ADENDUM TO PRODUCTIVITY COMMISSION DRAFT REPORT ‘A BETTER WAY TO SUPPORT VETERANS.- RESPONSE FROM ISAA

Information Request 15.1

Given the Gold Card runs counter to a number of key design principles,…

*Please give examples of key design principles!*

In particular the Commission is seeking feedback on the benefits and costs of providing the Gold Card to dependents, service pensioners and veterans with qualifying service at age 70.

*Service Pensioners with qualifying service and have 50 % disability pension at age 70 (VEA) are entitled to the Gold Card. Veterans with any amount of Service Pension and 30 points from accepted conditions under the MRCA*

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*Can also be issued with the Gold Card.*

*Is the Commission referring to all veterans under the VEA and MRCA?*

*The DVA has the cost analysis of how this stands now?*

*Gold Card for dependents?*

*As stated in the ‘Response’, There are arguments for and against this proposal. At present, War/Defence Widows are entitled to the Gold Card.*

*DVA fact Sheet HSV59 at eligibility for ‘Dependants of Veterans’ covers this question. The eligibility criteria is quite good, especially for a dependant child of a deceased veteran who died from war caused.*

*I do not have the actual figures as to how many Gold Cards have been issued to these dependants so I can not make comment as to the costs. The benefits for those that have the Gold Card and those that may receive the card in the future are excellent, providing the card is not abused by the medical profession by way of over servicing and the likes. It has been suggested that some in the medical profession do take advantage of the DVA Gold Card System and veterans.*

*Gold Card for partners of veterans who are Special Rate (TPI)???*

*This association has canvassed its members on this question. The consensus is that this suggestion would be far too costly if every partner of a Special Rate veteran were to have one.*

*There may be some justification for the partner receiving a Gold Card, ONLY IF the partner is looking after the veterans Health/ Hygiene requirements virtually on a 24/7 basis, and/or a veteran with psychiatric disability which requires the partner to be present with the veteran. This may have a positive effect in relation to the veteran’s well being, and a reduction of costs to the taxpayer by not having the veteran hospitalised.*

*Partners of veterans generally have private health insurance, if not, they are reliant on Medicare.*

*Another Problem*

*For our recent veterans with families to raise, it is difficult for a partner to maintain any private health insurance they may have, due to the means testing of the veteran’s Service Pension and Disability Pension under the VEA and the MRCA. The money earned is barely adequate for the veteran and partner to raise their 2, 3 or 4 children. The cost of living is so high.*

*The outrageous cost of private health insurance is ridiculous. The veteran is covered for his health care via the Gold Card, but the partner and children need health care as well. In general, most of these families are more comfortable with private health insurance. The health insurance cost for the family rate is phenomenal and hard to meet every month.*

*There should be a concession for these people. The DVA should confer with the ‘Health Insurance Industry’ in order to gain some reduction in the rate for these families private health cover. This would be of great assistance for these veterans’ families.*