

A U S T R A L I A N

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Federal Budget lifts the freeze

AMA welcomes health measures in Budget



AMA

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Dr Michael Gannon



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Dr Tony Bartone

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This is a special post-budget mini edition of *Australian Medicine*.

These articles will also appear in a regular forthcoming edition of the publication.

Cover: AMA President Dr Michael Gannon with Health Minister Greg Hunt following the handing down of the 2017-18 Federal Budget.



Federal Budget delivers – Medicare rebate freeze to be lifted



AMA President Dr Michael Gannon discusses the Federal Budget with Health Minister Greg Hunt

The AMA welcomes much of the health measures in the Federal Budget and commends the Government for taking action on the Medicare rebate freeze.

AMA President Dr Michael Gannon said the Coalition had won back much of the goodwill it lost with its disastrous 2014 Health Budget by this time handing down a Budget with numerous positive health measures.

Dr Gannon said the staggered lifting of the freeze on Medicare patient rebates was well overdue.

“This is a monkey that has been on the back of the Coalition Government since the 2014 Budget that cut significant dollars out of health. This is the chance to correct those wrongs,” he said.

The freeze will be lifted from bulk billing incentives for GP consultations from 1 July 2017, from standard GP consultations and other specialist consultations from 1 July 2018, from procedures from 1 July 2019, and targeted diagnostic imaging services from 1 July 2020.





Federal Budget delivers – Medicare rebate freeze to be lifted

... from p3

The lifting of the freeze on Medicare rebates will cost the Government about \$1 billion.

“The AMA would have preferred to see the Medicare freeze lifted across the board from 1 July 2017, but we acknowledge that the three-stage process will provide GPs and other specialists with certainty and security about their practices, and patients can be confident that their health care will remain accessible and affordable,” Dr Gannon said.

“Lifting the Medicare rebate freeze is overdue, but we welcome it.”

Dr Gannon also described many of the health policy breakthroughs in the Budget as a direct result of AMA lobbying and the consultative approach of Health Minister Greg Hunt.

“Minister Hunt said from day one in the job that he would listen and learn from the people who work in the health system every day about what is best for patients, and he has delivered,” Dr Gannon said.

AMA advocacy has also seen, in this Budget, the reversing of proposed cuts to bulk billing incentives for diagnostic imaging and pathology services; the scrapping of proposed changes to the Medicare Safety Net that would have penalised vulnerable patients; the delaying of the introduction of the Health Care Homes trial until October to allow fine-tuning of the details; the moving to an opt-out approach for participation in the My Health Record; and recognising the importance of diagnostic imaging to clinical decision-making.

The AMA supports the Government’s measures to increase the prescribing of generic medicines, when it is safe and appropriate and discussed with the patient, and preserves doctors’ clinical and prescribing independence, with savings to be invested back into the Pharmaceutical Benefits Scheme.

“We also welcome the Government’s allocation of \$350 million to help prevent suicide among war veterans; the expansion of the Supporting Leave for Living Organ Donors Program, which allows donors to claim back out-of-pocket expenses and receive up to nine weeks paid leave while recovering; measures to increase the vaccination rate; and the ban on gambling ads during live sporting broadcasts before 8.30pm,” Dr Gannon said.

Mr Hunt said the Budget delivered on the Government’s commitment to guarantee Medicare and ensure Australia’s health system continues to be one of the best in the world.

“It ensures the essential healthcare services Australians rely on,” the Minister said.

“The 2017-18 Budget includes a \$10 billion package to invest in Australia’s health system and the health of Australians.

“The Government will establish a Medicare Guarantee Fund from 1 July 2017 to secure the ongoing funding of the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme, guaranteeing Australians’ access to these services and affordable medicines into the future.”

The Medicare levy will rise by 0.5 percentage points in two years’ time, to help close the funding gap for the National Disability Insurance Scheme.

“This measure will collect \$8.2 billion over four years for the NDIS,” said Treasurer Scott Morrison when handing down his Budget.

Shadow Treasurer Chris Bowen said the Government had failed the Medicare test because it had delayed reversing cuts to Medicare for three years.

“Budgets are about choices and Prime Minister Malcolm Turnbull has made his choices tonight,” Mr Bowen said.

“He has chosen multinationals over Medicare. He has chosen big business over battlers.”

