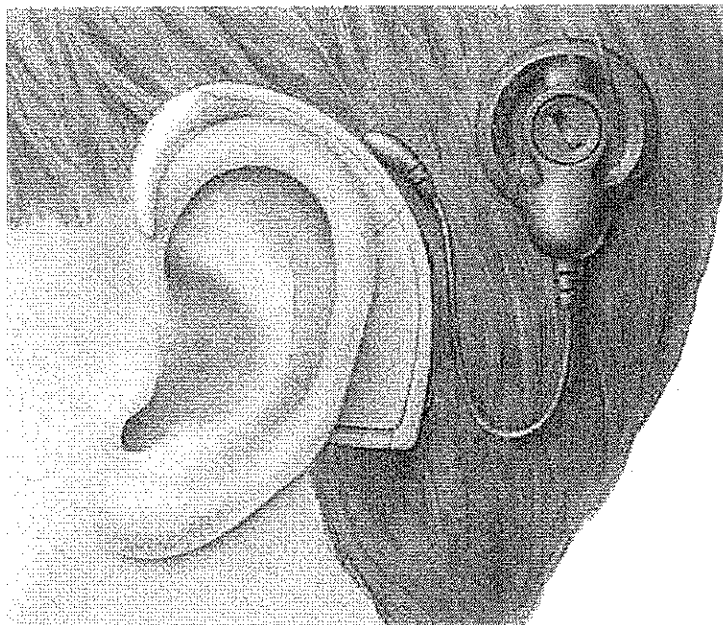


1

**THE NEGATIVE IMPACT GOVERNMENT POLICIES CAN HAVE ON
INDIVIDUAL LIVES**




Presently, the Australian Government provides a suitable hearing aid and upgrades, without cost, for adult pensioners on an Australian Government Pension under their Department of Health and Ageing, Office of Hearing Services, "Program".

Regardless of their level of hearing loss, they are provided with the most appropriate aid, free of charge, that is recommended by their hearing practitioner for that individual.

However, those clients who are too deaf for a hearing aid and therefore receive no benefit from them and so consequently need Cochlear Implants, are discriminated against and must purchase upgraded speech processors themselves at a cost of many thousands of dollars, every 3 to 4 years, for life.

For a 21 year old Disability Support Pensioner, this equates to 15 or 20 upgrades at a cost of around \$12,000 each (at today's prices). This means that a deaf person who cannot work and on a Disability Pension is required to put away about \$60 to \$80 per week, every week, for the rest of their lives so that they can attempt to simply participate in society.

This is a crushing burden to face for the rest of their lives, on top of the socially isolating nature of their disability and the other obvious difficulties they face.



The official response from the Government is that the provision of subsidised speech processors, as opposed to hearing aids, is “beyond their scope” for adult pensioners. Yet they provide free hearing aids.

The Government obfuscates in its response by referring to “top-up” aids that are available to hearing aid users with extra features that carry a cost if they want those additional features. The crucial point here is that these aids are not essential to providing the optimal amplification to each individual client’s needs.

The government is attempting to equate or compare these “top-up” hearing aids with speech processors. They are neither comparable nor relevant to speech processors.

There are no “top-up” speech processors as there is only one device and all features are essential to delivering optimal sound and speech quality to enable its recipients to understand a wider variety of people in a wider milieu and situations.

This is a situation where those with the greatest need are again discriminated against and miss out. Once these processors reach their useful life their users are left totally deaf and totally cut off from the hearing world.

It was Helen Keller who said “The problems of deafness are deeper and more complex.... For it means the loss of the most vital stimulus -- the sound of the voice that brings language, sets thoughts astir and keeps us in the intellectual company of man”.

Peter Demmery



- Welcome, Prime Minister
- Presently, the Australian Government provides hearing aids and upgrades, without cost, for adult pensioners.
- However, those with the greatest need, who are profoundly deaf, get no benefit from hearing aids and rely on cochlear implants are discriminated against and must purchase replacement processors themselves.
- On 24 June 2002, in a private member's motion in Federal Parliament you emotionally supported speech processor upgrades for deaf people so that in your words 'they can continue to enjoy something we take for granted, the ability to hear'.
- Can these deaf people rely on your continued support please?

