



### **Medicare Rebates for Professional Athletes**

AWE athletes do not need to utilise Medicare rebates in accessing medical services at the AIS.

AWE athletes *do* need to utilise Medicare rebates to access external services including appointments with specialists, pathology tests, MRI scans and other medical imaging modalities.

AWE athletes *do* utilise Medicare rebates when accessing care from sports doctors in the high-performance sector, external to the AIS. Many private sports medicine practices, radiology practices and pathology practices currently bulk bill high-performance athletes. Such arrangements would no longer be possible if athletes were denied the ability to utilise Medicare rebates.

The most significant 'one-off' medical costs incurred by AWE athletes involve surgical fees. When an athlete has surgery the Medicare rebate accounts for a certain portion of the fee. The private insurance companies agree to pay a further amount above the Medicare rebate. Depending on the surgeon, there may or not be out of pocket expenses which are borne by the athlete and/or the athlete's family. If a particular individual did not have access to the Medicare rebate, it is unclear how the insurance company would deal with such a situation. The current arrangement in Australia is that private medical insurance companies see themselves as covering a "gap" between the Medicare rebate and the fee, although there is often a significant gap above and beyond the fee that the private insurance company is prepared to pay.

The impact or otherwise on AWE athletes will depend on the government criteria for determining that an athlete is "professional". There are currently several different models of athlete remuneration including;

- Full-time professional athletes in professional codes of football (AFL, rugby union, soccer, rugby league)
- Athletes engaged in professional contracts with overseas franchises (basketball, water polo, volleyball, cycling etc)
- Athletes with substantial sponsorship arrangements in sports that would otherwise be considered amateur (swimming, track and field)
- Podium and Podium Potential athletes receive DAS payments

Any AWE athlete who spends a reasonable portion of their year in Australia (most athletes) would be significantly impacted if they were declined the ability to utilise Medicare rebates for access to medical services. The increase in out-of-pocket costs would need to be borne by athletes, NSOs and/or high performance organisations such as the AIS.

There would be many "grey areas" where it would be difficult to determine whether a medical service was directly attributable to the athlete's sporting activities as opposed to general health requirements.

I perceive a significant risk to the welfare of Australia's high performance athletes, should there be any restrictions placed on access to Medicare rebates. If this proposal is indeed on the table, ASC should engage with the Department of Health at the earliest opportunity to collaborate in an analysis of potential ramifications.

A handwritten signature in blue ink, appearing to read 'David Hughes'.

**Dr David Hughes**  
**Chief Medical Officer**  
**13 June 2014**