Australian Nursing And Midwifery Federation

PRE-BUDGET SUBMISSION 2019-20

Australian
Nursing &
Midwifery
Federation

INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide advanced input to the 2019-20 Australian Government Budget.

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of almost 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Our submission highlights the contribution nurses, midwives and carers currently make to Australia's health and aged care sectors and outlines how, through good, well-funded Government policy, this contribution could be dramatically increased. Adopting and implementing our submission's recommended policy reforms would result in a more efficient and equitable health and aged care system, and ultimately better health for the Australian community.

Annie Butler ..... **Lori-Anne Sharp**

Federal Secretary ..... **Assistant Federal Secretary**

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NURSING AND MIDWIFERY WORKFORCE

Education and Training

The capacity of the health, aged care and disability service sectors to deliver the level of care and support required now and in the future depends entirely on the availability of a skilled and experienced workforce. The Health Care and Social Assistance sector is projected to make the largest contribution to employment growth, estimated to increase by 250,000 workers over 5 years from 2017. This projected growth includes an additional 74,200 registered nurses, enrolled nurses and midwives and 90,600 additional personal carers and assistants including aged and disabled carers.[1]

While these projections suggest that Australia needs to continue investing in the education of registered nurses, enrolled nurses and midwives, they do not indicate whether the increased employment rate will actually satisfy demand. The Government needs to undertake reliable workforce planning to ensure that we can continue to supply sufficient numbers of nurses and midwives to meet Australia's future demand across health, aged care, and disability service settings and across geographic regions.

The Government also needs to ensure that newly graduated nurses and midwives are provided with meaningful employment opportunities across the health and aged care sectors, including into areas of increasing demand, such as mental health, alcohol and other drugs, aged care and primary health care. Providing adequate support for the transition of new graduates into the workforce is critical to keeping them in the workforce and therefore building an experienced nursing and midwifery workforce for the future.

Alongside the workforce planning requirements, the ANMF is aware of the planned review of nursing education titled, *Educating the Nurse of the Future*, that will commence this year. This will be an important review, however it will require strong engagement and consultation with the profession of nursing. It is essential that this review considers not only the current state of play but future requirements for the profession and its impact on health and aged care services across the country.

Further, recently announced research funding cuts of $328.5 million over four years via cuts to Research Block Grants indicate a disturbing trend of governments stripping funding from research. Research budget cuts will adversely impact regional universities and students (the worst affected by the 2017 freeze), which undermines the government's commitment to improving education and training for regional and rural health care profession students.

A reduction in research and development funding will mean greater competition for places in nursing and midwifery degrees, reduced ability of universities to take on new students, and greater challenges for research staff continuing, initiating, or producing research to improve the delivery of health and aged care in Australia. Funding cuts are also likely to unevenly impact upon nursing, midwifery, and health and aged care workforce researchers, as these areas already face funding challenges in comparison to other fields.

The ANMF calls on the Government to:

- Undertake workforce planning to ensure we can supply sufficient numbers of nurses and midwives to meet Australia's future demand;
- Undertake timely, accurate trend analysis of nursing and midwifery student numbers on enrolment, completion and employment rates to enable informed decision making.
- Work with health and aged care, education and training providers, health and workforce researchers and nursing and midwifery peak bodies to enable improved retention of the nursing, midwifery, and assistant in nursing workforce;
- Revise decisions to cut Research Block Grant funding to enable Australian universities to be internationally competitive, able to educate and train new graduates, and produce essential research to improve the delivery of health and aged care in Australia.
- Increase employment opportunities for newly graduated and early career nurses and midwives by providing dedicated funding and resources to implement appropriate graduate transition to practice programs within the public health system, as well as in other areas of employment such as private hospitals, aged care, general practice and rural health services;
- Promote the retention of newly graduated and early career nurses and midwives within the workforce by ensuring graduate transition to practice programs include adequate resourcing and clinical education to enable registered nurses and midwives to provide appropriate support to early career nurses and midwives in their transition to practice;

1 Australian Government Department of Employment. *Industry employment projections: 2017 report*. August 2017 and 2017 Occupation projections. Available at: http://lmip.gov.au/default.aspx?LMIP/EmploymentProjections

Improving Workforce Utilisation

Australia has a highly qualified and skilled nursing and midwifery workforce which is largely underutilised. Nurses and midwives are currently denied opportunities to realise their full potential and provide maximum contribution to the health system. In addition, the ANMF considers that the health system's current structures restrict choice for patients and consumers in selecting both the type of clinician and model of care used to treat and/or manage their injuries, illnesses and conditions.

This results in too few options being available to the majority of Australians, as many health professionals are not supported by government to offer models of care which may be more appropriate for many consumers across a range of conditions. This is despite a growing body of evidence demonstrating the effectiveness, both in terms of reducing cost and improving outcomes, of alternative models of care.

Opening these opportunities and undertaking appropriate workforce reform, particularly in aged care, primary care, and transition care, will provide better service to more people much more cost effectively. This would involve, in particular, much better use of nurse practitioners (NPs) and a significant expansion of nurse-led and midwife-led clinics.

The establishment of nurse/midwife-led clinics is expanding in Australia, however, it is occurring slowly and tends to be indicated and implemented where there are service gaps due to high demand and/or workforce shortages rather than as part of a broader health care strategy. Australia needs to follow many overseas models which demonstrate that nurse/midwife-led clinics improve patients' outcomes and facilitate timely access to specialist services and significantly expand these more efficient models of care.

Nurse practitioners

The NP role is the most advanced clinical nursing role in Australia, with additional responsibilities for patient assessment, diagnosis and management, referral, medications prescribing, and the ordering and interpretation of diagnostic investigations. However, despite this capacity, structural and other barriers, such as very limited access to the Medicare Benefits Schedule (MBS) and inadequate funding arrangements, prohibit many NPs from working to their full capacity and broader use of the role generally.

These barriers not only waste opportunities for better health outcomes but also contribute to increases in health costs because of unnecessary duplication. This duplication occurs while opportunities for significant cost savings go unrealised. To realise the full benefits of NPs for the Australian health system, the barriers to their employment must be removed.

In the United States of America, where the number of NPs has climbed 9% in less than a year (248,000 to over 275,000) the value of NPs is clearly recognised with strong legislative support and scope of practice laws in many states allowing optimised patient access to NPs. Nurse Practitioner contributions are especially vital in US rural areas, where NPs account for 1 in 4 providers and care for millions of patients. The number of NPs in Australia needs to be increased ten-fold.