- At some time, the present speech processor will stop working and become obsolete.
- It is therefore inevitable that a person will need to upgrade periodically because their old processor is no longer repairable.
- This is not voluntary if the person wishes to continue to hear.
- With the introduction of each new speech processor, technology does in fact improve and so offers the recipient better access to speech which is clearer, more natural and softer. PM Kevin Rudd stated this himself as well as the need to update or replace every 2 to 5 years in his private member's motion to Federal Parliament on 24 June 2002
- By definition, when a hearing impaired person takes off their hearing aid, they can still hear something.
- However, when Cochlear Implantees takes off their processor, they cannot hear a thing.....they are totally deaf and cannot even hear a jumbo jet taking off.
- Mr John Murphy (Lowe) strongly supported Mr Rudd's motion in parliament on the same day when he said "Children growing up with these implants require further surgery and replacements. The child turned adult will remain dependent on that technology. The child requires listening skills to obtain and regain employment and for the basic necessities of life. You cannot give a child a cochlear implant and then make it unaffordable by denying upgrades in later life".
- Luke is even more socially isolated because he saves every available cent he receives in his pension to put towards an upgrade which he knows is looming. This has created a very depressing situation for him.
- Mr Rudd, at the conclusion of his speech wanted to ensure that people like Luke continue to enjoy something we take for granted, The ability to hear.

Excerpt:
Community Cabinet Meeting – Westport High School, Port Macquarie
Tuesday 25 August 2009

Question 11: Welcome, Mr Prime Minister. Peter Demmer. Presently the Australian Government provides hearing aids and upgrades under the Department of Human Services.

Kevin Rudd: Provides what upgrades, sorry?

Question 11: Pardon?

Kevin Rudd: Hearing aid upgrades. It wasn't a joke. I just didn't hear.

Question 11: Presently the Australian Government provides hearing aids and upgrades without cost for adult pensioners. However, those with the greatest need, who are profoundly deaf and who get no benefit from hearing aids, and rely on cochlear implants are discriminated against and must purchase replacement processors themselves. I'm appealing on your continued support here, Prime Minister. On 24 June 2002, in a private member's motion in federal parliament, you emotionally supported the speech process through upgrades for deaf people and supported by the Member of Low, Mr Murphy, so that, in your words, *"they can continue to enjoy something we take for granted, the ability to hear, a basic necessity of life,"* in your words. Can we continue to rely on your support, please, Mr Prime Minister?

Kevin Rudd: Well, can I give you one indication of what I have done since then, and that is at the meeting of the Council of Australian Governments in Darwin only last month for the first time in the history of the Commonwealth, all states and territories have agreed for the first time in universal hearing testing for all newborns in Australia. That has not been the case up until now. Up until now, some 30 per cent of kids across the country were going past the first years in life without being professionally diagnosed for hearing problems. That is now changing for the first time in Australia's history. From memory, some 1,000 or so children each year are born with a hearing deficiency at the acute end. If they are diagnosed early, what happens as a consequence of that is that they then, with the early use of cochlear and then a subsequent cochlear implant, can obtain near perfect speech. This is something I have worked on very closely with Brendan Nelson, the former head of the AMA, former Liberal Health Minister, and who today announced his retirement from parliament. It is a good initiative. It's something we've actually had to do with the states. It will involve significant additional investment across the country. So in answer to your question do I take this commitment seriously; yes, I do. There is the evidence of it. On the question of those needing hearing devices later in life, can I ask Justine to add.

Justine Elliot, Minister for the Ageing: Thanks, and Peter I'm going to be meeting with you later on, yes, and with your son, Luke as well. I've also received correspondence from yourself and from Rob specifically in relation to Luke and so I'm looking forward to having a further discussion with you. So we said in the

correspondence that the program as it currently operates provides the upgrade and replacement of speech processes for children and people aged up to 21 years, and does not provide this for adults 21 years and older. So that means currently for adults such as Luke with cochlear implants, they need to fund the cost of their own speech processor upgrades as it stands at the moment. I do understand that Luke does receive community service obligation funding that helps with the cost of batteries and the maintenance for his current speech processor and he does – he is in receipt of that at the moment.

