

Closing the Gap in Indigenous health: why section 19(2) of the Health Insurance Act matters

TO THE EDITOR: There is a pressing need to address the poor health and justice outcomes experienced by Indigenous Australians, who are over-represented in adult prisons by an age-standardised factor of 13 and in youth detention by a factor of 24.^{1,2} Numerous government reports emphasise the need to Close the Gap,³ and special provisions have been made to address Indigenous health inequity, including an exemption under section 19(2) of the *Health Insurance Act 1973* (Cwlth) to permit Aboriginal Community Controlled Health Services (ACCHS) access to Commonwealth funding, even if they are funded by state governments.⁴ This policy seems sensible given the poor health outcomes experienced by many Indigenous people, and the evidence that Indigenous-specific services can play a role in ameliorating these outcomes in custodial settings.⁵ Unfortunately, the thousands of Indigenous Australians who cycle through custodial facilities each year — arguably those most in need of health services — are excluded from Commonwealth-subsidised health care under section 19(2), limiting the services available to them.⁴ Adult and youth custodial facilities are crucial sites for identifying and treating chronic diseases prevalent in Indigenous Australians, yet the current system excludes incarcerated people from Commonwealth-subsidised health care and requires an awkward, and often unsuccessful, transition between custodial and community health services.⁵ The predictable results are poor continuity of care and poor health outcomes.⁵ Although some ACCHS provide limited in-reach (in-custody) services, under section 19(2), they are prevented from claiming Commonwealth subsidies for this service.^{4,5} Consequently, such services are typically limited and ad hoc.

How can we improve the situation? Part of the solution, given the shortage of Indigenous-specific health services for prisoners, is for the relevant Commonwealth minister to grant an exemption under section 19(2) to ACCHS and similar organisations, thereby providing a funding mechanism to support in-reach services, and improving continuity of care for these vulnerable individuals as they transition back to the community. If Closing the Gap is truly a priority, as indicated by current Commonwealth government policy and rhetoric, then

ensuring equitable Indigenous health services in prisons should be high on the list of future reforms.

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- 4 Plueckhahn TM, Kinner SA, Sutherland G, Butler TG. Are some more equal than others? Challenging the basis for prisoners' exclusion from Medicare. *Med J Aust* 2015; 203: 359-361. <https://www.mja.com.au/journal/2015/203/9/are-some-more-equal-others-challenging-basis-prisoners-exclusion-medicare>
- 5 Lloyd JE, Delany-Thiele D, Abbott P, et al. The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. *BMC Fam Pract* 2015; 16: 86. ■