

Submission for Medical Card Eligibility

Special Interest Group in Primary Care

Medical cards should be issued based on health need and ability to pay, there should be two strands of eligibility-

1. Those subsisting on benefits should not be expected to pay for health services or treatments or medication and should be issued with a medical card that entitles them to the full range of health and social care available.
2. Those on low incomes that have (evidenced) extra costs should be eligible for a medical card on a temporary basis. The income threshold / limit should have some flexibility to allow for reduced ability to pay due to temporary 'hardship'.
3. Flexibility in relation to income limits should be extended to client's on too low an income to qualify. An example was given of a client on a work related pension of 176 euros did not qualify for the medical card because of being eight euros under the threshold.
Another example is a young person under twenty five who is potentially awaiting a Disability Allowance Payment but is not in receipt of the maximum social welfare payment of 100 euros per week would also not qualify for a card.
4. Those with long term (permanent) disabilities that will mean the need for long term health / social support should be issued with a medical card that entitles them to the full range of health and social care available, e.g. physical / sensory disabilities.
5. Those with chronic illnesses that will mean the need for long term health / social support should be issued with a medical card that entitles them to the full range of health and social care available.
6. Care should be taken not to have a system which disincentives people with chronic illness / disabilities or their spouses from engaging in employment which could lead to a loss of a medical card. Situations can currently arise where people elect not to seek employment as they are fearful of losing their medical cards and having to pay for all medical expenses.

There would be an element of GP / medical evidence needed to obtain a card under this criteria. This would include some illnesses currently excluded from the list illnesses that offer entitlement to a medical card, where that illness has a significant impact on their day to day living and where that illness means they routinely pay the full monthly charge on the DPS scheme. For example, a person with chronic, severe asthma who exceeds the DPS charge every month should be entitled to a medical card where their GP supports and evidences their need for that medical card.

This card would be reviewed regularly (perhaps time line suggested by GP / Consultant according to prognosis etc.). Where the illness has been treated and no longer requires ongoing health / social care support / ongoing medication the medical card could be relinquished.

5. The DPS scheme should have an annual limit as well as a monthly limit (similar to annual in-patient limit) so that when a person / family reaches the annual limit any further medication that year should be funded by the state. It should not be the case that a person with a chronic illness has to pay the full monthly charge every month of the year.

6. Certain essential foodstuffs related to health needs should be included for the DPS costings - specialist baby formula, diabetic foods, coeliac foods etc where there is evidenced need and benefit.

7. Certain ' preventative ' supplements should be included for DPS costings - those that have been proven to have a health benefit such as available as prescription items.

8. Items that are available as a medical card prescription should also be eligible for DPS scheme (e.g. nicotine substitutes etc). At the moment some items are free / reduced cost to medical card holders but full price (not counting towards DPS monthly) for those with a DPS card.

Conditions which should have an automatic entitlement to medical card are the following:

- Motor Neuron Disease
- Cancer
- Chronic Cardiac Failure
- Angina
- Cardiomyopathy
- Chronic Obstructive Pulmonary Disease
- Emphysema
- Huntington's Disease
- Ataxia
- Stroke
- Acquired Brain Injury
- Kidney Failure
- Lupus
- Arthritis
- Rheumatism
- Fibromyalgia
- Auto Immune Diseases
- Osteoporosis
- HIV/Aids
- Sickle Cell Anemia
- Chromosomal Disorders
- Addison's Disease
- Macular Degeneration
- Psoriasis / Eczema
- Multiple Sclerosis
- Spinal Cord Injury
- Hepatitis
- Polio
- Asthma
- Renal Impairment
- Spina Bifida
- Hydrocephalus
- Cystic Fibrosis
- Multiple Systems Atrophy
- Muscular Dystrophy
- Medical Conditions that Qualify for Long Term Illness

Card *(this card covers ONLY for that illness)
medication, aids and appliances

This list is not exhaustive. Any condition that requires ongoing medical intervention (with supporting medical evidence) should give an entitlement to a medical card.

Consideration should be given to the allocation of permanent medical cards without review to people experiencing certain life limiting conditions, such as Multiple Sclerosis, Motor Neuron Disease and other irreversible health conditions. This consideration should also be extended to individuals who are palliative.

There should also be a level of discretion in the awarding of medical cards in respect of individuals where not to do so would cause undue hardship to the individual.

Individuals with diagnosis of the above conditions without a medical card:

- Have increased medication costs. Not all medication is covered on the drugs payment scheme.
- Cannot access community services such as Public Health Nursing, and Counseling in Primary Care.
- Cannot access aids and appliances from Community Occupational Therapy and Physiotherapy.
- Have more frequent visits to the GP and Out Patient Appointments incurring further expenses.
- Have possible inpatient admissions which incur expenses.
- Have increased home care costs that are not covered by the HSE

With the diagnosis of any long term or life limiting illness there is increased financial and social impact on the person and their family.

They will continue to have the same regular expenses such as mortgage repayments/ rent, insurance, education expenses, child care, travel to work and utility bills etc.

There will also be increased costs such as:

- Increased costs in respect of travel to and from appointments and parking charges at hospitals.
- Should they have to travel a long distance to a treatment centre accommodation costs may be incurred. An example of such would be if attending for Radiotherapy or Chemotherapy at an acute hospital.
- While receiving ongoing treatment or due to the nature of a long term illness extra child care costs may be incurred.
- Utility bills such as heating and electricity costs are often increased when a person is chronically or acutely unwell or has decreased mobility.

- A person especially if self employed may have a loss of income due to being unable to work but also may not be entitled to benefits. Secondly if partner/carer has to take time off from work to provide care or attend appointments they too may have a reduction in their wages thus reducing the overall income coming into the home.
- Public Health Nursing (PHN's and Community Nurses) only provide a service to medical card holders. Should wounds need to be dressed the person will have to pay the practice nurse in their GP practice and thus being further financially disadvantaged.
- Only a limited amount of incontinence wear is provided.
- Should the illness cause mobility difficulties adaptations may need to be made to the home. Though grants are available they are means tested and not everyone will qualify for the same.
- There is often increased clothing or specialized footwear costs associated with chronic or acute illness.

Access to a medical card when diagnosed with a long term, acute or life limiting illness as named above will ensure an individual has access to the medical care and attention they require.

Without a medical card a person's health and safety may be at increased risk due to their financial inability to purchase medication, aids or appliances recommended by health care professionals.

Sincerely,

Patrice Reilly
Chair – Social Workers in Primary Care Special Interest Group