Question 11: Supplementary point there, please Minister. The point I'm trying to make is - - -

Kevin Rudd: Only for you because you're wearing that striped blue shirt.

Question 11: The point I'm trying to make is that adult pensioners as young as 21 receive without cost hearing aids and upgrades. At the end of the day, when they take them out they can still hear. A person with a cochlear implant, they take the cochlear implant out and they can't hear a thing. If they're standing next to a jumbo, they don't hear the jumbo taking off. The point I'm trying to make is – well, it's not about adults per se, but adult pensioner, from as young as 21, they receive hearing aids and upgrades, but those who are most deaf, who get no benefit from hearing aids, who must have a cochlear implant, they don't get the same - in dollar terms the same benefit which is a subsidy. The Member for Low pointed out that you can't give a child a cochlear implant then make it beyond their means at a later stage – make it prohibitive for them to provide for their own upgrades. There's no choice, and they have a use by date.

Kevin Rudd: Sure. They do. I sat down with the head of Cochlear, by the way, at a seminar conducted in Parliament House last Thursday by Brendan Nelson, and we explicitly discussed the remaining needs in the system. Plainly, and this was raised I think from memory by Kathryn Greiner, the wife of Nick Greiner, in that seminar as well and the head of Cochlear was there, about the needs of children when they attain majority, and that is the current gaps in the system. Can I just say it takes a while to deal with a range of the problems that we have inherited. What I've sought to articulate to this gathering tonight is that for a government that has been in office for little more than a year and a half, dealing with a health and hospital system at tipping point, dealing with the non-attention to so many areas of need.

I've just referred to one in terms of the non-availability of universal screening for children at birth for hearing deficiencies, or the fact that for the first time we now have a National Transplant Authority which is capable of providing a decent arrangement for the proper provisioning of organs for transplant, these are all the measures which have been taken only in the health space in the last 18 months. None of this comes free of charge. We however have our head down and we are working hard on other areas of need and priority but I will keep coming back to this theme: the nation has to have a full, frank and substantial conversation about what the nation is also prepared to pay for these necessary reforms in our overall health and hospital system. They are large, and they are expensive. Now, I've already gone about 20 minutes over time. So I'm going to take one more from here. You sir, up the front, and one more over there, you sir up the back in the green.

Yes.

Question 12: Thanks Prime Minister. My name is Phil and I'm here with my wife, Jan. I'm also here representing the Port Macquarie Teacher's Association and perhaps one omission before from the past achievements of this school was that there was a student formerly enrolled here who completed her education through Westport High. Her name was Ann McGlynn, who graduated in 1995, and she was the only student in regional New South Wales to receive 100 TER. So there have been some wonderful achievements at this school.

In the same way, we celebrate the achievements of the current 40-odd students who are enrolled at this school attending and receiving quality education and care with disabilities. We also have approximately 50 students attending this school in the mainstream or regular classroom setting who have a range of extra needs related to learning difficulties, mental health diagnoses, autism, behaviour disorder, etcetera. As you know, Prime Minister, or Deputy Prime Minister, 85 per cent students in Australia attend public schools who have a disability, yet my question is why has your government continued to fund private schools on the basis of the average cost of educating a child in the public system, when we, the public system, educates all those students with those extra costs? Thank you.

Julia Gillard: Thanks, Phil, and I know that we've got a direct meeting after this so we can talk it through at a level of detail. But just in terms of education funding overall, in the next four years, school funding from the federal government comes in four yearly cycles, in the four years that we have been responsible for, so starting this year and the next three years, we will increase investment in education by 85 per cent. So the amount of money that the federal government is putting into education has almost doubled in that period, and that has been huge increases for schools right around the country, including inter-government schools, where we specifically made difference not only through our universal programs like Building the Education Revolution, but we've made direct differences for things like government primary schools where we fixed a historic funding anomaly so that there was more money in every government primary school for the education for kids in those schools.