The ANMF calls on the Government to:

- Introduce initiatives to address barriers which currently restrict the practice of nurses and midwives, a specific example would be to implement a mechanism to enable all registered nurses and nurse practitioners to complete advance care planning;
- Enable nurse practitioners in the public sector access to Medicare Benefits Schedule (MBS) and a 'request and refer' MBS provider number to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required.
- Payments for MBS items for rebateable services by nurse practitioners in private primary health care settings be significantly increased, to enable them to establish viable and sustainable practice.
- Fund designated salaried nurse practitioner and midwife with scheduled medicine endorsement positions in the public sector, including in small rural and remote communities;
- Provide funding for the expansion of nurse-led and midwife-led clinics.
- Fund designated salaried nurse practitioner positions in each Primary Health Network to support residential aged care facilities in providing quality care and reduce hospital admissions.

AGED CARE

Older Australians are entitled to affordable, accessible and high quality aged care services.

Yet 2018 proved to be another year of progressively disturbing revelations of poor care for our elderly because of the problems in the aged care sector.

Older Australians do not deserve this. They do not deserve the pain and suffering that many of them are currently experiencing because of the flaws in the system, many of which are underpinned by a lack of respect for our elder population. The problems in the aged care sector are well known, well documented and a matter of increasing national disquiet and concern.

The ANMF has argued that the instances of inadequate and substandard care that have been exposed over the last year are not isolated, exceptional or occasional. They are systemic, widespread and even the norm. They reflect systemic problems in the structure of the aged care system, including: inappropriate regulation of the sector; a lack of responsiveness to the changing needs of Australia's ageing population; and, a lack of transparency and accountability across the sector.

The ANMF has further argued that chronic understaffing is a key contributor to the increasing number of instances of substandard care because, without legislated minimum requirements in all Australian jurisdictions to mandate a minimum number and type of nursing and care staff, providers are able to employ a decreasing number of nurses. This occurs even though there is a steadily increasing number of residents, many with complex needs that require care from qualified nurses and well trained care workers.

A growing body of research and evidence clearly demonstrates that inadequate levels of qualified nursing staff lead to an increase in negative outcomes for those in their care, which results in increased costs, both personal and financial. Recognising the gap in evidence-based staffing and skill mix research for the aged care sector, the ANMF funded and commissioned the National Aged Care Staffing and Skills Mix Research to study the requirement for nursing and personal care staff to meet care needs in residential aged care.

The report of this research, *National Aged Care Staffing and Skills Mix Project Report 2016. Meeting residents' care needs: A study of the requirement for nursing and personal care staff* (the Report), provides an evidence-based methodology, which takes account of the time required for direct and indirect nursing and personal care tasks and assessments of residents and the level of care they require, to inform staffing levels and skills mix for residential aged care.

The full report is available here:

http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

Having established a baseline for staffing requirements to ensure safe care in residential aged care, the ANMF commissioned further work from Flinders University to conduct a cost-benefit analysis of the full implementation of the Report's recommendations: *Financial and cost benefit implications of the recommendations of the national aged care staffing and skills mix final report (CBA)*. The CBA's modelling suggests that full implementation of the recommendations of the Report would be benefit cost neutral.

Available here: http://anmf.org.au/documents/reports/ANMF_CBA_Modelling_Final_Report.pdf

Having established the baseline staffing requirements for residential aged care and conducted a cost–benefit analysis of full implementation of the recommended staffing, the ANMF developed an implementation plan (the Plan) to guide governments on how safe staffing in residential aged care can be achieved.

The Plan, *Aged Care Ratios Make Economic Sense*, outlines the effect the introduction of minimum ratios and staffing levels will have, the care levels that are required, and an overview of academic and industry analysis making the economic case for minimum staffing ratios in aged care. The Plan also suggests the stages required from 2019 - 2025, and the work for each stage, to develop the skills and workforce required to meet the minimum care levels required for aged care. The Plan is available here: http://anmf.org.au/documents/reports/Aged_Care_Ratios_Make_Economic_Sense.pdf

In addition to the solutions for residential aged care outlined above, as the Australian population ages, and their complex chronic health conditions increase, their need for medical care and care from other specialist health professionals, particularly nurse practitioners, will also increase. The Government must ensure that funding and regulatory structures which guarantee access to this care for older Australians are in place.

Finally, the policy approach of keeping older Australians living in their own homes for as long as possible is supported by the ANMF. However, the current system and delivery of home care packages is not supporting older Australians well enough and is not ensuring that they are all able to access the care they need when they need it. This must be urgently addressed by the Government through better funding of home care packages.

The ANMF Calls on the Government to:

- Introduce legislative change that ensures mandatory minimum staffing levels and hours of care for all residents.
- Commit to full implementation of the required staffing and skill mix model for residential aged care by 2025 (in accordance with the ANMF's implementation plan Aged Care Ratios Make Economic Sense) by:
    - Conduct an initial audit of current staffing levels by facility owners to determine current baselines;
    - Determine and fund (as required) staged staffing increases required in residential aged care facilities commencing 1 July 2019;
    - Fund wage increases for all aged care workers of 10-15% to assist with recruitment and retention of quality workers;
    - Establish an appropriate education and training framework to support the development of skills and workforce numbers needed to achieve minimum staffing requirements, in collaboration with the Aged Services Industry Reference Committee;
    - Implement a licensing scheme for aged care workers to ensure that the best workforce is available and adequately trained.
- Provide funding to educate nurses on their clinical leadership role in residential facilities and train assistants in nursing/personal care workers in the assessment and management of the deteriorating resident. The ANMF is well placed to deliver this training.
- Provide better funding support and incentives for specialist health professional services to be delivered on-site at residential aged care facilities, including incentives for GPs to attend those facilities.
- Fund further home care packages, in particular level 3 and 4 packages, to significantly reduce the waiting list, while ensuring the allocation of available home care packages are appropriately triaged through clinical assessment by suitably qualified clinical professionals.

PUBLIC AND PRIVATE HEALTH SECTORS

The members of the Australian Nursing and Midwifery Federation are committed to the provision of health as a public good with shared benefits and shared responsibilities. We consider that access to adequate healthcare is the right of every Australian and a crucial element of the Australian social compact.

Government investment in health is in effect a growth and infrastructure investment that will pay dividends in the development of social capital and increased productivity for generations, and is therefore worth proper investment.

We are committed to publicly funded universal health insurance, i.e. Medicare, as the most efficient and effective mechanism to distribute resources in a manner that generally ensures timely and equitable access to affordable healthcare on the basis of clinical need rather than capacity to pay.

