



Submission to the Review on Eligibility Criteria for Medical Cards

April 2008

There has been concern about eligibility criteria for access to medical cards for some time. The 2001 National Health Strategy recognised that existing eligibility schemes, including the medical card scheme, “do not adequately reflect the levels at which ‘hardship’ or financial barriers to accessing the necessary care arise”.¹ The Strategy recommended that the criteria for such eligibility be reviewed to fully reflect the levels at which barriers to accessing care arise. *Towards 2016*, the Ten-Year Framework Social Partnership Agreement, commits to review “the eligibility criteria for assessment of medical cards in the context of medical, social and economic/financial need. The review will clarify entitlement to a medical card”.²

The Children’s Rights Alliance welcomes the decision to undertake a review of eligibility criteria for medical cards and the opportunity to contribute its views to the Committee established to undertake this review, which comprises representatives from the Departments of Health and Children, Finance, and Social and Family Affairs, and from the Health Services Executive.

The Alliance raised the issue of medical card eligibility with the UN Committee on the Rights of the Child in its second shadow report *From Rhetoric to Rights* in 2006.³ Under the United Nations Convention on the Rights of the Child, ratified by Ireland in 1992, Ireland has committed to take full account of the best interests of the child in all actions concerning children, and to uphold every child’s right to an adequate standard of living and to the highest attainable standard of health and access to health and medical services.⁴

Based on the Convention’s principles, the Alliance makes the following recommendations to the Committee.

Recommendations:

- 1. Provide medical cards for all children living in low-income families**
- 2. Establish a recognised scheme of assistance towards the non-medical costs of hospitalisation to support families on low incomes with children in hospital**
- 3. Streamline entitlement to medical cards with other State supports**
- 4. Introduce free health care for all children, starting with children under six years.**

The case for review

The link between poverty and poor health is striking. Those living in poverty experience worse health than the rest of the population and die younger. The Alliance believes that access to healthcare should be based on need, and not on ability to pay. Families in low paid employment can find their resources under considerable strain when they are faced with the high cost of General

¹ Department for Health and Children (2001), *Quality and Fairness: a Health System for You*, p. 47

² Department of An Taoiseach (2006), *Towards 2016: Ten Year Framework Social Partnership Agreement 2005-2016*, p. 53

³ Children’s Rights Alliance (2006) *From Rhetoric to Rights: Second Shadow Report to the United Nations Committee on the Rights of the Child*, Dublin: Children’s Rights Alliance p.43

⁴ *United Nations Convention on the Rights of the Child* (1989) <http://www.ohchr.org/english/law/crc.htm>.

Practitioner (GP) and hospital fees, as well as prescription expenses, which are 19% above the EU average.⁵

Currently, there are two types of medical card in operation in Ireland: full medical cards and GP visit cards. Full medical cards entitle the holder to a full range of health related services. GP visit cards provide access, free of charge, to GP services. In February 2008, 29.41% of the population (1,280,510 people) had a full medical card and 1.74% (76,094 people) held a GP visit card.⁶

A study by the Irish Medical Organisation found that increasing access to medical cards is the most immediate and effective measure to reduce health inequalities and improve access to healthcare for low income groups.⁷ Despite this, the proportion of the population covered by a medical card fell from over 38% in 1977 to less than 30% today.⁸ This decline is even greater when the non-means tested medical card for over 70s – introduced in 2001 – is taken into account. The fall in medical card numbers has been attributed to unfair mechanisms for determining eligibility.⁹

In undertaking its review the Committee should bear in mind the wider benefits of medical cards for families on low incomes. For such families a medical card means more than access to health services, it is a passport to social inclusion. In addition to the health benefits, having a medical card means that a family is deemed to be eligible for exception from fees for school transport and Junior Certificate and Leaving Certificate examinations. The card is also used as an indicator of qualification for assistance with school books under the School Books Grant Scheme.

<p>1. The Alliance calls for the provision of free health care (full medical cards) to all children living in low-income families</p>
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The medical card entitles families on low incomes and children with a long-term illness or disability to necessary GP services, prescribed medicines and hospital services free of charge.

In the 2001 National Health Strategy the Government made a commitment to provide an additional 200,000 medical cards. There was no progress towards meeting this commitment by January 2005. The Government then announced that it would introduce only 30,000 full medical cards. At the same time, it announced that it would introduce a new form of entitlement, the GP visit card, for 200,000 individuals. The Alliance welcomes the introduction of the GP visit card in so far as it will increase access to healthcare for children. However, the entitlement clearly does not comprehensively meet the healthcare needs of children and families on modest incomes. For many such families, the costs of paying for prescription medicines and hospital charges will still be prohibitively expensive.

The failure to carry through on the commitment to increase the number of full medical cards must be seen in a context of increasing fees for GP visits, increased charges for public hospital services and higher payment thresholds for money-back on medicines under the Drug Refund Scheme. It must also be seen within the context of the potentially serious short and long-term implications for children of delayed or restricted access to primary health care services.