So there is more resources around and that's because we think every school should be a great school and for schools that are good now, we want to make them better. For schools that are falling behind, we've got new and special resources so that they can too be great schools. A lot of those schools that need that extra helping hand are government schools. Not entirely, because there are some non-government schools who have made it their mission to go and help some of the poorest in our community, for example, Catholic schools servicing Indigenous children who also need a helping hand. On school funding formulas, we gave an election commitment to keep the funding formula, but we have built on that base with all of these new resources and before the four years after this four years, so the four year funding that starts in 2013, we've said we'd have an open review of funding formulas and we'll be keen to talk to everybody about their views.

But in the meantime, we've got huge and unprecedented new investment into schools

right around the country, major reform agenda, teacher quality, bringing the best teachers to the classrooms that need them the most, transparency, more money for disadvantaged schools, building the education revolution, the digital education revolution, trades training centres in schools, and on it goes. So lots of new resources around to make a real difference for every school.

Kevin Rudd: Also, gentleman up the back in the green.

Question 13: My name is Bob Boss-Walker. I work in the mental health sector here. I'm the chair of the Hastings Mental Health Network. Prime Minister, I think the absence of the Minister for Health, in the last week we have seen a number of articles in the *Sydney Morning Herald*, once again bringing to the attention of the public the great need in the mental health area across our country, over the last few years you would know that there has been great gains made in the funding of mental health services and non-government mental health services across Australia. I'm wondering if there is a guarantee from your government that that impetus is going to continue. We've got somewhere towards putting ourselves on level pegging with other comparable OECD countries in the percentage of GDP that we spend on – or national income that spend on mental health care. I'm wondering if we're going to keep that impetus going, and we will see more money being spent in this area for what is a very important part of our health system.

Kevin Rudd: Thanks for your question. There is always a danger when we embark upon a wide ranging reform of the health and hospital system that bits are allowed to fall off the edge. I referred before in answer to the other gentleman over there to dental care – that's right, you with the flag – and – no, I don't think it's lawful to sign flags, but the other one that often falls off the edge is mental health. We are strongly minded not to allow that to happen. Two facts which stick in my mind; one is purely in economic terms, the lost productivity in the Australian economy through undiagnosed and untreated mental illness has been calculated to be something in the order of about \$16 billion per year. That should focus our attention as well.

The second is the other statistic I have been presented with is that – I may have mentioned this before – some 69 per cent of people with a mental illness go undiagnosed, and this is a particular problem with young people, and responding earlier to a question from the gentleman up the back there about Australia's youth and how to negotiate your way through an episode of mental illness, given the stigmas just associated with it. You are right to say that this has been the subject of added investment from the government.

It is part and parcel of the recommendations of the Health and Hospital Reform Commission, and certainly from both the Minister and those advising her and myself as Prime Minister, this is an area of continuing priority for the future, and we are going to have to remember that recommendation, one, which they put forward is for the Commonwealth to assume full funding responsibility for mental health services into the future. That is, outside of acute care within hospitals. This is a significant measure. I have just been passed a note which suggests that the gentleman was asking a question before about hearing services. Where was he? Also, if you could make a time to see

Chris Bowen, the Minister for Human Services. His predecessor, Joesph Ludwig, who occupied that portfolio before has dealt with this issue with Australian Hearing, and we'd like to talk to you about where that is going to in the future.

Can I just bring our deliberations to a close, because we are now about half an hour late, from where we said we'd be. Thank you all again for coming. This is – Rob was wrong on one thing. This is not our 14th Community Cabinet, it's our 15th Community Cabinet. But what we're trying to do is work our way around the country and keep going. No previous Australian government used to do this. We think it is a good thing to do because it helps us remain anchored with sentiment, feeling, passions felt deeply within local communities, and we don't mind if people stand up and tell us we're doing a bad job or a good job or whatever. It's far better we actually get the direct feedback unfiltered by anybody else.

So far we've attended gatherings like this with more than 7,000 people around the country. So far, we've had nearly 1,000 one on one meetings as Ministers with local community organisations and individuals. We always learn something from each gathering. We always learn something. Even if you don't get the response that you want to the question you have asked, there is also a role to be played here in keeping us in the feedback loop of what is working and what is not working. For example, we just had a good discussion about the provision of hearing services, but there have been many other such discussions here this evening.