Dr Gannon said the Health Budget effectively ends an era of poor co-payment and Medicare freeze policies, and creates an environment for informed and genuine debate about other unfinished business in the health portfolio.

“We now need to shift our attention to gaining positive outcomes for public hospitals, prevention, Indigenous health, mental health, aged care, rural health, private health insurance, palliative care, and the medical workforce,” he said.

“The thaw in the freeze is the beginning, not the end.”

CHRIS JOHNSON



Government had to reassure Australians about Medicare

After almost losing last year's federal election over cuts to Medicare, the Government has used this Budget to display its commitment to the national health scheme.

It is setting up a Medicare Guarantee Fund and from July this year money from the Medicare Levy as well as from personal tax receipts, will be poured into the fund to cover the costs of Medicare and the Pharmaceutical Benefits Scheme.

(A 0.5 percentage point Medicare Levy rise in 2019 will help fund the National Disability Insurance Scheme.)

Labor hammered the Coalition during the 2016 election with its so-called Mediscare campaign, requiring a clear message on Budget night from the Government.

"Tonight, we put to rest any doubts about Medicare and the Pharmaceutical Benefits Scheme," Treasurer Scott Morrison said in his Budget address.

"We are lifting the freeze on the indexation of the Medicare Benefits Schedule. We are also reversing the removal of the bulk billing incentive for diagnostic imaging and pathology services and the increase in the PBS co-payment and related changes.

"The cost of reversing these measures is \$2.2 billion over the next four years

"Tonight, I also announce we will legislate to guarantee Medicare and the PBS with a Medicare Guarantee Bill.

"This new law will set up a Medicare Guarantee Fund to pay for all expenses on the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.

"Proceeds from the Medicare Levy will be paid into the fund. An additional contribution from income tax revenue will also be paid into the Medicare Guarantee Fund to make up the difference.

"The Bill will provide transparency about what it really costs to run Medicare and the PBS and a clear guarantee on how we pay for it."

But Shadow Health Minister Catherine King said the Budget was an insult directly from Prime Minister Malcolm Turnbull to every Australian who relies on Medicare.

She said instead of a staggered lifting of the rebate freeze, it should have been removed across the board immediately.

"When it comes to health, the Liberals haven't learned a thing.

The Turnbull Medicare freeze remains in place across the health system for years to come," Ms King said.

"The failure to drop the freeze immediately will impact on many of Australia's most vulnerable patients – such as those needing critical oncology treatment, obstetric services, and paediatric treatment.

"Australians will have to wait more than 12 months for relief and will be left waiting more than two years for the freeze on specialist procedures and allied health to be lifted."

Greens leader Richard Di Natale described the Budget as a missed opportunity for health.

"The Medicare Guarantee Fund is a glorified bank account and ending the Medicare freeze just undoes a bad decision," Senator Di Natale said.

"We should be investing more in prevention and redirecting the Private Health Insurance rebate into the public health system."

Health Minister Greg Hunt said all Australians can be assured Medicare was not only here to stay, but will be strengthened into the future.

"This Budget includes a \$2.4 billion additional investment in Medicare over the next four years," he said.

"Partnerships have been struck with the nation's GPs, specialists, pharmacists and the medicines sector. These are key to the Turnbull Government's initiatives that will support the long-term future of Australia's health system.

"As part of our compacts with Australia's GPs and specialists, the 2017-18 Budget restores indexation of the Medicare rebate at a cost of \$1 billion, starting with GP bulk-billing incentives from 1 July 2017.

"With GP bulk-billing at a record high 85.4 per cent, more Australians are visiting the doctor without having to reach into their pockets. This Budget will help ensure that continues with our indexation commitment to GPs alone worth \$543.1 million over 4 years and around \$2.2 billion over ten years.

"Indexation of standard GP and specialist consultations will resume on 1 July 2018, and specialist procedures and allied health from 1 July 2019."

CHRIS JOHNSON



Budget 2017-18 from a public health perspective



Analyses of federal budgets are typically couched in clichés. Government's talk about jobs and growth, initiatives, priorities and investments; while oppositions and minor parties respond with the language of not enough, missed opportunities, disappointments and failures.

In regard to public health and health prevention, the 2017-18 Coalition Budget is all of these things.

