

QUESTION TAKEN ON NOTICE

BUDGET ESTIMATES HEARING: 21-22 MAY 2012

IMMIGRATION AND CITIZENSHIP PORTFOLIO

(BE12/0232) Program 1.1: Visa and Migration

Senator Boyce asked:

Budget Paper No. 2 Immigration and Citizenship, Migration Health Requirements item reads: "The Government will reform the health criteria that applicants must meet to obtain an Australian visa, at a cost of \$4.6 million over four years. Under current arrangements, visa applicants are refused entry to Australia where the estimated costs of treating a pre-existing health condition are above the Significant Cost Threshold set at \$21,000. The reform will increase the Significant Cost Threshold from \$21,000 to \$35,000 to better reflect current health costs, and remove the requirement for offshore Humanitarian Visa applicants to meet the Significant Cost Threshold criteria. This reform will commence on 1 July 2012. These reforms are in response to the report of the Joint Standing Committee on Migration on the Migration Treatment of Disability: Enabling Australia." In this regard FaHCSIA received the following budgetary allocations \$100,000 in 2012/13 and 2013/14, rising to \$200,000 the next and \$400,000 in last year of forward estimate. The Minister for Immigration and Citizenship said this, "However, the change does not alter policies relating to health conditions that are a public health risk, or would require health care or community services that would prejudice the access of Australian residents." Given the significant and acknowledged level of unmet need in disability services and resources in Australia how do you decide whether a disabled migrant applicant may or may not, to quote Minister Chris Evans [sic], "would require health care or community services that would prejudice the access of Australian residents."?

Answer:

Under policy, prejudice to access will occur if, in the opinion of a Medical Officer of the Commonwealth (MOC), a hypothetical person with a condition of the same form and severity as the applicant's would be likely to require access to the following services:

- organ transplants
- blood/plasma products, including coagulation factors and immunoglobulins (this includes intravenous immunoglobulin products)
- fresh blood or blood components for people with rare blood groups
- radiotherapy for malignancy.

The Department receives advice regarding services considered to be in short supply from the Department of Health and Ageing. These services are considered to be in short supply, because:

- they are in high demand/waiting lists are common

- choice of persons for treatment may be exercised and
- the consequences of failure to obtain treatment may seriously disadvantage an individual by causing premature death, unnecessary pain or suffering, or loss of quality of life.