Medicare Ineligibles and LGBTIQA+ communities – a discussion paper

Who can access Medicare?

Medicare can be accessed by:

An Australian Citizen-who is already enrolled in Medicare, or who can provide proof of eligibility to enrol. This means being able to supply both proof of identity (Passport and/or birth certificate) and proof of residence such as:

- Sale agreement to buy a property, plus a gas or electricity account in the applicant's name.
- Lease agreement to rent a property, plus a gas or electricity account in the applicant's name.
- Evidence of employment.
- Evidence that the applicant or the applicant's children are at school or university
- Evidence of private health insurance, bank accounts, or property or contents insurance.

A New Zealand citizen, resident in Australia for at least six months who can provide the same type of evidence outlined above with the addition of evidence of terminating employment and housing arrangements in New Zealand.

An Australian Permanent resident who can provide the same type of evidence as above and proof of terminating employment and housing arrangements in their previous country of residence with the exception of those who are granted a refugee visa onshore (subclass 866) or offshore (subclass 200) who have permanent residency as a consequence of their visa, but do not have to provide proof of terminating employment or residence in their country of origin.

The holders of certain, specified temporary visas. As at 2 March 2022 these were the following valid temporary visas covered by a Ministerial Order:

- Fulbright scholars
- Witness Protection (Trafficking) Temporary visa (subclass 787)
- De facto partners of Australian citizens or permanent residents
- Support for Victims of People Trafficking Program
- Temporary Humanitarian Concern visa (subclass 786)
- Contributory Parent visas (subclasses 173, 143, 884, 864)
- Temporary Protection visa (subclass 785)
- Removal Pending Bridging visa (subclass 070)
- Illegal maritime arrivals holding a Bridging E (Class WE) visa
- Humanitarian Stay (temporary) visa (subclass 449)
- Secondary Movement Offshore Entry visa XB (subclass 447)
- Safe Haven Enterprise visa (subclass 790)
- Skilled Work Regional Provisional visa (subclass 491)
- Skilled Employer Sponsored Regional Provisional visa (subclass 494)

Who cannot access Medicare?

Anyone not included in the categories above cannot access Medicare as an entitlement. However, there is a range of arrangements that people who cannot access Medicare may use:

- Private Health Insurance (holding private health insurance is usually a condition of accessing temporary residence visas of various types)
- Accessing care under a reciprocal health agreement which gives Medicare like access
- Paying privately for medical services

Enrolling in Medicare, or providing the evidence needed to access reciprocal health agreements is administratively burdensome and very difficult for people experiencing homelessness or other trauma.

The Visa system in Australia is complex and difficult to navigate, especially for people experiencing trauma and displacement. Added to this complexity is the need in some cases to reapply for bridging visas frequently while substantive visa applications are determined or legal action for review of a decision is completed. This can mean, that even where an individual is Medicare eligible, maintain Medicare enrolment through multiple Visa applications and determinations is complex.

Barriers to accessing existing health services.

1. What is the need?

Some people come to the ACT from countries and cultures where being a member of the LGBTQIA+ community is at the least stigmatising and can put your life in danger. Accessing health services, especially about issues related to sexual orientation and gender identity if overlaid with the experience of trauma and stigma, combined with the potential that accessing services will reveal their status as an LGBTIQA+ person is difficult and complex.

For people who have private health insurance as part of their visa requirements and who do not have access to Medicare, there can be a range of financial factors. Depending on the type of insurance held there can be a co-payment requirement, there may be a requirement to pay upfront and seek re-imbursement or there can be a delay in reimbursement. This means that there can be a financial barrier to seeking medical care or advice, particularly for those on fixed or low incomes.

In addition, the type of medical care, including pathology tests, diagnostic tests, and the specialty or practitioners is disclosed to the insurance company. Where trust in institutions is low this can lead to a reluctance to seek appropriate care in a timely way.

Some kinds of care are seen as particularly risky including sexual health, fertility and contraceptive services, mental health and gender-affirming care because of the possibility of stigmatisation or retaliation for accessing care.

Estimates of the population of people of diverse sexuality and gender are difficult to calculate. There is still no census question that quantifies sexual orientation or gender identity. However, Wilson and Shalley using intersecting data sources estimate that the non-heterosexual population of the ACT to be 5.1%. The Estimated Resident Population of the ACT as at 30 June 2021 is 432,300 people, which means the estimated LGBTQIA+ population is 22,047. As there is no way of definitively estimating the proportion of those people who do not have access to Medicare, the best estimate is derived by assuming that the proportion of people without access to Medicare is consistent across sub-

population groups. Around 1.5% of the ACT population holds a temporary visa and do not have access to Medicare. This means that around 330 LGBTQIA+ people do not have ready access to Medicare, may face significant cost barriers to accessing health care, and have limited services they can access. Around half of this population are International Students who may face additional cultural and stigmatisation barriers to services.