There are many welcome and positive public health initiatives in the Budget. The Government has listened to the AMA and is investing \$5.5 million into an immunisation awareness campaign. There is a further \$14 million to expand the National Immunisation Plan to provide catch-up vaccinations to 10-19 year-olds who missed out on childhood vaccinations. These are measures the AMA has been advocating directly with the Government for.

New mental health funding is also welcome. There is \$9 million for a telehealth initiative to improve access to psychologists for people living in rural and remote areas, and an extra \$15 million for mental health research initiatives. The big ticket item is \$80 million of additional funding to maintain community psychosocial services for people with mental illness who do not qualify for the NDIS. This is a very good measure and shows that Health Minister Greg Hunt has taken on-board concerns the AMA and others raised about people falling through the cracks that exist between the NDIS and State and Territory community services.

However, this funding is contingent on the States and Territories matching the Commonwealth's commitment. The Government said it will allocate the entire \$80 million, even if some States or Territories do not sign up to the matched funding offer. In other words, the money will only go to those jurisdictions who offer a matched dollar-for-dollar commitment. What we don't know is how these funds will be allocated and what happens if

a State or Territory does not sign up or provide new money for psychosocial services. Will the people in those jurisdictions be left with no psychosocial supports? I suspect that the Australian Health Ministers' Advisory Council (AHMAC), the advisory and support body to the COAG Health Council, may be the entity that negotiates this funding measure.

The mental health sector has been encouraged by this Budget and Minister Hunt's dedication to mental health reform. Preventative health didn't get the same attention as mental health in this budget. The Prime Minister told the National Press Club in February: "In 2017, a new focus on preventive health will give people the right tools and information to live active and healthy lives."

There was, therefore, an expectation that this Budget would deliver in key areas of preventative health, most importantly in tackling obesity. The AMA has been calling for a range of initiatives and measures that are urgently needed to address the rise in obesity, and in this respect the cliché of 'missed opportunity' is applicable.

There is a \$10 million initiative to establish a Prime Minister's Walk for Life Challenge and a further \$5 million for a GPs Healthy Heart partnership with the RACGP to support GPs to encourage patients to lead a healthy lifestyle. These are small but good measures. The AMA has been calling for a national obesity prevention strategy that recognises obesity as a complex problem that can only be addressed through a broad range of measures. The measures announced in the Budget are a start, but fall well short of the funding for community-based initiatives and restrictions on the marketing of junk food and sugary drinks to children that we say are needed to address obesity.

There was no National Alcohol Strategy or any measures that help Australians manage the misuse and abuse of alcohol, and the alcohol-fuelled violence that emergency department staff know all too well.

There were no measures or initiatives that address climate change and health.

The Government has indicated that there will be a 'third wave' of preventative health measures, possibly in the next budget. We hope so, because investment in preventative and public health initiatives is smart, cost-efficient and a benefit to future generations.

SIMON TATZ
DIRECTOR, PUBLIC HEALTH



Indigenous health measures welcomed, but more needed

The Indigenous Health Budget line for the next financial year has increased to \$881 million, an \$83 million increase that the Close the Gap Campaign, of which the AMA is a proud member, attributes mostly to population increases and indexation increases in the Indigenous Australians' Health Program.

The AMA welcomes many of the Indigenous health measures in the Federal Budget, while recognising that there is still more to be done.

The Indigenous Health Budget line for the next financial year has increased to \$881 million, an \$83 million increase that the Close the Gap Campaign, of which the AMA is a proud member, attributes mostly to population increases and indexation increases in the Indigenous Australians' Health Program. There was also a \$2.4 billion increase in funding allocated to Medicare over the next four years, and a much welcomed early lifting on the freeze on Medicare rebates.

In particular, the AMA supports the Government's measures to strengthen and expand their commitment to address Rheumatic Heart Disease (RHD), something we have been strongly calling for. Last year the AMA released its 2016 Report Card on Indigenous Health that focused on the devastating effects of RHD, an entirely preventable disease that affects hundreds of Indigenous Australians each year. In our Budget Submission, the AMA called on the Government to commit to eradicating new cases of RHD, and we are pleased to see the Government heed these calls.

