare card. If this were to occur within Medicare offices (like the process of obtaining a driver's licence photo), this would involve additional processes and administration at a cost to the Government. Alternatively, the photograph could be sourced by the patient, and witnessed by a Guarantor (like the process of obtaining a passport photo³). This is a huge burden to the patient that could be a potential barrier to accessing health care due to the cumbersome nature of the administrative process and the additional expense. Either method creates an administrative burden and unwarranted financial impost for every Australian.

Finally, the inclusion of a photograph to Medicare cards has the potential to limit access to care, and may have inherently discriminatory effects on a range of vulnerable patient groups, including Aboriginal and Torres Strait Islander Australians, the homeless, mentally ill, and low-income earners. These patient groups often have difficulty accessing identification documentation in order to obtain a Medicare card. Regarding Indigenous Australians, anecdotal evidence suggests there is often an inability to access a birth certificate for several reasons, such as individuals being registered under a different name (as is the case for many members of the stolen generation), or births never being registered. People who are homeless or on low incomes may not hold a driver's licence or have a utilities bill in their name. While this means a small number of patients may gain access to Medicare funded services that they may not be able to prove they are entitled to, this should not be allowed to overshadow the importance of ensuring timely access to medical care.

Recent improvements to the security of access to Medicare numbers

In 2017, the Australian Government commissioned an Independent Review of Health Providers' Access to Medicare Card Numbers in response to reports that Medicare card numbers were available for sale on the 'dark web'. After extensive public consultation on this issue, to which the AMA provided a detailed submission⁴, a Final Report⁵ containing 14 recommendations was presented to the Minister for Health and The Minister for Human Services.

² <https://meteor.aihw.gov.au/content/index.phtml/itemId/270694>

³ <https://www.passports.gov.au/passports-explained/how-apply/passport-photo-guidelines>

⁴ <https://ama.com.au/submission/ama-submission-independent-review-health-providers-access-medicare-card-numbers>

⁵ <https://www.humanservices.gov.au/sites/default/files/2017/10/final-report.pdf>

The Review Panel considered how to balance appropriate access to Medicare numbers for health professionals to confirm patient eligibility for health services with the security of patients' Medicare information. The recommendations provided by the final report were designed to improve the security of access to Medicare card numbers via the Department of Human Services' Health Professional Online Services (HPOS) system and its telephone channels, while continuing to support access to health services without increasing the administrative burden on health professionals.

In 2018, the Australian Government agreed to 13 recommendations put forward by the Review panel in their Response⁶ to the Final Report, with recommendation 13 receiving in-principle agreement, pending further examination of implementation options. Consequently, there have been significant improvements to Medicare security that the AMA believes is more than enough to address concerns over fraudulent Medicare claims.

The Review Panel noted in their Final Report⁷ that the addition of a photograph to Medicare cards may have short-term benefits on fraudulent Medicare card use, but was unlikely to have lasting effects. As such it recommended that the Government invest in a public awareness campaign encouraging individuals to protect their Medicare card details. The AMA supports this recommendation.

The Review Panel also found that "existing requirements around patient identification for clinical safety purposes would be consistent with a requirement that health professionals should be confident of the identity of their patients for Medicare billing purposes, and this should not pose a barrier to care. This would provide assurance that patients are using their own identity to access healthcare, and that they are eligible to receive a Medicare benefit." The Review Panel did not propose specific mandatory identification requirements for accessing health services, such as the presentation of photographic identification. Instead, the Review Panel recommended that "as a condition of claiming Medicare benefits on behalf of patients, health professionals should be required to take reasonable steps to confirm the identity of patients when they are first treated." The Australian Government agreed to this recommendation. In supporting the implementation of this recommendation, the AMA has included a section in its List of Medical Services and Fees, providing guidance as to what constitutes "reasonable steps" for practice staff to take in verifying a patient's identity and eligibility for Medicare.

The AMA ascertains that the implementation of the Review Panel's recommendations should reasonably guard against fraudulent access to and use of another's Medicare details for the purposes of identity theft or Medicare fraud.

AMA position statements support stewardship of healthcare resources both at a patient level⁷ and at a system level⁸, and the AMA has long supported appropriate measures to ensure the integrity of Medicare arrangements. The AMA does not, therefore, oppose the use and reasonable application of penalties for proven cases of fraudulent Medicare claims. The penalties for fraudulent use of a Medicare card should also be included in material that forms any awareness raising campaign.

⁶ <https://www.humanservices.gov.au/sites/default/files/2018/02/independent-review-response.pdf>

⁷ <https://ama.com.au/position-statement/doctors-role-stewardship-health-care-resources-2016>

⁸ <https://ama.com.au/position-statement/role-doctors-stewardship-health-financing-and-funding-arrangements-2016>

Conclusion

No case has been made by the proposal that the extent of fraudulent Medicare card use would justify the addition of photographs to Medicare cards, and the additional administrative burden and impracticalities that would be involved. In addition, recent improvements to the integrity and security of Medicare have been made following extensive consultation and review. Therefore, the AMA does not support Medicare cards including the Medicare holder's photograph.

Please direct any queries relating to this submission to [REDACTED]

Yours sincerely,

Dr Tony Bartone
President