Of course, for folk who can't come along to gatherings like this, you can also remain engaged without leaving home if you are on the internet by joining my new blog, pm.gov.au. I went live the first time on 16 July and we were talking then about climate change. The second blog ran from 27 to 31 July and that was all about the healthcare system and stuff we've been talking about tonight. We got about 100 submissions from medicos and others right across the country and we are going to be continuing to run those blogs into the future. So keep your eyes peeled for pm.gov.au for a blog coming to you soon. Rob Oakeshott, thank you for prevailing on us to come here as a cabinet. We appreciate your hospitality as the local member. We appreciate also the fact that we have been able to spend time with Janelle Saffin, Member for Page, and most particularly thank you for making us feel so welcome in this wonderful part of Australia. Thank you.

This is the first set of hats which has Prime Minister and Deputy Prime Minister imprinted on the side, by the way. So thank you to the locals and thank you to Akubra, I presume. Thank you.

End of transcript

Dear Mr Rudd,

I spoke to you at your cabinet meeting on August 25 2009 in Port Macquarie as my son's advocate about fair and equitable and inclusive treatment for eligible clients under your Department of Health's Hearing Services Program.

Under your own policy of giving priority to a "Fair Go" under your Government's Principle of Equality of Opportunity and endorsed by the Government's own Human Rights Commission, will you please immediately act on the relevant recommendations made in the Senate Report on Hearing Health in Australia, tabled in Parliament on 13 May 2010.

At our meeting you acknowledged that this is a "gap in the system" and you would be attending to such an "area of need". You also emphasised that you take the commitment to remedy this inequity seriously.

It is almost 12 months since we appealed to you and ministers Justine Elliot and Chris Bowen and subsequently my son has had to purchase his own replacement Speech Processor at a cost of \$8,400.00 which is a crushing burden on a Disability Support Pension. A crushing burden requiring an enormous sacrifice which is causing debilitating depression and consequential health problems.

As you acknowledged to Parliament on 24 June 2002, in your private member's motion, which is 8 years ago now and again on August 25 2009, these replacement processors are "a clinical need every 2 to 5 years. Your colleague, John Murphy, MP strongly supporting every motion in 2002, (page 4213)

said: "You cannot give the child a cochlear implant and then make it unaffordable by denying upgrades in later life". Luke had no choice if he wanted to hear at least something as his processor was 6 years old, was constantly failing and unable to be successfully repaired. He was looking at the prospect of being stone deaf (which he experienced for days at a time while waiting for attempts at repair).

The problem simply requires a change in legislation. Is that not what you have been elected for? This is a pressing need you have admitted to twice before yourself. My son will not be in a position to fund replacement processors again on a disability pension of approximately \$350.00 per week.

We look forward to receiving your reply.

Yours faithfully,

Peter Demmery
NSW

Chullora included my sister-in-law, Ursula, her brother, Martin, and one of their parents—their mum, who was in the camp in Chullora; their dad was in Bonegilla. It was not just a two-year stint that people had to do when they came to Australia and when the fathers signed up, in large part, to go and work on the Snowy Mountains scheme or to do any job that was required of them. In the case of Ursula and Martin, it took more than eight years for that family to actually come together to live as a family.

An immigration monument in Canberra needs to recognise not just the diversity of the population but the toughness of Australia's history and how hard the people working on the Snowy and the other migrants who came to help build Australia in the fifties and sixties did it, because they did not come to a country that welcomed them, in the same way that the people who came to the gold rushes were not greatly welcomed by the existing population. People who came in that period understand the unwillingness of the population. What they met was misunderstanding, a lack of recognition of where they were from, what their importance was and what they were doing.

The DEPUTY SPEAKER (Hon. I.R. Causley)—Order! The time allotted for this debate has expired. The debate is adjourned, and the resumption of the debate will be made an order of the day for the next sitting. The member for Blaxland will have leave to continue his speech when the debate is resumed.

Cochlear Implants

Mr RUDD (Griffith) (1.33 p.m.)—I move:
That this House:

- (1) notes the Government's plan based on the recommendations of the Private Health Industry Medical Devices Expert Committee to remove speech processors from Appendix A, Schedule 5 of the *National Health Act 1953*, meaning the withdrawal of private health funding for upgrades and replacements for cochlear implants (bionic ears); and
- (2) calls on the Government to find a way that the profoundly deaf, especially children, can continue to secure upgrades and replacements for their cochlear implants by requir-

ing private health funds to continue to cover the cost of the prosthesis.

