



australasian society of clinical immunology and allergy

7 April 2020

Hon Greg Hunt MP
Minister for Health
Australian Government
House of Representatives
Parliament House
Canberra ACT 2600

Dear Minister Hunt,

We welcome some of the Federal Government's changes to the COVID-19 telehealth legislation in Australia to allow for mixed-billing in some circumstances, as of 6 April 2020.

We note that from 6 April 2020:

1. It is a legislative requirement that the new telehealth services must be bulk billed for Commonwealth concession card holders, **children under 16 years old**, and patients who are more vulnerable to COVID-19.
2. Health providers may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria.
3. Providers are expected to obtain informed financial consent from patients prior to providing the service with details regarding their fees, including any out-of-pocket costs.

Whilst the Federal government is allowing specialists to charge a co-payment for patients over 16 years old, it appears that this is not the case for **children under 16 years old**, who need specialist treatment.

A large proportion of patients who see clinical immunology/allergy specialists are **children under 16 years old**, and many have problems that require urgent attention, including management of potentially life-threatening anaphylaxis.

Not providing the same support to paediatric services as that being given to adult services is going to mean that paediatricians and clinical immunology/allergy specialists who see children will be forced to continue face to face consultations in preference to Telehealth consultations with patients, in order to undertake their usual billing practices. Firstly, and most importantly, this clearly is a disincentive to practicing social distancing and keep our children (and their parents) as safe as possible.

Without the co-payment option, doctors in private practice are facing a reduction in income of between 50% and 75% overnight. This means that further job losses will result as doctors become unable to pay their practice administration or nursing staff.

At its worst this may result in private paediatricians and clinical immunology/allergy specialists who see children closing their private practices. This will have a flow on effect of placing more pressure on the public health system down the track when patients have no other options but to seek care through the public system only.

We understand that it is common practice **for GPs to bulk bill children under 16 years**, but this has never been a requirement for clinical immunology/allergy specialists (consultant physicians) and paediatricians.

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand

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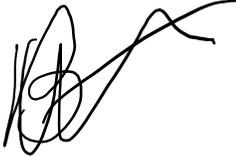
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For the many reasons stated in this letter, we have sent a request to the Assistant Secretary of the Primary Care Response Team in the Federal Government to waive this restriction for specialists, consultant physicians and paediatricians.

The burden of allergic disease has been well recognised by this Federal Government, as evidenced by the recent parliamentary inquiry, and therefore we hope that our request is given due consideration.

Yours sincerely,



Dr Brynn Wainstein
ASCIA President

Copy:

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