



AMA

**Submission on the Exposure Drafts of the
Human Services (Enhanced Service Delivery) Bill 2007
and the
Human Services (Enhanced Service Delivery) (Consequential) Bill 2007
ACCESS CARD**

August 2007

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Opening Remarks

The AMA welcomes the opportunity to respond on the Exposure Draft of the Human Services (enhanced Service Delivery) Bill 2007 and the Human Services (Enhanced Service Delivery) (Consequential) Bill 2007.

The AMA continues to support the concept and general objectives of the Access Card and is pleased to note that a number of the concerns made in previous submissions have now been addressed. The AMA supports the notion of the Human Services Minister Senator Chris Ellison providing the draft legislation in a combined form and deems it important to present all aspects of the card together for public scrutiny.

While the AMA supports the general concept of the Access Card, the high level of security that can be delivered by the chip technology is only as good as the policy and processes associated with its purpose, use and design. One of the key concerns expressed by the AMA in the first tranche of the legislation was the policy change around independent access to medical care for young people under 18 years of age. The current Exposure Draft continues to cause concern in this regard.

Access for under 18s

The Exposure Draft retains the eligibility restriction for the Access Card to individuals of at least 18 years of age. However, the main requirement for eligibility to register and obtain an Access Card is that the individual is eligible to receive a Commonwealth benefit, including Medicare benefits. The Government has publicly promised that the current rules around access to Medicare Cards are reflected in access of young people to the Access Card. In terms of the legislation this will be done through an Administrative Rule applied to the legislation that will reflect existing policy. Existing policy allows people between 15 and 18 years of age to be issued on application with their own Medicare Card without seeking their parents' permission. For young people under 15 years of age they may be issued with their own Medicare Card with their parent or guardian's permission.

The legislation sets out a requirement for the Minister to establish by legislative instrument Administrative Rules that relate to governance mechanisms such as identification, the photograph and information retention and disposal. The Minister may, by legislative instrument, amend or revoke Administrative Rules following consultation with the Privacy Commissioner and consideration of the Privacy Commissioner's views.

However, unlike the provisions above related to governance the legislation does not specifically state a requirement that the Minister establish by legislative instrument an Administrative Rule related to age eligibility.

The AMA strongly recommends such a requirement intended to reflect current policy on access to the Medicare Card to be specifically stated in the legislation or that a draft determination be available before the legislation is finalised. The AMA is not reassured in

the absence of a requirement imposed on the Minister and specifically stated in the legislation that age eligibility be addressed through an Administrative Rule.

The AMA has increasing concerns about the practical, financial and commercial implications that could impact adversely on medical practitioners and their staff at the surgery level. Those classes of individuals that are eligible for the range of exemptions may require corroboration by their medical practitioner and it is likely that the transition period will involve an additional workload. The AMA understands that the hardware required will be supplied at no cost to the medical practice. The AMA recommends the establishment of a working party to investigate the impact of an Access Card upon the medical workforce. The AMA is in a strong position to suggest suitable representatives for such a working party.

Future Functionality

The AMA has been supportive in previous submissions regarding its broad support for future functionality of the Access Card providing it were done in an open and transparent manner and by way of direct legislative amendment. The AMA has been in consultation with NEHTA in the development of a unique health identifier (UPI) that may also have the potential to link to a shared electronic health record. The AMA believes it would be prudent to develop a working party investigating the synergies between future uses of an Access Card and the development of a UPI. It would be a travesty of taxpayers' money to ignore the advantage of incorporating the best usage of smartcard technology.

Privacy

The AMA maintains its vigilance on the issue of privacy. The decision to not hold any personal health information on the chip (as suggested in the previous tranche of legislation) has allayed many of the privacy fears. Any future extension of the functionality of the card will need to be carefully balanced against potential privacy infringements.

The AMA appreciates the opportunity to respond to the Exposure Draft of the Legislation but remains concerned about the age eligibility issue and the possible impost upon medical practitioners particularly during the roll out phase. The AMA encourages ongoing consultation and participation in future meetings regarding the progress of the Access Card.

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