While Australia's health system remains a world class health system and generally delivers good outcomes, too many inequalities persist. The lack of a genuine 'whole of system' approach to the delivery of health care across the country coupled with a lack of system coordination, and resulting fragmentation and duplication, means too many Australians miss out. Most notably, Aboriginal and Torres Strait Islander people and those living in rural areas.

The ANMF calls on the Government to:

- Increase flexibility in the funding arrangements for public hospitals, the Pharmaceutical Benefits Scheme (PBS), the MBS and aged care so that regional health services are able to 'pool' some of these resources to meet the needs of their communities. For example, remote areas which are unable to recruit doctors could use the notional population share of the MBS to fund NP services for their communities.

Another key area that needs to be addressed across the sectors is the collection and management of health data, and performance reporting. It is disappointing that rates of complications by hospital, clinician, and procedure are collected by private insurance companies and State and Territory Governments, but are not readily available. Due to this lack of transparency, patients and healthcare professionals lack the information they require to make informed treatment decisions and compare performance in order to learn from hospital sites with lower complication rates.

The ANMF calls on the Government to:

- To establish an independent Health Performance Commission to be a specialist health data analytics and performance reporting body for both private and public health sectors responsible for:
    - Mapping and co-ordinating the collection, analysis and publication of health data across the public, private and aged care sectors to enable value-based health care;
    - Managing end-to-end data, working from collection to publication;
    - Linking hospital and health data with other economic and social data as an evidence base for value based health care and new health programs;
    - Developing the quality of clinical performance indicators for value-based health care;

- Undertaking further research to develop standardised, national nurse/midwife sensitive outcomes as important mechanisms for evaluating patient safety;
- Supporting viable and sustainable improvements in healthcare efficiency that reduce unnecessary care and waste without compromising optimal consumer outcomes and working conditions for staff.
- Improving access to clinical data by clinicians, boards, departmental and HHS staff;
- Consulting with consumers and interest groups on the format, content, context and accessibility of publication of health care data;
- Evaluating new technologies, treatments and drugs, e.g. the effective use of prostheses;
- Making research findings and raw data available to researchers where this has ethical approval and is in the public interest;
- Liaising with other States, Territories and the Commonwealth to compare and share data, produce economies of scale and ease the ongoing disagreements over funding; and
- Ensuring compliance with mandatory, public reporting requirements in the public, private and aged care sectors.
- Legislated, mandatory participation of public, private and aged care sectors in the public reporting of contemporary, meaningful patient/resident safety and quality indicators;
- Nurse/midwife participation in organisational governance and quality assurance as an essential mechanism for improving clinical outcomes through public reporting

Public Hospitals

We believe the Australian Government must take responsibility for ensuring that overall spending on public hospitals remains affordable and that policy settings contain inflation. The Government must therefore ensure that public hospital funding is directed to identified health priorities and is used efficiently to deliver safe and best practice care. Policy and regulatory controls, which control unnecessarily costly care, encourage avoidance of ineffective care and reduce waste, should be developed and introduced.

The new funding agreement, which will apply from 1 July 2020, must emphasise improving efficiency and capacity while recognising the reality that significant growth in Federal Government funding is necessary to respond to growing public hospital costs. The new agreement must facilitate improved access to public hospital services, including elective surgery and emergency department services, and subacute care. The increasing expectations on public hospitals and staff to cope with the anticipated future productivity demands of an ageing population and greater pressure to cut waste means that substantial investment is required to supply adequate infrastructure and workforce capacity.

The ANMF also considers that patients and consumers should have access to information regarding nurse and midwife staffing levels and patient health outcomes at all public hospital facilities. This should form part of the mandatory public reporting requirements for public hospitals.

Consumers of health care should have the right to choose public hospitals and services which demonstrate safe staffing levels and good patient outcomes. Including these factors in mandatory public reporting could also provide public hospitals with incentives to meet benchmarks for improved health outcomes overall.

Improved technology

Better use of technology is another consideration for improving efficiency in public hospitals. Technology can better support connections between primary and hospital care by:

- Creating an open infrastructure that allows multiple providers to connect to the same health information
- Improving the timely access to patient information for all clinical disciplines
- Permitting patients to access their own information to promote self-management and empowerment.

Technology can also be used to improve patient outcomes remotely by:

- Supporting the patient to actively participate in self-management
- Supporting the delivery of team-based services across the health care continuum
- Amalgamating with financial incentives to drive users to adopt best practice care and wellness management process for patients
- Monitoring and reporting trends in patient outcomes for the purposes of continual quality improvement.

The ANMF calls on the Government to:

- Substantially increase public hospital funding to 2020 to address the current workforce and patient safety issues and persistent under-resourcing;
- Return to funding models that recognise growth, use incentives to encourage efficiency and increase funding for public hospitals to ensure the system can meets Australia's health needs;
- Ensure the 2020 Hospital Agreement aligns interests of states and the Commonwealth, thereby addressing cost-shifting;
- Implement policy incentives which focus on improvements to safety;
- Introduce mandatory reporting on nurse and midwife staffing levels and patient health outcomes by all public hospitals;
- Implement improvements to technology, including access to basic infrastructure, reliable equipment and services (e.g. internet) and providing education, training and support services for patients and providers;
- Move from a volume-based to a value-based health care system to assist health care providers to refocus on delivering health outcomes rather than meeting activity targets,
    - Value-based systems promote increasing the value for patients in terms of the number of health outcomes achieved as opposed to the number of visits made and prioritise achieving and maintaining good health as a mitigation strategy to the more costly care associated with poor health.

Medicare Benefits Schedule

The overall objective of the Australian health system is that people have access to affordable, high-quality health care. This must be supported by ensuring that the MBS is consistent with the best available evidence and practice knowledge. Transparency and consultancy with relevant stakeholder groups (i.e. Clinical Committees) including medical professionals, NPs, and midwives with scheduled medicines endorsement, in the way that the MBS is reviewed is essential to ensuring that the system is fit for purpose for the provision of safe, optimal patient care.

Further, to improve access for all sectors of the community to evidence-based care they can afford, the MBS must accommodate NPs and eligible midwives better.

Nurse practitioners

There are 1,745 endorsed NPs in Australia[2]. However, not all of these expert nurses are employed in NP positions or practising to the full scope of their role.