⁵ Eurostat, quoted in The Irish Times, April 2007

⁶ <http://www.dohc.ie/press/releases/2008/20080311b.html>, accessed 22 April 2008

⁷ Irish Medical Organisation (2005), *IMO Position Paper on Medical Card Eligibility*, IMO: Dublin and also <http://www.dohc.ie/press/releases/2008/20080311b.html>, accessed 22 April 2008

⁸ The Adelaide Hospital Society (2006) *Social Health Insurance: Options for Ireland* [http://www.adelaide.ie/cms/cms/uploads/files/PolicyReport20061123\(1\).pdf](http://www.adelaide.ie/cms/cms/uploads/files/PolicyReport20061123(1).pdf)

⁹ *Ibid.*

The long-term cost of being on a low income and not having a medical card are real, though not easy to quantify. A report on medical card entitlement by Comhairle highlighted that parents, and mothers in particular, neglect their own health because of the expense of attending a GP and related costs.¹⁰ When it came to spending decisions their children were their priority. This finding is supported by the Society of St Vincent de Paul and the Irish Medical Organisation.¹¹ Evidence shows that people chose not to take up part time or low paid jobs because of the potential loss of their medical card.¹² For lone parents, in particular, the potential loss of a medical card is a serious disincentive to entering (or re-entering) the labour market. This should be taken into consideration in the context of the ongoing review of the One Parent Family Payment by the Department of Social and Family Affairs.¹³

The immediate costs of not having a medical card are easier to quantify. A survey by *The Irish Medical Times* in Autumn 2003 shows that GP charges range from €25 to over €50; with the majority being in the €30 to €49 range.¹⁴ In 2005 a survey by *The Irish Times* found no GP surgery offering consultation for less than €40.¹⁵ Up to date figures are not available, but anecdotal evidence indicates that this figure continues to rise. Based on the Irish Medical Organisation figures, a family making just two visits to a GP would pay on average €80. Following the visits the family must meet the first €78 a month of prescription costs before they are eligible for financial assistance. So, a family with children could easily find themselves paying €158 for medical costs in one month even if there is no chronic illness involved. Combine this with a two-day hospital stay and families, with incomes of €270 per week, find themselves moving dangerously close to the 'at risk' of poverty threshold of €202.49 per week.¹⁶

2. The Alliance calls for a scheme of financial assistance towards the non-medical costs of hospitalisation to support families on low incomes with children in hospital

Where hospital stays are required the cost to families becomes significantly higher. Every child is entitled to outpatient and inpatient services as a public patient. The charge for in-patient/day services is €45 per day up to a maximum of €450 per year, significantly less than would be charged to a private or semi-private patient, but enough to put families on low incomes under serious financial strain, particularly when coupled with the additional expenses of having a child in hospital – meals away from home, transport, childcare, phone and laundry. Almost all low-income families surveyed by Children in Hospital Ireland reported financial strain as a result of the hospitalisation of their child.¹⁷

3. The Alliance calls for the streamlining of entitlement to medical cards with other State supports

The State recognises that families below a certain income level require, and are entitled to, financial support. But the income level at which State support is granted is not consistent. Currently, families

¹⁰ Comhairle (2004), *Medical Cards: Affording Health on a Low Income*, <http://www.citizensinformationboard.ie/social/downloads/MedicalCardReport2004.pdf> p12

¹¹ *Ibid.*

¹² *Ibid.*

¹³ <http://www.welfare.ie/foi/onefpf.html>

¹⁴ Referenced in: Comhairle (2004), *Medical Cards: Affording Health on a Low Income*, <http://www.citizensinformationboard.ie/social/downloads/MedicalCardReport2004.pdf> p.12

¹⁵ *The Irish Times*, *Curing the rising costs of GP visits*, 1st November 2005, <http://www.ireland.com/newspaper/health/2005/1101/1130406921254.html> accessed 22 April 2008

¹⁶ Based on 2006 EU-SILC figures. Central Statistics Office (2006), *EU Survey on Income and Living Conditions (EU-SILC)*, http://www.pos.ie/releasespublications/documents/eu_silc/2006/eusilc_2006.pdf accessed 23 April 2008

¹⁷ Fitzgerald, E. (2004), *Sick Children, Money Worries*, Dublin: Children in Hospital Ireland, p. 1

with dependent children are entitled to earn €266.50 and retain a medical card. In addition, there is a €38 allowance granted for the first two children, and €41 for the third and subsequent children. This figure is significantly lower than the level at which the Back to School Clothing and Footwear Allowance and the Family Income Supplement (FIS) are granted. The Alliance encourages the Committee to streamline entitlement to medical cards with other State supports, by moving the income level at which it is granted upwards to match other financial supports granted to families on low incomes.

4. The Alliance calls for the phased implementation of free health care for all children, starting with children under six years.

