

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Supplementary Budget Estimates 2016 - 2017, 19 October 2016**

**Ref No:** SQ16-000390

**OUTCOME:** 4 - Individual Health Benefits

**Topic:** Bulk-Billing

**Type of Question:** Hansard Page 26, 19 October 2016

**Senator:** Polley, Helen

**Question:**

Senator POLLEY: Is the department aware whether or not any doctors or practices have stopped bulk-billing as a result of the freeze?

Mr Bowles: I personally do not know of any, and, again, we will look at the system and all the doctors, if you like, and we will notice what happens in the context of bulk-billing rates. We can talk about those, if you like. Mr Stuart can talk about the changes in bulk-billing rates.

Senator POLLEY: That is actually not what I am asking.

Mr Bowles: But those are the things that I can answer.

**Answer:**

Based on bulk billing patterns for non-referred attendance (general practitioner) items in 2015-16, only 1.3 per cent of GPs did not bulk bill any services. This proportion has fallen from 3.2 per cent in 2005-06. Most GPs (85.8 per cent) bulk billed more than half their services in 2015-16, up from 74.3 per cent of GPs in 2005-06.

Doctors are free to determine the value of the services that they provide and to set their own fees. Whilst bulk billing is available to every doctor, it is their individual decision whether or not they choose to provide bulk billed services.

To encourage GPs to bulk bill patients who may find it difficult to pay a private fee, the Medicare Benefits Schedule (MBS) provides additional incentives to GPs for those patients who are Commonwealth Concession Card holders and for children under 16 years of age. The current incentives are set at \$6.15 per service for GPs providing services in metropolitan areas and \$9.25 for services provided in regional, rural and remote areas and all of Tasmania.