Some of the restrictions on NP practice are:

- the lack of positions;
- the lack of viable employment opportunities in private practice;
- inability to claim after-hours MBS item numbers when providing services;
- restrictions on ordering of pathology and diagnostic tests and in particular, imaging;
- the inability for people to receive certain subsidised medicines if prescribed by a NP (as distinct from a medical practitioner);
- restriction to PBS prescribing for continuing therapy only for many PBS medicines; and
- inadequate rebates from MBS for NP services.

These factors severely restrict NP practice and reduce patients' access to safe and affordable care. To facilitate access to NPs a number of structures need to be put in place. Primarily, NPs in the public sector need to be given access to the MBS to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required. That is, NPs in the public sector should be given 'request and refer' access to the MBS, just as is the case for medical interns.

There should also be a substantial increase in the payment for MBS items for NPs in private primary health care settings, including mental health, to enable them to establish viable and sustainable practices.

The ability for NPs in primary health care to work to their full scope of practice is vital. NPs need to be recognised primary health care professionals, able to provide independent services under appropriately remunerated MBS item numbers.

Midwives with scheduled medicines endorsement

There are 452 midwives with scheduled medicines endorsement (MBS eligible midwives) in Australia.[3] The role of midwife with scheduled medicines endorsement is differentiated from other midwives by their expert practice in the provision of pregnancy, labour, birth and postnatal care, across the continuum of midwifery care.[4]

However, similar to NPs, midwives also face barriers to practising to their full scope, again limiting their practice and reducing women's access to affordable, high quality health care. These barriers are mirrored across the two professions with midwives in private practice facing additional obstacles in obtaining professional indemnity insurance to cover the full scope of their practice.

Midwives in private practice have access to only one professional indemnity insurance scheme: Commonwealth-subsidised professional indemnity insurance through MIGA (Medical Insurance Group Australia) which covers antenatal and postnatal care, and birth services the midwife provides in hospital to their private clients.

Midwives with scheduled medicines endorsement may also encounter difficulties in establishing legislated collaborative arrangements with medical colleagues required to engage in private practice, thus forming another barrier to practising to their full scope.

The ANMF calls on the Government to:

- Allow NPs to be eligible, as registered nurses, to PNIP funding;
- Provide access to 'request and refer' MBS provider numbers for NPs and midwives with scheduled medicines endorsement in the public sector, as is the case for medical interns;
- Substantially increase the payment for MBS items for NPs and midwives in private practice to enable them to establish viable and sustainable practice;
- Provide recurrent incentive funding for NPs and midwives in private practice to work in areas of designated District Workforce Shortage;
- Provide infrastructure funding for NPs and midwives to establish private practice;
- Allow nurse practitioners to employ other nurses under the PNIP in the same way as GPs; and
- Provide NPs with MBS item numbers for after-hours services and procedural services (similar to GPs);
- Allow NPs to annotate prescriptions under Close the Gap, in line with medical practitioners and medical specialists.
- Ensure ongoing transparency throughout the MBS review process including stakeholder consultation, feedback, and final decision making.
- Endorse uncomplicated MBS item descriptions to support best practice clinical decision making by prescribers.
- Ensure appropriate NP and midwife with scheduled medicines endorsement membership representation on Clinical Committees and Working Groups.

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2 Nursing and Midwifery Board of Australia, Registrant Data: September 2018. Retrieved on 30 January 2019 from: https://www.nursingmidwiferyboard.gov.au/about/statistics.aspxThe continuum of midwifery care for the midwife with scheduled medicines endorsement incorporates: antenatal care, intra partum care and postnatal care for women and their infants, and includes clinical assessment, exercise of clinical judgement, planning, implementation, monitoring and review, responding to maternity emergencies, assessment and care of the newborn infant; and, prescribing schedule 2, 3, 4, and 8 medicines (in accordance with relevant state or territory legisla- tion), making referrals to other health professionals, and ordering diagnostic investigations appropriate to their scope of practice

3 Productivity Commission, 2014, Report on Government Services 2014 – Health, Online: http://www.pc.gov.au/gsp/rogs/health

National Disability Insurance Scheme

The ANMF is pleased to see that arrangements for the partially taxpayer-funded Medicare levy of 2% of taxable income has been maintained and that proposed blanket increases to the levy have been halted.

The ANMF supports the NDIS and strongly supports the government taking steps to ensure that the scheme is fully, sustainably, and appropriately funded. Implementation of the NDIS will be challenging, especially in relation to how the NDIS interfaces with non-NDIS services. For example; services provided by local governments once subsidised via Home and Community Care funding may be unsustainable with transitions to the new scheme. Providing for the disabled is about ensuring that appropriate and accessible services and supports are in place to maximise the purpose, meaning, and quality of life for those living with disability. It is important to note that while having a disability is not always a health matter, disability may affect people who are impacted by other conditions, such as mental health issues. Issues with NDIS coverage for people affected by mental health conditions means that some people who experience periods of disability may not be eligible for services funded through the NDIS. Likewise, those who are eligible for NDIS support may not have ready or equitable access to services, such as those living in regional and remote locations or from socially, culturally, or linguistically diverse backgrounds including Aboriginal and Torres Strait Islander people and younger people who require specialist disability accommodation.

The ANMF calls on the Government to:

- Continue to monitor and assess the rollout of the NDIS with focus on ensuring equitable coverage for those that experience disability linked to mental health conditions and those from socially, culturally, or linguistically diverse backgrounds including Aboriginal and Torres Strait Islander people and younger people requiring specialist disability accommodation.
- Implement the recommendations in the Productivity Commission report, National Disability Insurance Scheme (NDIS) Costs; and from the Joint Standing Committee on the National Disability Insurance Scheme.

Private Health Insurance

While acknowledging and respecting the need for an effective private health system, the ANMF does not support the current public subsidy of the private health system. The public contribution is too great and does not provide reasonable return for all taxpayers and the wider community, in either health or economic terms.

The Australian Government's private health insurance rebate system is uneconomic and the Australian public's perception is that it is poor value for money. The Federal Budget loses billions of dollars (projected at $6.8 billion in 2021) and the Australian consumer is paying greater premiums despite low wages growth, reduced insurance coverage, greater out-of-pocket expenses, increasing numbers of exclusionary policies, and little impact upon the pressure on the public hospital system. Private health insurance returns only 84 cents in the dollar due to financial overheads, while Medicare returns 94 cents after the costs of tax collection; this means that private health insurance may be driving up the cost of healthcare.

Low-value private health insurance policies

Low-value and low-cover private health insurance policies neither provide benefit for policy holders nor any relief to the public hospital system. Often, these policy types – or "junk policies" are designed to allow policy holders to avoid the financial penalties for having no cover at all (see below), but can be both poor value for money, provide substandard cover, and incur high out-of-pocket expenses.