Meridian knows, from our own work, that there are also a significant number of refugees in the ACT who faced stigmatisation and violence in their country of origin and may have undergone forced "conversion therapy" practices or otherwise been persecuted for their sexual orientation or gender identity. Notwithstanding their ability to access Medicare funded services, this means that the act of seeking medical support or attention may be retraumatising, especially if they access a service which is not LGBTQIA+ welcoming or trauma informed.

We know from working with our clients that several factors coalesce to make it difficult to reliably access LGBTIQA+ informed and sensitive health care. Apart from the stigmatisation and trauma referred to above, there can be a reluctance to access LGBTQIA+ related health care using private insurance due to cost, or due to the nature of the service being disclosed to a parent or financial supporter in a person's country of origin leading to withdrawal of support. There can also be a fear, for people employed under skilled migration visas of their visa sponsor being made aware of their sexual orientation or gender identity, leading to the termination of their employment and ultimately the withdrawal of their visa.

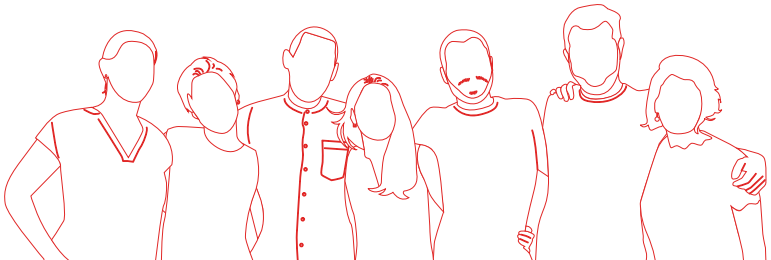
2. Why is this needed

There are LGBTQIA+ sensitive and trauma informed services in the ACT. There are also dedicated sexual health services in the ACT. There are free or low cost services available to students (including in some cases, International students) However, there are still a number of people that do not access these services. Anecdotally the reasons for this include:

- Reluctance to access health care for LGBTIQA+ issues due to unpleasant and damaging experiences in the past.
- Fear of being outed.
- Fear of losing their visa and/or employment.
- Fear of losing financial support.
- Fear of accessing health care for some conditions or concerns affecting enrolment in tertiary study and therefore their visa status.
- Fear of their LGBTIQA+ status being revealed to members of their community and/or government.
- Fear that accessing a mental health care plan or sexual health care will be known by the visa decision maker and used as a reason to refuse a visa.

The fear alone (whether or not the feared threat would be realised) is enough to prevent an affected person accessing health care. This service is about improving the health of individuals both for the wellbeing of the individual and to support the wellness of the wider community in which this individual lives.

Meridian is uniquely placed to make a difference. By having a dedicated in reach and outreach medical service, even for one day per week, we can ensure that people can access timely health care in a non-threatening environment. We can also, having established rapport and trust, ensure there are appropriate referrals to other services and practitioners, encourage engagement with longer term health care and prevent the deterioration of chronic conditions.



By providing targeted and culturally appropriate sexual health messaging, we can effectively support those who may be experiencing violence, and ensure mental health and physical health supports work together.

Meridian has a proven track record for delivering services to marginalised and stigmatised communities. We have a reputation for discretion, confidentiality, and factual, culturally appropriate information sharing. Rather than a new service, this is the logical extension of Meridian's current service offering and an important component in achieving our visions.

There is more that can be done. Offering this service will go some way to addressing an existing inequality but other areas require urgent policy attention. It is vital that urgent consideration is given to reviewing Medicare to provide access to gender-affirming care including, but not limited to, providing access to gender-affirming hormone therapies, including testosterone, under the PBS.

Medicare and HIV Treatment

(Directly quoted from AFAO and NAPWHA Update – Changes to HIV treatment access for People ineligible for Medicare. May 2022)

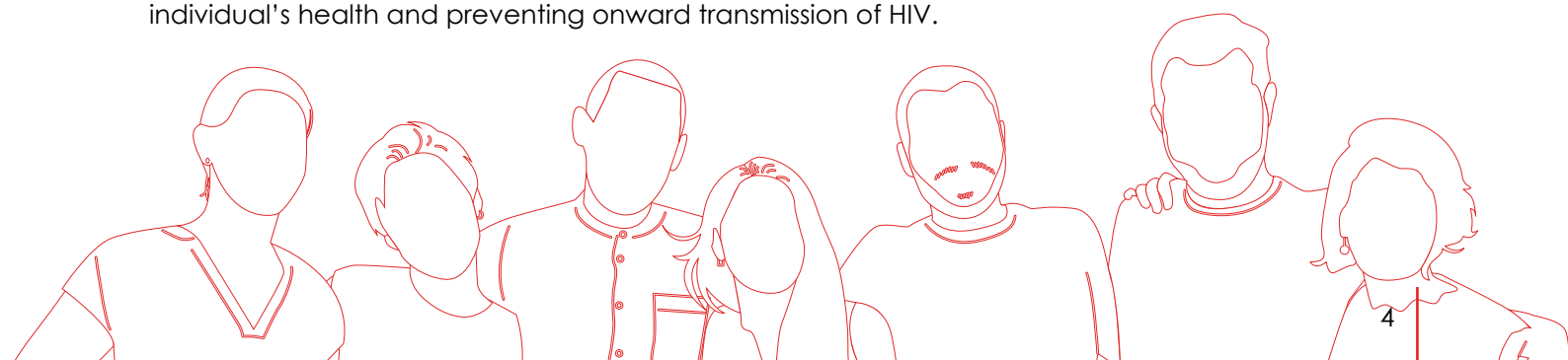
HIV treatment must be available for all who need it, regardless of Medicare eligibility. AFAO and NAPWHA believe greater access to HIV treatment will keep people well and prevent onward transmission through effective and affordable treatment as prevention (TasP), ensuring Australia is on track to meet domestic and global elimination targets.