It is unacceptable that Indigenous Australians are still 20 times more likely to die from RHD than their non-Indigenous peers. This measure provides \$7.6 million in new funding in addition to the \$11.2 million already provisioned by the Government, and focuses on improving clinical care, and using education and training for health care providers, patients and their families to raise awareness to improve the prevention and treatment of RHD. The measure also includes funding for focused prevention activities in high-risk communities.

We also welcome the Government's allocation of \$9.1 million to

improve telehealth arrangements for psychological services in regional, rural and remote areas of Australia. Nearly one-third of Aboriginal and Torres Strait Islander adults report high levels of psychological distress in their lives – this is two and a half times the rate reported by other Australians. The AMA believes the mental health and social and emotional wellbeing of Aboriginal peoples should be given greater priority in the nation's health policy agenda.

As the Government has said, this measure will help remove significant barriers faced by those people unable to access psychological services because of where they live. They will no longer have the inconvenience, time and expense of having to travel to large regional centres to receive the help that they need.

The Budget also commits \$400,000 over four years to ensure that eligible pharmacists continue to be appropriately remunerated for supplying medicines under the Pharmaceutical Benefits Scheme (PBS) for individual clients of Remote Area Aboriginal Health Services. This measure ensures that pharmacists will be paid the regular PBS dispensing fee for each item provided, instead of the lower bulk handling fee.

While the AMA welcomes much of these measures, the budget remained quiet on many other important areas in Indigenous health. The gap in health and life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians is still considerable, despite existing commitments to close the gap. However, Health Minister Greg Hunt indicated at the Health Budget Lock-up that there is going to be a 'third wave' of reform, which will include Indigenous health. The AMA looks forward to working with the Government in this process.

ALYCE MERRITT
INDIGENOUS POLICY ADVISER, AMA



More health measures in the Budget

The following is extracted from the Government's Budget overview document

Budget 2017-18 Guaranteeing the essentials for Australians

A healthy Australia

Providing affordable medicines and investing in mental health and public hospitals. Continuing to provide access to new medicines. Australians will continue to have affordable access to new medicines, with the Government meeting its commitment to list cost-effective medicines on the PBS. In this Budget, \$1.2 billion will be provided for new and amended listings on the PBS, including more than \$510 million for Sacubitril with valsartan (Entresto®).

Since 2013, the Government has listed more than 1400 new or amended medicines on the PBS averaging 32 new and amended listings a month. These new listings include breakthrough medicines to treat breast cancer, Hepatitis C, cystic fibrosis and severe asthma. Investing in mental health More than \$115 million will be invested in mental health, including \$80 million for psychosocial services, \$9.1 million in funding for rural telehealth psychological services, \$15.0 million for priority mental health research and \$11.1 million to address suicide hotspots. The Government is providing further mental health support for veterans and their families, by investing \$9.8 million to fund pilot programs to improve mental health services and support suicide prevention efforts for veterans.

The Government will also provide \$33.5 million to ensure anyone who has served a single day in the fulltime Australian Defence Force can seek treatment for mental health conditions and \$8.5 million to expand access to counselling services for veterans' families. Funding public hospitals Record levels of financial assistance will be provided to State Governments to deliver the public hospital services Australians need. Commonwealth payments to the States for public hospitals continue to grow strongly, from \$13.8 billion in 2013-14 to an estimated \$22.7 billion in 2020-21. On current Budget forecasts, an additional \$7.7 billion will be provided to the States and Territories from 2016-17 to 2020-21 giving effect to the Heads of Agreement on public hospital funding signed by COAG on 1 April 2016. Medical Research In this Budget the Government has committed new funding for medical research, \$65.9 million will be provided from

the Medical Research Future Fund to support preventative health research, clinical trials and breakthrough research investments. In addition, \$5.8 million will be provided for research into childhood cancer.

Full and sustainable funding for the National Disability Insurance Scheme

The Commonwealth will fully fund its contribution to the National Disability Insurance Scheme, giving Australians with permanent and significant disability, and their families and carers, certainty that this vital service will be there for them into the future. To help fund the scheme, the Government is asking Australians to contribute, with the Medicare levy to be increased by half a percentage point from 2 to 2.5 per cent of taxable income. This means that one-fifth of the revenue raised by the Medicare levy, along with any underspends within the NDIS, will be directed to the NDIS Savings Fund. The Government's decision to increase the Medicare levy from 1 July 2019 reflects the fact that Australians have a role to play, in accordance with their capacity, to ensure this important program is secure for current and future generations. The NDIS is on track to be fully rolled out from 2020. States and Territories will be expected to maintain their commitment and contribution to the NDIS and continue to support mainstream services for people with disability. More than \$200 million will be provided to establish an independent NDIS Quality and Safeguards Commission to oversee the delivery of quality and safe services for all participants of the NDIS. The Commission will support NDIS participants to exercise choice and control, ensure appropriate safeguards are in place, and establish expectations for providers and their staff to deliver quality supports. The Commission will perform three core functions: regulation and registration of providers; complaints handling; and reviewing and reporting on restrictive practices.