Financial penalties for lack of cover

The penalty for not holding private hospital insurance is discriminatory and unfair; penalising those over 30 years of age who do not hold cover a cumulative 2 percent loading per year (up to 70%) via the Medicare Levy Surcharge. This means that someone who does not take out private hospital insurance until the age of 40 will pay 20% more than if they had taken out insurance at 30. This has an especially adverse impact upon Australians who cannot afford private hospital insurance or who do not wish to take out cover as it would be of little benefit due to lack of access to healthcare such as people living in regional and remote locations.

Complex policy information

As indicated above, the Australian private health insurance field is marked by complex information from competing sources. Consumers need clear, accessible information from reputable sources in order to make sense of and decide upon whether private health insurance is right for their individual situations and if so which cover and what provider.

Practical policy reforms to enhance the affordability and value of private health insurance, and to reduce the subsidisation of private health insurance at the expense of the public health systems, need to occur.

The ANMF calls on the Government to:

- Remove the public subsidy of private health insurance. This could be done gradually – a 10% reduction in the rebate would return significant savings to the Government even accounting for potential increase in activity to be accommodated by public hospitals with less than a 2% reduction in private health insurance coverage;
- Cut ancillary rebates, starting with removal of rebates for treatments for which there is no sound evidence base. The savings from changes to the rebate should be redirected to the public health system;
- Discontinue the availability of junk policies that are designed to solely avoid the Medicare Levy Surcharge while providing only minimal cover;
- Remove financial penalties for those who do not take out private health insurance regardless of their income, with a particular focus on Australians living in regional and rural Australia who receive very little benefit from holding private health insurance;
- Enhance reporting requirements, analysis and data sharing to inform health outcomes, information about systems performance, adverse events and cost effectiveness;
- Enhance regulation to ensure transparency from private health insurance companies in regard to policy comparisons, eligible cover, exclusions, and consumer exposure to out-of-pocket expenses particularly for low cost policies;
- Enable insurers to fund contemporary models of care, for which there is evidence of comparable or superior health outcomes and cost savings. This may, for example, include the funding of midwife-led obstetric care;
- Ensure information for consumers is simplified, standardised and is easily accessible. Ensure that funds provide more information to consumers on how their contributions are being used;
- Examine initiatives to enhance access to health care for regional and rural Australians so that they are able to extract value from private health insurance.

PREVENTIVE HEALTH/PRIMARY CARE

Overall, Australia's health system performs very well. However, unacceptable deficiencies continue to exist. The gap between overall health outcomes and indigenous health outcomes continues to be a disgrace, while people in rural areas and lower socio-economic groups live shorter lives and experience more illness than those living in major cities and with higher incomes.

These groups have poorer access to primary care, mental health care, maternity services, dental care, allied health and specialist services and are more likely to experience problems related to obesity, alcohol use and smoking. These gaps and deficiencies could, and should, be addressed through improved preventive health care.

Not only is prevention better than cure it makes the most economic sense. With an increasing chronic disease burden, an ageing population, and many people in poorer health often from avoidable conditions, who are generally less productive, it makes sense to invest where we can reap the most benefit.

The way to contain costs is through investment in prevention and early treatment through primary care services and effective primary health care. The Productivity Commission reported that about 750,000 hospital admissions could be avoided if we had effective intervention in the weeks leading up to hospitalisations.[4] Remodelled primary health care is critical.

The ANMF calls on the Government to:

- Re-establish a national dedicated preventive health body;
- Increase incentives to encourage changes in both health provider behaviour and individual behaviour, which will lead to better health outcomes;
- Establish primary care systems that encourage people to enrol in wellness maintenance programs as is now occurring widely throughout the world. This approach encourages people to take responsibility for their own health with assistance from a range of health professionals without using a 'stick' or other punitive measures;
- Ensure that primary health networks focus on disease prevention, health promotion, equity and social determinants of health;
- Investigate better and more efficient ways to fund and manage chronic conditions, e.g. blended payment models;
- Establish funding arrangements which support the use of a wider range of health professionals in chronic and complex care, including nurse practitioners;
- Ensure that private health insurance companies are restricted from operating in primary care. Allowing private health insurance companies into this domain will increase inequity and reduce efficiency.

4 Productivity Commission, 2014, Report on Government Services 2014 – Health, Online: http://www.pc.gov.au/gsp/rogs/health

GENERAL PRACTICE AND PRIMARY CARE

There are currently 12,821 nurses working in general practice; and, 35,934 general practitioners (GPs). The numbers of nurses employed in the Australian general practice environment has risen rapidly over the past decade as a result of a positive policy environment and enhanced funding of nursing services. This workforce growth has occurred in a somewhat ad hoc manner as a response to various funding schemes, rather than being a carefully planned workforce development. This has raised a number of challenges for the nursing profession around the role of the nurse in general practice, the nurse's scope of practice and continuing professional development opportunities.

Prior to 2012, the Medicare Benefit Schedule (MBS) provided specific item numbers for the delivery of nursing services, such as, cervical smears, immunisations and wound care, provided 'for and on behalf of' a GP. For each occasion of nursing service, remuneration was provided to the practice from Medicare. This funding model significantly impacted on the services that were delivered by nurses in General Practice.

On 1 January 2012 the Practice Nurse Incentive Program (PNIP) was implemented. This program provided incentive payments to accredited General Practices to offset the employment of a registered nurse and enrolled nurse. The amount of incentive payment received by a practice was based on its Standardised Whole Patient Equivalent (SWPE) value and the number of hours worked by nurses. This incentive aimed to support an "enhanced role for nurses working in general practice" as it was not tied to the delivery of any specific services. An evaluation of the PNIP, completed in 2014, has still not been made publically available.

From 1 July 2019, the PNIP will transition to the Workforce Incentive Program (WIP), practice stream. The WIP combines the General Practice Rural Incentives Program (doctor's stream) with the PNIP (practice stream). This change will allow practices to employ nurses, Aboriginal and Torres Strait Islander Health Workers, Aboriginal and Torres Strait Islander Health Practitioners, and now also allied health professionals, including non-dispensing pharmacists. This will further reduce the funding available to employ nurses in general practice.