People ineligible for Medicare include temporary residents who enter Australia under several non-permanent visa arrangements. This means migrants to Australia under student, business, and employer-sponsored work visas have not received the same HIV care entitlements as Australian citizens or permanent residents. Migrants to Australia experience larger gaps in their treatment and care cascade, with many relying on non-durable sources of supply to access HIV treatment. These include pharmaceutical industry compassionate care arrangements and importations.

From 1 July 2022 people with HIV who are not eligible for Medicare and who currently access care through compassionate care schemes will be required to access care in one of the following ways:

- Engage with care through a public hospital based physician and have medication dispensed through a hospital pharmacy (costs of consultations and pathology borne by the hospital)
- Continue to see existing prescribing physician but drugs dispensed through the hospital pharmacy (costs of consultations and pathology to be covered by the patient or the practice)
- Engage with care through a publicly funded sexual health clinic and have their medication dispensed through a hospital pharmacy (costs of consultations and required pathology borne by the sexual health clinic)
- Access medication through a self-importation scheme at their own cost.

A proposed scheme of five-year investment will benefit an estimated 1,000 people with HIV in Australia per year, who do not have access to Medicare. Reducing access inequalities will decrease the time between diagnosis and HIV treatment initiation. This has the twofold effect of enhancing an individual's health and preventing onward transmission of HIV.



References

Aaron Cogle and Kathy Petoumenos, Medicare ineligible PLHIV in Australia. An analysis of new data with recommendations for systematic improvements (Report, May 2019)

Commonwealth Department of Health, Eighth National HIV Strategy 2018-2022 (National Strategy, 2018) 17.

Commonwealth Department of Health, '$50 million investment in support for HIV and blood borne viruses' (Media Release, 1 December 2021).

Details of enrolment eligibility can be found in detail at https://www.servicesaustralia.gov.au/enrolling-medicare-if-youre-australian-permanent-resident?context=60092

Details of the countries participating in reciprocal health agreements and the parameters of those agreements can be found here: https://www.servicesaustralia.gov.au/when-reciprocal-health-care-agreements-apply-and-you-visit-australia?context=22481

Insights into Australian Census and Temporary entrants integration dataset https://www.abs.gov.au/statistics/people/people-and-communities/insights-australian-census-and-temporary-entrants-integrated-dataset/latest-release

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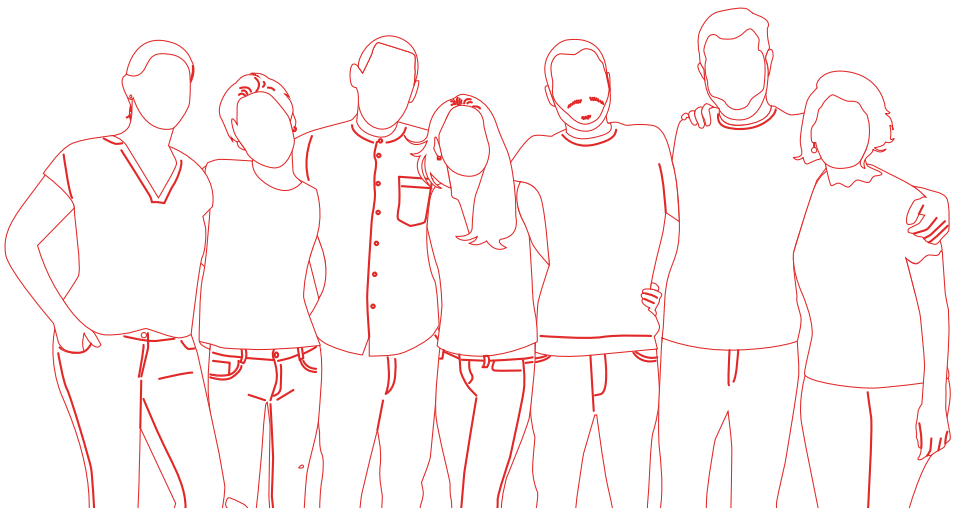
https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#states-and-territories



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