The Government will also invest \$33 million over three years to help existing service providers in the disability and aged care sectors grow their workforce. This package will deliver jobs for Australians in rural, regional and outer suburban areas that require strong workforce growth as a result of the NDIS roll out. The scheme's cost sustainability is being examined in the Productivity Commission's review of NDIS costs. Due to be released in September 2017, it will examine factors affecting costs and will help inform the final design of the full scheme.



Budget at a glance



Significant health measures in the Budget

- 1** Lifting the freeze on the indexation of the Medical Benefits Schedule.
- 2** National Disability Insurance Scheme to be fully-funded by a 0.5 percentage point Medicare Levy increase from 2019.
- 3** Legislation to guarantee Medicare and the PBS.
- 4** Hospital funding increased by \$2.8 billion over four years.
- 5** \$1.4 billion to be invested in health research over four years.
- 6** \$1.2 billion in new medicines to be made available



Other big measures in the Budget

- 1** Levy on big banks' liabilities to raise \$6.2b.
- 2** Negative gearing and depreciation changes to raise \$2.1b.
- 3** First home buyers can get a deposit by salary sacrificing into super.
- 4** \$300m to the Australian Federal Police to fight terrorism.
- 5** \$10b to establish a National Rail Program.
- 6** Foreign worker levy to raise \$1.2b over four years.
- 7** \$18.6b for Gonski education funding.
- 8** \$5.3b over 10 years for Western Sydney Airport Corp.
- 9** \$8.4b for Melbourne to Brisbane Inland Rail Project.
- 10** \$4b tax crackdown on multinationals.
- 11** \$1b National Housing Infrastructure Facility for new homes
- 12** Federal Government to take control of Snowy Hydro
- 13** \$90m to secure gas resources for domestic use

The Budget deficit is \$29.4 billion in 2017-18, with the Government forecasting a return to surplus by 2020-21.



Medical Students say Budget missed opportunity for workforce investment



The Australian Medical Students' Association (AMSA) welcomes certain elements of the federal budget, but is concerned by the Government's lack of investment in medical education.

While the Budget will continue to fund the Specialist Training Program and support rural background recruitment, cuts to funding will impact quality of medical education.

AMSA President Rob Thomas said he was pleased to see there will be no increases in medical student places from new medical schools, and also that funding will continue for the Commonwealth Medical Internships Program.

"However, this Budget was a real opportunity for the Government to contribute to the future health workforce by increasing specialist training in regional and rural areas and ensuring medical schools are adequately funded," he said.

"AMSA has called for more places in the Specialist Training Program to be delivered in rural and regional areas, as this is required to ensure a sustainable rural medical workforce.

"The Budget delivers no net increase overall, and a marginally increased proportion from 39 per cent rural places currently to 45 per cent by 2021.

"This means that those who want to work rurally will continue to have to undertake the majority of their training in metropolitan areas, decreasing the likelihood that they will be rural doctors in

the long-term."

Mr Thomas said AMSA was relieved university fee deregulation is off the table, but that the higher education reform announcement posed new concerns.

"According to the Medical Deans of Australia and New Zealand, funding for medical education falls short by \$23,500 per student per year. This discrepancy places major strains on the training of future doctors in Australia," he said.

"By reducing Commonwealth base funding for medical education by 2.5 per cent in each of 2018 and 2019, this figure will only expand, impacting the quality of basic medical education."

AMSA welcomes the Government's commitment of \$5 million over the next two years to Orygen, the National Centre of Excellence in Youth Mental Health, and a further \$10 million to the Black Dog Institute and Sunshine Coast Mind and Neuroscience.