The ANMF argues for the removal of the restriction in the current PNIP (and soon to be WIP) funding for the numbers of nurses and midwives employed being tied to the number of GPs in a practice, in order to access payment for a nurse/ midwife. The PNIP/WIP funding of nurses and midwives in general practice needs to be uncoupled from the GP (that is, deconstruct the GP: Nurse/Midwife ratio). This would enable more nurses or midwives to be employed within general practice and better meet community needs.

The retention of some MBS item numbers has meant that the intent of the PNIP to enhance the role of nurses working in General Practice has not been fully achieved. Funding remains tied to specific services only. This in turn perpetuates a model whereby employers, usually GPs, or practice managers, direct nurses to focus care only on those activities that can be billed through Medicare.

These item numbers are for: health assessments, chronic disease management, antenatal care and telehealth (10986, 10987, 10997, 16400, 10983, and 10984).

Instead of continuing with these MBS item numbers, the amount of funding for the PNIP, and now the WIP, should be significantly increased. This would allow nurses and midwives to work to their full scope of practice - the original intent of the PNIP funding.

The ANMF also argues for quarantining of funding in the WIP, when introduced 1 July 2019, to ensure that funding for employment of nurses is not spent on employment of allied health professionals.

Nurses in general practice continue to be paid considerably less than their nursing colleagues in the acute care sector. Their conditions of employment including entitlements such as leave loading, on-call rates, shift penalties, weekend allowances, annual leave, and qualifications allowance are also inferior. As has been undertaken for general practice registrars, national terms and conditions for the employment of registered and enrolled nurses in general practice should be developed as a priority.

The ANMF calls on the Government to:

- Review the eligibility rules for the Practice Nurse Incentive Payment (PNIP) and the Workforce Incentive Program (WIP);
- Remove the remaining six nurse MBS items numbers (10983, 10984, 10986, 10987, 10997, 16400) and increase the PNIP/WIP payment accordingly;
- Uncouple the PNIP/WIP funding for nurses and midwives employed in general practice from general practitioners; and
- Fund the development of national terms and conditions for the employment of registered and enrolled nurses in general practice. As the professional and industrial organisation representing almost 275, 000 Australian nurses, midwives and carers, the ANMF is best placed to conduct this activity.

MENTAL HEALTH

Mental Health Nursing

Nursing plays a central part in providing high quality, holistic, and accessible mental health care to those individuals in need. All nurses provide mental health care, with many mental health nurses also possessing post graduate mental health specialist qualifications.

Nurses are well positioned to understand the complex interrelationship between physical and mental health and to respond to the high premature mortality/morbidity rates of individuals being treated for mental health issues caused by physical illnesses, such as cardiac disease, diabetes, and metabolic related orders.

Early prevention, early diagnosis, and identifying suicide risk in the treatment and management of mental health problems are essential in achieving positive outcomes for individuals. Often a first point of contact for people in the community, nurses are, on many occasions, best placed to ensure these critical interventions occur through timely referral and care. This is especially vital in rural, regional, and remote areas where access to specialised mental health services and general practice is more limited and can also be true for disadvantaged metropolitan populations in the community (e.g. socially, culturally, and linguistically diverse and/or disadvantaged people) and in aged care.

The 2018 Senate Community Affairs References Committee Inquiry into Accessibility and quality of mental health services in rural and remote Australia highlighted the fact that although Australians living in rural and remote areas are impacted by mental disorders at the same rate as people living in major cities, they experience unique barriers to receiving care. Specialist mental health nurses and an overall well-equipped workforce of trained registered nurses is vital to the delivery of mental health care to meet Australia's current and future needs and ANMF contends that nurses are currently underutilised in meeting the demand for mental health care, across all geographical areas, but especially in rural and remote settings.

Better choice and more accessible mental health care could be provided to people through different models of care, such as mental health nurse-led models, including mental health NP-led models; an increase in school nurse positions in the public school sector (for early intervention); and, quarantining of the Mental Health Nurse Incentive Payment (MHNIP) funding within Primary Health Networks to enable reinstitution of the excellent work that had been undertaken by mental health nurses in keeping people well and living in their community. Mental health nurses, NPs, and skilled registered nurses are also well positioned to provide necessary care to residents in aged care facilities and people receiving aged care and/or disability support in the community.

Mental health services must also be appropriately tailored, accessible, and to provide effective, safe, and meaningful care to the diverse Australian population. Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people (including asylum seekers, new migrants, and refugees), socially disadvantaged, and sexually and gender diverse people all face barriers to accessing safe, quality care that meets their specific needs and preferences.

As a workforce development strategy, the ANMF considers initiatives need to be developed and incentives need to be in place to retain the experienced mental health nursing workforce and recruit and mentor nurses new to mental health, to help grow the mental health nursing workforce. This includes transition to practice programs to equip both newly qualified and experienced registered nurses with the specialist skills required in mental health nursing.

The ANMF calls on the Federal government to

- Develop a clearly articulated policy framework that underpins health service provision, ensuring that the experience of mental health does not lead to and entrap individuals within homelessness.
- Provide adequately funded community-based mental health nursing services that can deliver a timely, flexible, tailored response and that seeks to address the current gap, in accessing after hours mental health care.
- Provide for more community based mental health in-reach nursing services to support residents within supported residential services (privately run supported housing), where they exist.
- Invest in building mental health knowledge capacity in the nursing workforce, particularly in rural and remote areas, through resumption of quarantined scholarships for continuing professional development (CPD) and postgraduate level for registered nurses and NPs in mental health;
- Provide positions for mental health NPs with funding models which broaden access for people seeking mental health care and which facilitate viable and sustainable practice operation.
- Conduct a public awareness campaign to address stigma attached to those experiencing mental health issues.
- Ensure all people experiencing mental health conditions can access effective, quality mental health care that acknowledges their particular needs and preferences for culturally safe and appropriate care particularly for Aboriginal and Torres Strait Islander people, and those from socially, culturally and linguistically diverse and/or disadvantages backgrounds including asylum seekers, new migrants, and refugees, and sexually and gender diverse people.

RURAL HEALTH

People who live in rural areas have a shorter life expectancy and higher levels of illness and disease risk factors than those in major cities. In many rural and remote locations, there is only access to public health care services due to limited or no other healthcare providers.

Nursing

The majority of healthcare providers in rural and remote locations are nurses. Therefore, nurse-led health care is an essential component of health care delivery in these areas. Better choice could be provided to people in rural and remote areas through allowing nurses to work to their full scope of practice and providing different models of care, especially nurse practitioner led models.

