



The Hon Nicola Roxon MP
Minister for Health and Ageing
Parliament House
Canberra 2600

6 November 2008

Dear Minister,

We write to request that you overturn the policy that denies access to Medicare and the Pharmaceutical Benefits Scheme (PBS) to Australians who are in prison.

Prisoners are one of the most marginalised groups in the community and endure a myriad of health problems including psychiatric illness, infectious diseases (hepatitis and HIV), sexually transmitted infections, poor dental health, and other chronic health conditions such as cardiovascular disease and diabetes. This group is also known to engage in risk behaviour likely to be detrimental to health including drug and alcohol use, violence, and tobacco smoking. Research in Australia has shown higher death rates among prisoners than their community equivalents.

Despite their health risks and disadvantage, prisoners lose their entitlement to Medicare and the PBS when they enter prison and responsibility for their health is transferred to the State and Territory in which they are incarcerated. The impact of this is that prisoners generally receive sub-optimal health care based on what is made available by the States and Territories. Their health is rarely considered a priority and their health needs are often overlooked.

Aboriginal and Torres Strait Islander people are acknowledged to have some of the worst health outcomes in the Australian community and efforts are under way to address this through initiatives such as '*Closing the Gap*'. However, Australia also has one of the highest incarceration rates of Indigenous people in the world. Aboriginal and Torres Strait Islanders are 13 times more likely to be imprisoned than non-Aboriginal people (21 times more likely in Western Australia), and have an incarceration rate of 1,787 per 100,000 versus 133 for non-Aboriginal people. Around 24% of Australia's prisoners are Aboriginal or Torres Strait Islanders.

On release from prison the burden of health is transferred back to the community. Given their extraordinarily high rate of incarceration, Aboriginal and Torres Strait Islanders in particular are disproportionately impacted by their exclusion from Medicare and the PBS while in prison.

The health of those in prison could be improved significantly were prison health services able to utilise Medicare and the PBS as occurs with other Australians.

To deny prisoners access to Medicare and the PBS is a breach of human rights and condemns this group to sub-standard health care. Under reciprocal health care agreements, visitors from various countries can access Medicare and the PBS for set periods of time yet

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Australian citizens are denied this right on entry to prison. We see no justification for this arrangement on moral, practical, financial or public health grounds.

Further, the United Nations 1990 General Assembly Resolution on the Basic Principles for the Treatment of Prisoners (Article 9) states: "*Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation*". This cannot occur while prisoners are excluded from the Medicare and the PBS schemes.

Contact with the criminal justice system is an important, but underutilised opportunity to address the health needs of Indigenous and non-Aboriginal people. Access to Medicare is one means of improving health outcomes among this group and could contribute significantly to the government's '*Closing the Gap*' objectives for Aboriginal and Torres Strait Islanders. One example of how this could assist is the 'Health Check' for Aboriginal and Torres Strait Islander people aged 15–54 years (Medicare Item 710) which could be routinely administered in prison.

With around 25,000 individuals in Australia's prison at any one time, the cost would be very modest but the benefits would be enormous.

We acknowledge that prisoners are an unpopular group in the eyes of the community. Nevertheless, they are an extremely important group in terms of population health. The community ultimately bears the cost of the poor health of prisoners in terms of the direct health costs on release back into the community and indirectly in terms of their wider impact on the health of others. Access to Medicare and the PBS could also assist in the transition from prison, with wide ranging benefits to the broader community.

We therefore write to request that you take action as speedily as possible to make an exception to clause 19 (2) of the Health Insurance Act so that prisoners can claim Medicare rebates for non-hospitalised health services, and to reinstate their PBS eligibility, including safety net entitlements.

We would be very appreciative of the opportunity to discuss this with you.

Yours sincerely,



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