



*His Excellency General the  
Honourable Sir Peter Cosgrove  
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of the Commonwealth of  
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Professor Graeme Samuel AC  
Lead, Private Health Insurance Review  
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Dear Professor Samuel

### **Private Health Insurance Review Consultation**

Thank you for the opportunity to participate in the recent private health insurance roundtable. We support the views of many others at the roundtable that the private health insurance arrangements need to be amended to improve transparency and reduce complexity so that consumers are able to make an informed choice about the best products for their needs and circumstances.

An important issue is the lack of equity of access to palliative care in the private sector. Consumers with private health insurance expect their insurance to cover all services (other than stated exclusions) right to the end of their life. However, many private hospitals do not offer palliative care. This means that consumers are not able to access palliative care in private hospitals, even though it may not be a stated exclusion in their insurance product.

Palliative Care Australia supports assessment of the barriers to private hospitals offering palliative care, and supports amendments to private health insurance funding arrangements that would make it more feasible and desirable for palliative care services provided by appropriately skilled health professionals to be provided by private health providers.

Lack of coverage for non-admitted procedures is another barrier to the delivery of high quality palliative and end-of-life care. Research suggests that many Australians would like to be supported to die in their homes rather than in hospital. This requires provision of home based care services as an alternative to hospital based care, but this is not available nationally. In Australia there is only one organisation offering privately funded, community based palliative care services.

Allowing private insurers to reimburse for palliative care community settings and ensuring better access to private inpatient palliative care would improve the value of their product for consumers, and also lead to savings for the private health insurer by reducing hospital admissions, length of stay and the use of non-beneficial treatments and procedures. Evidence shows that palliative care results in more effective use of health resources and therefore inclusion of palliative care should not be used as a justification to increase insurance premiums.

It would also provide greater benefit to consumers if private health insurance funded equipment that can maintain independence for people as they approach the end of their lives, and can support their care in the community.

As evidence shows that palliative care improves the quality of life of patients with a life-limiting illness, it is very important that the review of private health insurance addresses the current lack of coverage of this important area of health care provision.

Finally, any changes to the private insurance sector need to be considered in light of changes brought about by the Primary Health Care Review and the MBS Review, as well as the Reform of the Federation. They must take into consideration impacts on Australia's universal access to health care through the public system, and ensure that any changes do not disadvantage vulnerable Australians, including those with low income or low levels of health literacy.

I would be happy to elaborate on the points raised in this submission and can be contacted on 02 6232 4433 or via email [liz@palliativecare.org.au](mailto:liz@palliativecare.org.au).

Yours sincerely



Liz Callaghan  
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