

Legislative Council

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HEALTH CARE FOR IMMIGRANTS

The Hon. A. BRESSINGTON (15:00): I seek leave to make a brief explanation before asking the minister representing the Minister for Health questions about access to health services by immigrants on work visas.

Leave granted.

The Hon. A. BRESSINGTON: This week I met with a number of constituents who brought to my attention the inequity of our health services for international migrants who do not have access to Medicare and are not required to have and do not have health insurance. While many visas are subject to the visa condition 8501, which requires applicants to have and then maintain adequate health insurance, several temporary visas such as visa 475 and visa 495, which are for workers or graduates possessing skills identified as needed in rural areas (often by the state government) do not require visa holders to have health insurance. Instead—and I quote the Department of Immigration and Citizenship website:

Migrants are responsible for all health costs incurred in Australia. For this reason it is highly recommended that you arrange suitable private health insurance.

However, when faced with the comparably high living costs, the difficulties in finding employment to utilise their professional skills and other associated costs in establishing themselves and their families, health insurance somehow finds itself pushed down on their priority list. I am aware of a qualified doctor who is currently working as a storeman while he undertakes further studies.

While many do go on to become permanent residents with health incidences some, unfortunately, develop medical conditions or, as I will go into, become pregnant and find themselves without insurance or access to Medicare that all Australians can otherwise rely on. This places these migrants in the most untenable situation of needing medical care that they simply cannot afford. I am aware of a particular migrant who is gradually repaying a \$60,000 debt, for emergency cardiac surgery, to a public hospital because he did not have insurance.

Even the price of giving birth is astonishing, with an uncomplicated delivery being \$5,400 in a public hospital, while a caesarean delivery with complications can cost up to \$18,000. This is just for the procedure and does not include any hospital stay or the cost of a midwife or necessary pre-natal scans. Just imagine being of limited means, falling pregnant and facing such untenable costs without insurance. Is it any wonder that these women are encouraged and, in fact, feel compelled to use abortion as a way out.

Others find that doctors and even our hospitals are reluctant to see them or, when they do, they receive substandard service. One woman had had a miscarriage and needed a curette but, because she was uninsured and unable to pay for the service prior, was instead sent home with the 'morning-after pill' and no follow-up medical treatment at all. My questions to the minister are:

1. How many full-fee paying abortion procedures were undertaken in South Australia in 2010 and, where possible, how many of these were on women who were on temporary visas or were dependants on temporary visas without health cover?

2. How many people are in South Australia on a temporary visa not subject to direction 8501, and is it possible to track how many do not have health insurance or access to reciprocal cover?
3. Was the minister or the South Australian government consulted by the federal government in relation to the terms and conditions of temporary work visas and whether they would require migrants to have health cover?
4. What can the minister do to encourage his federal counterparts to find a solution to this problem?
5. What has the cost been to the South Australian health system of migrants without health insurance who accumulate huge medical bills and then are unable to pay and return home leaving the debt behind?

The Hon. G.E. GAGO (Minister for Regional Development, Minister for Public Sector Management, Minister for the Status of Women, Minister for Consumer Affairs, Minister for Government Enterprises) (15:04): I thank the honourable member for her questions. I will refer them to the Minister for Health in another place and bring back a response.