Maternity Services

Small rural maternity units can provide safe birthing services. Mothers and babies are placed at risk when these services are not available locally. Closing rural maternity services doesn't make economic sense for families or the health care system. It also reduces the opportunities for midwives to work in the bush. This exacerbates the workforce shortages that often lead to these closures in the first place. Timely Government investment can reverse this downward spiral. Nurses are the most geographically well-distributed health professional. The prevalence of midwives decreases with distance from the urban centres. Support should be given to registered nurses in rural areas to complete the postgraduate midwifery education required to become dual registered, as both a registered nurse and midwife.

Nursing and Midwifery Scholarships

In 2017, the Australian Government awarded the tender for administration of the Health Workforce Scholarship Program to the Rural Health Workforce Agencies. Each rural workforce agency manages the Health Workforce Scholarships for the medicine, nursing, midwifery and allied health professions for their own state or territory. Eligibility criteria for these scholarships stipulates that health professionals employed solely by the State or Territory Government, including the State or Territory Health Department, are not eligible to apply. This criteria has ruled out all but a few nurses and midwives working in rural and remote areas. The nursing and midwifery professions have not been included in the establishment or oversight of the Health Workforce Scholarship Program, as was previously the case. Consequently, there has been no information forthcoming about when scholarship applications open or data provided about uptake.

The ANMF calls on the Government to:

- Fund designated salaried positions for nurse practitioners in small rural and remote communities;
- Provide scholarships for registered nurses in rural and remote locations to undertake postgraduate midwifery education;
- Remove the restriction on rural and remote scholarship applicants by allowing access for those employed by state/territory governments;
- Require the Health Workforce Agencies to establish a national advisory committee, which includes nursing and midwifery professional organisation representatives, to provide oversight for the Health Workforce Scholarship Program; and
- Ensure health workforce scholarship data is collected by the Health Workforce Agencies and made publicly available by the Australian Government.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

The ANMF has a long-held vision of health equity for Aboriginal and Torres Strait Islander peoples. In order to achieve this, the ANMF builds relationships with Aboriginal and Torres Strait Islander nurses, midwives, assistants in nursing, and broader communities, working together to identify and provide opportunities to build capacity and realise potential.

We continue to work towards our vision through our Reconciliation Action Plan, demonstrated by modelling respect for Aboriginal and Torres Strait Islander peoples; promoting understanding of their rights and leading the nursing and midwifery professions in respect and sharing knowledge with Aboriginal and Torres Strait Islander peoples.

The ANMF adopts the principles of reconciliation as part of our core work, and models and encourages promotion of reconciliation throughout the nursing and midwifery professions.

Nurses and midwives constitute more than half of the entire health workforce. Aboriginal and Torres Strait Islander registered nurses and Aboriginal and Torres Strait Islander midwives, however, make up less than 1% of these professions.

The presence of Aboriginal and Torres Strait Islander health professionals makes a positive difference to service access, experiences, and outcomes for Aboriginal and Torres Strait Islander people. Given they have the worst health outcomes in the country it is essential that strategic and long-term efforts are made to increase the overall number and representation of Aboriginal and Torres Strait Islander nursing and midwifery students and graduates across all jurisdictions.

There is consistent evidence that when Aboriginal and Torres Strait Islander peoples work in the health system, Aboriginal and Torres Strait Islander people are more likely to access services and gain assistance earlier with consequent improvements in health outcomes and reductions in long term health expenditure.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the national health professional peak body for Aboriginal and Torres Strait Islander nurses and midwives. In the early 1990's, the ANMF provided significant support for the establishment of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). There is an historical and ongoing close relationship between the ANMF and CATSINaM.

CATSINaM receives triennial grant funding from the Australian Government for their operations. Their role in providing support for Aboriginal and Torres Strait Islander nurses and midwives, nursing and midwifery stakeholders and Governments, and building the current workforce of Aboriginal and Torres Strait Islander nurses and midwives is essential.

The excellent work of CATSINaM in elevating the profile of their national organisation, building their Aboriginal and Torres Strait Islander nurse and midwife membership, advocating for their members, supporting recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery and participating in research and workforce development should continue to be supported and funded.

The ANMF calls on the Government to:

- Provide increased ongoing funding to CATSINaM to provide leadership for nursing and midwifery organisations to work towards health equality for Aboriginal and Torres Strait Islander peoples and to continue to support and grow the Aboriginal and Torres Strait Islander nursing and midwifery workforce.
- establish a caucus of Aboriginal and Torres Strait Islander health organisations and representatives to provide regular and ongoing consultation on policies and activities that affect Aboriginal and Torres Strait Islander health and wellbeing.
- support the increase of the Aboriginal and Torres Strait Islander nursing and midwifery workforce to 5% of the total Australian nursing, midwifery, and assistant in nursing workforce across health and aged care.
- endorse and support the development and implementation of a National Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Strategy.
- provide funding and support for the development, implementation, and evaluation of Birthing on Country programs in urban, regional, and remote locations.
- substantially increase funding to community-controlled, targeted, evidence-based strategies for Aboriginal and Torres Strait Islander healthcare across the life course.
- endorse and support the implementation and roll-out of nurse- and midwife-led models of care that address Aboriginal and Torres Strait Islander health concerns and challenges.
- endorse and support the development and implementation of a National Aboriginal and Torres Strait Islander Aged Care Workforce Strategy.
- fund and support the national uptake of CATSINaM's cultural safety training at all levels of healthcare service, education, and training to ensure that all healthcare professionals and educators receive best-practice cultural safety training.
- support the inclusion of cultural safety training into the annual registration and continuing professional development requirements of all healthcare professionals.
- support the inclusion of measures of cultural safety with all health and aged care service providers into the National Safety and Quality Health Service Standards.
- support a revitalised nation-wide approach to addressing Aboriginal and Torres Strait Islander health and wellbeing inequalities including greater partnerships with Aboriginal and Torres Strait Islander peak bodies and leaders.
- make a true and concerted effort to get each of the Closing the Gap targets on track including greater funding.
- Expand the Closing the Gap initiative by adding additional targets linked to incarceration, community violence, disability, aged care, and children in out of home care.

CLIMATE CHANGE AND HEALTH

As frontline health professionals, nurses and midwives see the impact of climate change on the health of individuals and communities for whom they provide care. Nurses and midwives see the direct effects from storms, drought, flood, and heatwaves; they experience the indirect effects from altered water quality, air pollution, land use change, and ecological change. The health effects include mental illness, cardiovascular and respiratory diseases, infectious disease epidemics, injuries, and poisoning.[5]

Adverse health effects on individuals and communities will obviously impact health systems and health care delivery, with the treatment of climate change-related health conditions adding to the burden of an already stretched health care workforce.[6] A wealth of evidence demonstrates that comprehensive and practical governments responses to climate change, including significant policy and investment commitments, are urgently needed and must occur immediately before irreversible damage occurs.