Current Irish health policy does not reflect Ireland's obligations under the UN Convention on the Rights of the Child.¹⁸ Article 24 of the UN Convention on the Rights of the Child states that "the child has the right to the enjoyment of the highest attainable standard of health possible and to have access to health and medical services."¹⁹ In its *Concluding Observations* following its examination of Ireland's Second Report in September 2006, the UN Committee on the Rights of the Child outlined its concern about the lack of statutory guidelines to safeguard the quality of, and access to, healthcare services, as stipulated in Article 24 of the Convention, in particular for children in vulnerable situations. The Committee recommended that Ireland:

- adopt all-inclusive legislation that addresses the health needs of children
- ensure that availability and quality of healthcare services are maintained throughout the country
- ensure that the resources allocated to existing health services for children are used in a strategic and coordinated manner.²⁰

So far, these recommendations have not been acted upon. The UN is not alone in its criticisms. In 2002, the Chief Medical Officer of the Department of Health and Children, citing the connection between poverty and ill-health, highlighted the importance of eliminating financial obstacles to medical treatment for children and called for consideration of the provision of free healthcare to all children.²¹ Furthermore, UNICEF, in its report on child poverty in rich countries, emphasised the link between poverty and poor health. Its survey placed Ireland in the bottom third of countries in relation to child health, along with the United States and Greece.²²

Internationally, there is strong support on technical grounds for free healthcare for all children.²³ The Adelaide Hospital Society, in a report undertaken by Trinity College Dublin, outlines the cost implications of adopting such a policy move. According to their research, extending full medical cards to all children under 19 years would cost €160 million per annum, an increase of just 2% in real terms on healthcare funding. The extension of medical cards to under-fives, which would provide free GP services to an additional 225,000 children, would cost €57 million per annum.²⁴

The importance of free healthcare for children has been acknowledged by each of the opposition political parties, and by the Green Party. In their manifestos for the 2007 General Election, Fine Gael and Labour proposed an extension of GP visit cards to all children under five, and committed to

¹⁸ *United Nations Convention on the Rights of the Child* (1989) <http://www.ohchr.org/english/law/crc.htm>.

¹⁹ *Ibid.*

²⁰ Committee on the Rights of the Child (2006), *Concluding Observations, Ireland*, [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.IRL.CO.2.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.IRL.CO.2.En?Opendocument), accessed 30 April 2008

²¹ Department of Health and Children (2000), *The Health of Our Children: Annual report of the Chief Medical Officer*, p.7

²² UNICEF (2007), *Child Poverty in Perspective: An Overview of Child Wellbeing in Rich Countries*, UNICEF Innocenti research Centre

²³ C. Victoria et al (2003) 'Applying an equity lens to child health and mortality: more of the same is not enough', *The Lancet* (2003), Volume 362, Issue 9379, pp. 233–241

²⁴ S. Thomas, C. Normand and S. Smith, (2008) *Social Health Insurance: Further options for Ireland*, Dublin: Adelaide Hospital Society

enhance weighting for children in accessing medical card eligibility.²⁵ The Green Party promised to introduce free primary healthcare for all children under six in its first term in Office,²⁶ while Sinn Fein proposed medical cards for all those under 18 years.²⁷

²⁵ http://www.fine Gael.ie/news/documents/FG_Manifesto_07.pdf p.36, accessed 30 April 2008

²⁶ <http://www.wicklowgreens.org/deirdre/newsletters/Manifesto.pdf> p.24, accessed 30 April 2008

²⁷ <http://www.sinnfein.ie/pdf/ElectionManifesto07.pdf> p.7, accessed 30 April 2008

Children's Rights Alliance

The Children's Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child. It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland's laws, policies and services.

Our Membership

The Alliance was formally established in March 1995. Our membership, from which Board Members are elected at the Alliance's AGM, consists of a diverse range of groups, including child welfare agencies and service providers; child protection groups; academics; youth organisations; family support groups; human rights organisations; disability organisations; parent representative organisations; community groups and others interested in children's rights. The Alliance's policies, projects and activities are developed through ongoing collaboration and consultation with our member organisations.

Our Aims

- Bringing about a shared vision that will realise and protect children's rights in Ireland
- Securing legislative and policy changes to give meaningful effect to the UN Convention on the Rights of the Child
- Securing the effective implementation of Government policies relating to children.

Our Experience

- The Alliance is recognised for its participation in the international monitoring and reporting process of the UN Convention on the Rights of the Child, including the publication of two shadow reports critically evaluating progress made by the Irish State to implement the Convention's provisions into domestic law, policies and services
- In 2006, the Alliance was the sole Irish NGO commentator reporting to the UN Committee on the Rights of the Child
- The Alliance is a designated Social Partner within the Community and Voluntary Pillar
- The Alliance has played an important role in influencing the development of several key initiatives for children, including the publication of a National Children's Strategy; the establishment of the Office for the Ombudsman for Children; and the inclusion of children's rights in the EU Charter of Fundamental Rights.

The Children's Rights Alliance is a registered charity – CHY No. 11541

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