Some weeks ago I was approached by a young man in my electorate by the name of James Harlow. James is a bright 10-year-old who came to me requesting I tell the parliament what he thinks about the federal government's imminent moves to take cochlear implants and upgrades off the private health schedule, forcing his parents to pay up to \$10,000 for future upgrades and replacements. James spelt out his situation in the following letter:

Dear Mr Rudd

Can you please ask Mr Howard if he can make sure people with Cochlear Implants get help when they need help?

When I couldn't hear in grade two and three, it was terrible and I was very sad. One day when I was dancing at a competition, my processor didn't work. I couldn't hear the music and I was really mad. It's not fair sometimes. My audiologist helped me a lot but there was a long time to wait to get my problem fixed. Every day I asked my mum and dad when I could get the broken implant taken out and get a new one. Every day was a long time and I don't have a long time. I don't understand why I had to wait so long. I wanted my sound fixed straight away. I love hearing my brothers talking and I love to dance. Everyone kept saying be patient but it was hard. I am happy now because I can hear again.

There is a new processor that can help me. Now mum and dad are really worried because the new 3G costs a lot of money and its hard to get it. There are lots of kids who have the 3G already and its not fair because I need it too. I feel like I can't wait and I wish to get the 3G soon so I can listen to my Irish Dancing music and be happy.

When I grow up I want to be a doctor or maybe an Irish Dancing Champion. It would be really nice to hear like other people and I am glad someone is trying to make processors do this. Maybe one day, Cochlear can make it perfect so I can get my timing right in my dances.

Can you please ask the government to understand about our stuff? Mum says we can get the 3G if the insurance helps us. If they don't help us, then I will have to wait too long for my new bte. I can't wait.

From James

What a fantastic letter! There are many cochlear implantees like James in my electorate of Griffith, and across the country

there are more than 1.8 million hearing-impaired Australians. Approximately 72,000 of them are severely or profoundly deaf.

The bionic ear or cochlear implant is an Australian invention which was first trialed in 1978 by Professor Clark of the University of Melbourne. It is used by severely to profoundly deaf people for whom hearing aids are of little or no benefit. It is only fitted to one ear—usually the deafer of a person's two ears. Since its first trial, 45,000 people across the globe have been fitted with a cochlear implant bionic ear, with about 60 per cent of the market dominated by the Australian manufacturer Cochlear Ltd. About 2,000 Australians—approximately 50 per cent of them children—have been fitted with bionic ears.

The cochlear implant comprises two parts. The first is an internal component which must be surgically placed inside the skull just behind the ear. This involves a delicate three-hour operation under general anaesthetic. The second part is an external fixture, or speech processor, which connects around the ear. This is mapped, via computer technology, to each individual's unique hearing needs and is essential to the working of the implant. It is this speech processor that needs updating or replacing every two to five years as a result of advances in technology and wear and tear. This is the latest technology in speech processors and supposedly adds an incredible range of sound, including whispers, to existing technology. One young student in my electorate has been advised by his audiologist that this new processor is a 'clinical' need for him.

The crux of the current problem lies with the fact the bionic ear is currently defined as a 'prosthesis' under the National Health Act 1953. The current issue has arisen from the federal government's review of private health funding of prostheses under schedule 5, as defined under the National Health Act. To help with the review, former health minister Michael Wooldridge established the Private Health Industry Medical Devices Expert Committee—PHIMDEC—to assist with determining items for listing on this schedule.

Due to the strict definition of prostheses—stipulated in an outdated act which was implemented 25 years before cochlear implants came into being—PHIMDEC has recommended that any upgrades or replacements of speech processors not be covered by private health funds. This is due to the fact a prosthesis, as required by the definition, should be 'surgically implanted'. Therefore, the initial operation to have the internal part of the bionic ear inserted would be covered, as per appendix A of schedule 5, but any subsequent replacements or upgrades would not, as under appendix C.