The ANMF, as a member organisation of the Climate and Health alliance (CAHA), supports the Our Climate, Our Health campaign. We endorse the Campaign's call for the urgent development of a National Strategy on Climate, Health and Well-being for Australia. A Framework for a National Strategy on Climate, Health and Well-being has been developed by CAHA members, including the ANMF, to support a coordinated approach to tackling the health impacts of climate change in Australia; and, to assist Australian policymakers and communities in taking advantage of the health opportunities available from strengthening climate resilience, reducing emissions and protecting our ecosystems. The actions within this Strategy will protect Australian communities from the health impacts of climate change while supporting the Australian Government to meet its international obligations under the Paris Agreement. Our members want the Australian Government to take a strong stance on climate change mitigation policies and actions.

To prepare the health sector to deal with existing and future health effects of climate change, we need a viable workforce and environmentally sustainable workplaces. This means commitment to, and investment in, improvements in working conditions within the health and aged care sector which already does, and will increasingly, feel the effects of health care issues resulting from climate change.

In many Australian health facilities, nurses and midwives are leading the way in introducing environmentally sustainable systems into their workplace practices. These initiatives should be acknowledged, applauded, replicated, and appropriately funded throughout all health and aged care facilities and care delivery settings.

As the largest member nation of the South Pacific region, which is the most adversely affected region globally, by the impacts of climate change, the Australian government also has a regional responsibility for leading the way in terms of actively supporting its closest neighbours to respond to and mitigate the detrimental effects of climate change. Low-resourced South Pacific communities and health care systems are already struggling with the current impacts of climate change on physical and mental health as well as broader impacts upon living conditions, agriculture, and ways of life. Government aid and strong, proactive leadership responding to climate change and its effects is urgently required.

The ANMF calls on the Government to:

- Develop and implement a standalone, National Plan on Climate, Health and Well-being based on the Framework developed by the Climate and Health Alliance (CAHA)
- Invest in a sustainable health workforce to prepare the health sector to deal with existing and future health effects of climate change including increased government funding for climate-resilient health systems and climate change mitigation research.
- Fund programs and initiatives that support those most adversely impacted by climate change including people living in drought and natural disaster affected regions in Australia and neighbouring regions in the South Pacific.
- Ensure a staged transition to zero emissions energy sources as a matter of urgency to avoid dangerous and irreversible impacts on the environment and the health of our communities by;
    - developing a consistent energy policy to rapidly transition from fossil fuels to at least 50% renewable, zero-emission sources by 2030 including a clear strategy to ensure that that fossil fuels workforce is fairly and effectively supported and redeployed .
    - Reducing greenhouse gas emissions to exceed the current 2030 Paris carbon emissions target of 26-28%.
    - phasing-in a fair, and effective carbon tax that does not adversely impact Australian households.
    - Investing greater funding in renewable energy technologies and programs.
    - Developing proactive policies for mining and agriculture to reduce emissions and promote zero-emission technologies.
    - Developing policies that support and incentivise zero-emission public and private transport technologies.
    - Funding states and territories to improve the energy efficiency of hospitals and the reduction of emissions from health and pharmaceutical industry sources.
    - Support policies that reduce company, city, and personal environmental and climate impacts and that incentivise sustainability, zero-emissions options, and reduced environmental impact.
    - Implementing ongoing avoided-deforestation and land clearing and reforestation policies and practices.

5 The Lancet Commissions. Health and climate change: policy responses to protect public health. Published online June 23, 2015. Available at: www.thelancet.com

6 Australian Nursing & Midwifery Federation. ANMF Policy: Climate change. Reviewed and re-endorsed May 2015. Available at: http://www.anmf.org.au

TAX JUSTICE

There must be an increase in government capacity to fund important services for the community through restructured taxation and fairer distribution of resources. However, the ANMF considers it to be unfair to ask average earners and ordinary taxpayers to carry an extra tax burden, while allowing large companies and corporations to pay less and, in many cases, for the profits reaped from Australians' work to flow out of the country.

There are other revenue streams available to the Government within existing tax structures which could be accessed to increase the overall pool of resources available to governments. There are also new revenue streams, widely used in the northern hemisphere, which could be accessed to increase revenue. This will require political will and commitment but it will lead to sustainability of our health system and other essential services providing for all Australians.

Corporate tax avoidance has become a major political, economic, and social issue in Australia and around the world in recent years. Most global trade is now between subsidiaries of multinational corporations and not between separate companies. This has enabled multinational corporations to structure their businesses in ways that allow them to shift profits from where they are generated to low or no tax jurisdictions. As a result, government budgets have been depleted and public services have been cut or are under pressure despite growing needs. This is the case with aged care funding and other public services in Australia.

The ANMF calls on the Government to:

- Reform tax concessions - limit access to growing tax concessions such as superannuation, which bring most benefit to those with high incomes, could provide additional funding for essential public services;
- Require all entities receiving $10 million in annual government payments to file full and complete financial statements with ASIC (or ACNC for non-profits), with no exemptions.
- Eliminate reduced disclosure or special purpose filing options on annual financial statements filed with ASIC for subsidiaries of multinationals with over $500 million in annual revenues and any company with over $10 million in annual government payments.
- Establish a public register of beneficial ownership of all companies and trusts.
- Further reduction or elimination of ASIC fees for accessing company information over the medium-term, including financial statements, particularly in a revenue-neutral framework (such as penalties for late-filing). ASIC fees are among the highest in the world; the UK and NZ have free access.
- Enhance the government's stapled structure reforms by including transparency measures to require any listed stapled structures, in which trusts derive a majority of income from related parties, to disclose the terms of all such transactions. This measure should also apply to any company, not necessarily stapled structures, that have annual government funding of over $10 million and that also have corporate structures with trusts receiving a majority of income from related parties.
- Introduce a Robin Hood tax – The ANMF believes that instead of disadvantaging ordinary people through tight budget measures, it is time the Government took and redistributed a larger share from those involved in the billions of dollars in financial transactions. The 'Robin Hood' tax, also known as a financial transactions tax, is a 0.05% tax on institutional trades of currencies, stocks, bonds, derivatives and interest rate securities. It is widely implemented across the European Union. If governments can tax ordinary Australians on basic requirements such as housing, then they certainly can and should tax international financial transactions.

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