"With medical students facing a disproportionate burden of mental illness, the Government's increased funding for mental health research is to be applauded," Mr Thomas said

"We are hopeful that a proportion of this funding will be devoted to the research of university student mental health."

CHRIS JOHNSON

PM to address national conference

The Wide World of Health – Challenges, Threats, and Opportunities



Prime Minister Malcolm Turnbull will address the Saturday morning session of the AMA National Conference, as the event’s keynote speaker.

Don't miss out on the opportunity to attend the 2017 AMA National Conference at the Sofitel on Collins, Melbourne, from 26- 28 May, for a rare and unique glimpse into medico-politics, global health issues and contentious contemporary health policies. The AMA National Conference provides a platform for Australia's leading doctors to share their ideas on the way ahead for Australia's health system and to discuss themes and events in global health.

This year's Conference agenda features a number of sessions that reach beyond the local horizon. We have a range of experts who will be presenting and debating 'big picture' factors that influence our health system and health systems around the world. These include:

- **Tackling Obesity** – experts will present a range of perspectives around the global obesity epidemic and possible solutions, with a special focus on how AMA policy can help the Government respond in a meaningful way.
- **Threats Beyond Borders** – an interactive panel discussion on potential infectious diseases and threats that cross our borders, and the possible role of a National Centre for Disease Control (CDC) in Australia.
- **Improving Australia's organ donation rate** – Australia is a world leader in achieving successful organ transplant outcomes, but our organ donation rate needs to increase to match world leaders. This session will examine the ethical and practical considerations related to Australia's lagging organ donation rate.
- **Doctors' Health and Wellbeing** – discuss initiatives and examine current and emerging issues related to doctors' health and wellbeing, during medical training and in their professional careers.

Dealing with Bad Health News Masterclass – Limited Places Only

In conjunction with the 2017 AMA National Conference, the Pam McLean Centre will provide a pre-conference masterclass open to all doctors on Thursday 25 May, also held at the Sofitel on Collins, Melbourne.

The masterclass on 'Dealing with Bad Health News' will be an interactive, evidence based full-day masterclass designed to provide a safe learning environment for participants to explore different communication approaches to help patients deal with bad health news.

Under the guidance of an expert facilitator, Professor Stewart Dunn (Director, Pam McLean Centre), participants will develop skills in interpreting human behaviour by improving the way they recognise, identify and respond to emotional reactions.

This is an accredited activity for RACGP Category 1 and ACRRM Core PDP points.

Pre-conference masterclass - details

- Time: 9:30 – 5:00
- Date: Thursday, May 25, 2017
- Venue: Sofitel, 25 Collins Street, Melbourne, VIC 3000
- Tickets: Conference attendees - \$660, AMA members - \$770, non-AMA members - \$880

For more information and Conference registration log onto: <https://natcon.ama.com.au/> or contact the Conference organisers at natcon@ama.com.au.

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doctorportal Learning: AMA members can access a state of the art CPD tracker that allows CPD documentation uploads, provides guidance CPD requirements for medical colleges, can track points against almost any specialty and provides access to 24/7 mobile-friendly, medical learning. Learning.doctorportal.com.au



MJA Journal: The Medical Journal of Australia is Australia's leading peer-reviewed general medical journal and is a FREE benefit for AMA members.



Fees & Services List: A free resource for AMA members. The AMA list of Medical Services and Fees assists professionals in determining their fees and provides an important reference for those in medical practice.



Career Advice Service and Resource Hub: This should be your "go-to" for expert advice, support and guidance to help you navigate through your medical career. Get professional tips on interview skills, CV building, reviews and more - all designed to give you the competitive edge to reach your career goals.

www.ama.com.au/careers



Amex: As an AMA member, receive no-fee and heavily discounted fee cards including free flights and travel insurance with range of Amex cards.*



Mentone Educational: AMA members receive a 10% discount on all Mentone Educational products, including high quality anatomical charts, models and training equipment.



Volkswagen: AMA members are entitled to a discount off the retail price of new Volkswagen vehicles. Take advantage of this offer that could save you thousands of dollars.



AMP: AMA members are entitled to discounts on home loans with AMP.



Hertz: AMA members have access to discounted rates both in Australia and throughout international locations.



Hertz 24/7: NEW! Exclusive to the AMA. AMA members can take advantage of a \$50 credit when renting with Hertz 24/7.



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