Currently, the federal government, through Australian Hearing, subsidises hearing services for children up to 21 years as well as veterans and pensioners. Cochlear estimates approximately half of its clients are insured by private health funds. The federal government budget allocated \$1.9 million for the four-year period from July 1997 to June 2001 and a reduced amount of \$1.6 million for the four-year period from July 2001 to June 2005 to Australian Hearing to provide child recipients—those up to the age of 21—with access to improved and updated speech processors.

At the above funding level, only 80 speech processors a year would be able to be funded. As there are currently 1,000 children with implants, this funding is expected to run out by June 2003 at the current rate of replacement. There is a waiting list in just one Brisbane clinic of 25 children who are in 'imminent need'—the words of an audiologist—of the new technology about to be released. This clinic deals mainly with clients covered by private health care. Cochlear implants in Brisbane are also conducted at the Mater and Royal Brisbane hospitals.

The new speech processor costs between \$8,000 and \$10,000, although Cochlear is offering the product at half price for the first 12 months—that is, about \$4,500. Other processors cost an average of \$5,000. Figures provided by Cochlear show the estimated cost to adequately fund replacement speech processors for children and for pensioners and veterans is less than \$1,500 per recipient per year. Cochlear argues that such expenditure would be offset by savings, par-

ticularly in special education provision, as children with implants are more likely to be integrated into mainstream education, thus reducing costs for special educational aids. Other funding benefits would be a reduction in future social security payments as recipients are fully integrated in society.

It was originally intended that cochlear implants be delisted from the health benefits schedule as of 1 February 2002. This meant that private health insurance companies would no longer be required to reimburse recipients of cochlear implants for the cost of upgrading or replacing their speech processors. However, on 28 February 2002, the Department of Health and Ageing's Private Health Industry Branch issued the revised schedule 5—'Benefits payable in respect of surgically implanted prostheses'. Contrary to earlier advice, this schedule did include provision of replacement speech processors for cochlear implants. But this came with a catch. The circular accompanying this schedule noted:

Further to advice received by the Department, previously advised Schedule changes in relation to a small number of items have been deferred pending further considerations. This list included speech processors.

During the recent budget estimates hearings, departmental officials were questioned over the deferral decision. I am advised that they confirmed that replacement processors remain on the schedule and, although PHIMDEC has recommended their delisting, the decision to act on that advice had been deferred. The official also stated that they were:

... seeking some further information from private health funds as to how these items might be included on their ancillary tables and how affected members might be notified. ... No further action will be taken in relation to the listing of replacement speech processors while that review is in progress.

At this point I wish to recognise that the health minister currently has this under review. However, I am sure the minister understands that the cochlear community faces a situation where it is in a state of limbo. First, there was a decision made by the federal government to take speech processors off schedule 5. This caused great angst and

heartbreak for thousands of Australian families. Then, through word of mouth, it was revealed that this decision had been deferred and placed under review. It is now midway through June and cochlear implantees have no idea what will happen next. They wait in the hope that the health minister and the federal government will see that they have a genuine need and will continue to facilitate access to speech processors. My fear is that this government's attitude of what I would describe as contempt towards health care in Australia will continue to see yet another community disadvantaged.

In recent weeks we have seen a myriad of very inappropriate decisions from the federal government in this respect. We have seen it in relation to pharmaceuticals and in a range of other areas. The government should provide a standard of health care that allows people access to vital services. This is not occurring and health services and provisions continue to be put on the chopping board. I call on the federal government to make a long-term commitment to Australia's cochlear community today and to keep speech processors on schedule 5 as defined under the National Health Act 1953. This will ensure that people like young James continue to enjoy something we take for granted—the ability to hear.

The SPEAKER—Is the motion seconded?

Ms Jann McFarlane—I second the motion and reserve my right to speak.

The SPEAKER—It being almost 1.45 p.m., it seems to me appropriate that debate should be interrupted in accordance with standing order 101. The debate will be resumed at a later hour this day.

