

## **Pause on Safety Net cuts welcomed. Medicare needs to be fair for patients.**

The Australian Diagnostic Imaging Association (ADIA) has welcomed the Federal Government's decision to "pause" its plan to revise the Medicare Safety Net.

"I congratulate Health Minister Sussan Ley for taking this sensible decision and I hope the pause becomes permanent," said Pattie Beerens, ADIA CEO.

The proposed changes would severely increase the financial burden for many, many Australians who require diagnostic imaging to effectively identify and treat health issues from bruising to brain injury.

**Ultrasounds** - managing pregnancy, treating infants, identifying soft tissue injuries etc.  
**X-Rays** - ideal for fractures, treating heart failure, managing degenerative arthritis etc.  
**CT scans** - diagnosing and staging cancer, guiding biopsies and identifying infection etc.  
**MRI** - managing spinal nerve issues and diagnosing Multiple Sclerosis etc.

People are already paying large gaps for diagnostic imaging services because the patient rebates payable under Medicare have been frozen since 1998.

"While the aim of the proposed Medicare Safety Net measures was to support patients, the unintended consequences were significant for diagnostic imaging patients. Patient rebates for high cost services were being cut and patient gaps for everyday X-Ray and Ultrasound procedures were going to be "de-valued" in patient safety net calculations," Ms Beerens said.

"Diagnostic imaging is invaluable to modern medicine, but it comes at a cost and we know as an absolute certainty that many sick people – people with cancer for example – are not having the services their doctors recommend because they can't afford the gap payments."

ADIA understands the Government's need to carefully control the overall Medicare budget and believes significant efficiencies can be made by fine-tuning the existing system.

"We have identified a number of ways for the Government to improve the framework for diagnostic imaging and we're having on-going discussions with the Health Department and all interested parties," Ms Beerens said.

"It's extremely complex and we need to be simplifying the system, not adding additional hurdles for patients.

"We have to keep meaningful patient outcomes at the centre of any changes."

### **MEDIA**

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