Mark (Raizo) Raison

Reference: Submission to the Veterans' Affairs Legislation Amendment (Military Compensation Review and Other Measures) Bill 2013 [Provisions]

Dear committee.

I would like to make a submission in relation to the proposed amendments before you. Particularly in regards to the issuing of white cards to ex-military members that have medical conditions accepted for ongoing treatment, under The Safety Rehabilitations and Compensation Act 1988 (SRCA). Currently a person in this situation may set up an account with a chemist and the chemist directly bills the Department for all medication for accepted conditions only. I have been doing this for approximately 15 years and this system works very well. But as an advocate for 18 years I am well aware that many people are not doing this. Another way is to pay the chemist and then request reimbursement or as the majority of people do, they simply purchase their medication and do not apply for reimbursement. The proposal of issuing a white card to these people is a very good idea; although the Department may have trouble contacting many of them as once liability is accepted many people have no further contact with the Department under this legislation.

Currently under this legislation when you are reimbursed for medication, you are not required to pay the pharmaceutical co-payment of $5.80. Once these members obtain their white card and receive their $2.60 per fortnight to assist covering the pharmaceutical co-payment. I agree that this is fair and in line with most other pensioners entitlements. I am also aware that if any of these people are covered under this legislation and also have "qualifying service" under The Veteran Entitlements 'Act 1986 (VEA) they may be eligible for the reimbursement of out-of-pocket pharmaceutical expenses under the "Veterans Pharmaceutical Reimbursement Scheme".

Unfortunately although the Repatriation Pharmaceutical Benefits Scheme list of drugs, is large it does not cover many prescribed pharmaceuticals and complimentary medicines. For example I attended a pain management course which was paid for by the Government which consists of three weeks in hospital under many medical practitioners in a wide variety of specialties. When I was on this course I was prescribed and told to keep taking for as long as my current medical conditions exist some of following medical supplements which include:

9000 mg of fish oil, 1500 mg of glucosamine, Metamucil to mention some. I have also been prescribed by specialists other medication which is not covered by the Repatriation Pharmaceutical Benefits Scheme which includes Boz ointment, Hydrofome along with other medication which changes frequently. Currently under the SRCA all medicines which are prescribed for an accepted condition are covered with no out-of-pocket expense to me. I believe that paying the co-payment for these is reasonable as required in this amendment. But if I had to pay full price for these medications which are currently funded under this legislation I would be out of pocket many hundreds of dollars a year. Since I successfully completed my pain management course many of my prescribed medications have dropped by two thirds this in itself has been a financial saving to the Department and far better for my overall health. If the complimentary medicines which are currently paid for under the SRCA and if I were unable to purchase them I would have to go back to the previous quantity and strengths of my old prescribed pharmaceutical resume. The cost of these pharmaceutical medications over the course of a year is far more than that of the current complimentary medications. So this would not be an overall financial benefit to the Department, it would also mean that I would more than likely not be able to purchase these complimentary medications as it is far cheaper to pay the $5.80 for the prescribed medication, which unfortunately has more detrimental side effects not the least being stomach ulcers, rashes, drowsiness bowel problems to mention but a few.

I also believe that the overall savings may be less than has been calculated as all the Veterans that I have questioned who currently hold a gold card under the VEA used up their first 60 prescriptions and are on the pharmaceutical safety net well before the calendar year is over.

Summary

What I am requesting is if a person is currently covered under SRCA be permitted to keep their current entitlement to have supplementary medications prescribed to them and that they pay the recommended co-payment of $5.80. I believe that this will be of minimal or nil cost to the Department for the reasons I have mentioned above and increase the overall well-being and lifestyle for them.

Mark Raison

Royal Australian Air Force Association Queensland Division
Pine Rivers Branch, Advocate, and
Pine Rivers District RSL Sub-Branch, Pension Officer