STATEMENTS BY MEMBERS

Werriwa Electorate: Hurlstone Agricultural High School

Mr LATHAM (Werriwa) (1.43 p.m.)—Hurlstone Agricultural High School, a selective government school at Glenfield in my electorate, is one of Australia's greatest schools—a school of uncommon excellence, heritage and morale. Last Friday I was privileged to attend Hurlstone's assembly in honour of its post World War II veterans—

PROCEDURAL TEXT

Date Monday, 24 June 2002

Page 4213

Questioner

Speaker Murphy, John, MP

Source House

Proof No

Responder

Question No.

Mr MURPHY (Lowe) (3.55 pm)—I strongly support the motion moved by the member for Griffith, Mr Kevin Rudd. My electorate of Lowe is home to a significant number of disability services for the deaf and for people with other hearing disabilities. I am indebted for the advice given to me by one of my constituents, Mr Peter Kerley, of the Deafness Council of New South Wales Inc. The Deafness Council is an organisation that has led the way in advocating both technological and non-technocentric solutions for meeting the communications needs of people with a deafness disability. The Deafness Council advises me that there are about 2,000 Australian cochlear implantees, and there are 900 children who are eligible for cochlear implants. I am advised that a surgical cochlear implant costs approximately \$40,000. This cost is covered almost entirely by Medicare and private insurance. The total cost is in the order of \$18 million, with a cost recycling every eight to 10 years. The costs include the surgery, the speech processor upgrade and repeat surgery at approximately 15 years.

That being said, a more typical profile of a cochlear based technocentric solution for hearing restoration may include up to six operations and up to 12 speech processor upgrades over the whole life of the person. I urge this House to reject the recommendations of the Private Health Industry Medical Devices Expert Committee to withdraw private health funding for upgrades and replacements for cochlear implants. If the government decides to accept the committee's recommendations, the government will be succumbing to the corporate world by acceding to the desire of the private health insurance lobby to socialise the losses and costs of these medical upgrades and replacement procedures.

Children growing up with these implants require further surgery and replacements. The child turned adult will remain dependent on that cochlear technology. The child requires listening skills to obtain and retain employment and for the basic necessities of life. You cannot give the child a cochlear implant and then make it unaffordable by denying upgrades in later life. I ask the committee and this House: has the committee considered all of the consequences of transferring the burden of the cost of a speech processor onto the taxpayer, rather than through private health insurance, by simply calling it a prosthesis?

Prospective consumers of further cochlear upgrades will have an overhead of approximately \$3,500 per year per implanted person. If this expense is not compensated through private health insurance, most will find the technology unaffordable. The consequence of this will be that these people, for the most part, will be unemployed or unemployable with a concomitant increase in social security costs. Either way, the government, the taxpayer and—most importantly—the person with the deafness disability lose. It would appear that the government has created a smokescreen to hide the fact that it has capitulated to the private health insurance industry. I certainly hope not.

Finally, I turn to the issue of solutions that will keep cochlear implantees within the insurance bounds of private health insurance policy. I recall a few years ago the Commonwealth government introducing a system to compensate health insurers who had insurance risk exposure from having too many elderly clients. So I ask, in anticipation of the costs and the numbers of existing and potential cochlear implants candidates being established, that a similar system of cost spreading among private health insurers for those using cochlear implants also be considered. I condemn the committee's recommendation and support Mr Rudd's very worthy motion.

Dear Productivity Commission,

Please find attached part of my submission to the Australian Government disability-support inquiry.

Thank you,

Peter Demmery

----- Original Message -----

From: Peter Demmery

To: Rob Oakeshott MP

Sent: Wednesday, May 19, 2010 4:31 PM

Subject: Inequitable and discriminatory treatment of eligible clients of Australian Hearing by the Federal Government

Dear Rob,

In my email yesterday I forgot to emphasise a major point which is that we are talking about eligible clients from the age of 21, viz:

Why does the Government cover 100 per cent of the cost of replacing or upgrading one hearing device, ie hearing aids, to eligible clients, from the age of 21 years, under their Hearing Services Program, but not for other hearing devices, ie cochlear speech processors, to eligible clients, from the age of 21 years, who are beyond the benefit of hearing aids (because their level of disability is much greater), especially given that the costs of the devices are similar?

I am trying to word the issue so that the Minister must answer the question or explain fully.

Thanks,

Peter D