

Refugees, asylum seekers and detainees

Information sheet

June 2014

Purpose

This information sheet provides general information on the responsibilities of Hospital and Health Services (HHSs) in the provision of healthcare to refugees, asylum seekers and detainees, including information on Medicare eligibility and revenue.

Key information

- Public hospitals have a duty of care to provide medically necessary treatment¹, regardless of a patient's capacity to pay or their visa status.
- Medical practitioners and HHS staff also have a role to play in assisting all patients, including refugees, asylum seekers and detainees, to navigate the public healthcare system to promote timely and equitable care.
- Persons granted refugee status are deemed Medicare eligible and are entitled to choose to receive public hospital services free of charge as public patients.
- Asylum seekers on bridging visas are deemed Medicare eligible (except in some cases—see Table 1) and are entitled to choose to receive public hospital services free of charge as public patients.
- Asylum seekers on bridging visas who are Medicare ineligible or asylum seekers who have expired bridging visas may be eligible to receive funding from the Red Cross for their healthcare costs under the Community Assistance Support (CAS) program or the Asylum Seeker Assistance Scheme (ASAS).
- Detainees in community detention and detainees in facility-based detention are deemed Medicare ineligible. Where these patients choose to access public hospital services, fees are to be raised for those services and directed to the Department of Immigration and Border Protection via its health service provider International Health and Medical Services (IHMS).
- Individuals may move from one classification to another (e.g. from an immigration detention centre onto a bridging visa) and that eligibility for certain services, including Medicare can change during the visa determination process.
- Individual HHSs determine if fees are to be raised or waived for those asylum seekers who are not Medicare eligible and not eligible for Red Cross support.

¹ Medically necessary treatment refers to the treatment of any ill-health or injury which occurs while the individual is in Australia and requires treatment before they return home (Department of Human Services, 2013, accessed 24 February 2014, via www.humanservices.gov.au/customer/enablers/medicare/reciprocal-health-care-agreements/health-care-for-visitors-to-australia).

Providing healthcare services to refugees, asylum seekers and detainees

Staff should be aware that refugees, asylum seekers and detainees accessing health services in Queensland:

- have limited information about the Australian health system
- may be overloaded with information about various government services (e.g. health, education, transport)
- may have different cultural traditions, beliefs, taboos and norms
- may require suitably qualified interpreters competent in communicating medical conditions, terminology and treatments
- have varying degrees of exposure to healthcare staff (medical and administrative) in providing healthcare services.

Why do we treat refugees, asylum seekers and detainees?

Queensland Health treats refugees, asylum seekers and detainees because:

- health care is a basic human right
- there is a community expectation that government will treat those in need of medical help with compassion and respect (the public heart)
- refugees are permanent residents, contributing to the Queensland economy and the community
- HHSs have an obligation not to provide preferential treatment—care must always be based on assessed clinical need before all other considerations.

The *Queensland Cultural Diversity Policy* seeks to improve the responsiveness of government in providing culturally responsive services to culturally diverse communities. More information is available at: www.datsima.qld.gov.au/culturaldiversity/publications/queensland-cultural-diversity-policy.

The *Blueprint for better healthcare in Queensland* notes that we put people first. The *Guide to optimising own source revenue* (document number # QH-GDL-004:2012) also notes in its guiding principles that, 'prioritisation for clinical treatment is based on assessed clinical need: identification of funding source is secondary to clinical need'.

What information is required from refugees, asylum seekers and detainees?

- All patients, regardless of visa status are required to provide photographic proof of identity (e.g. drivers licence, passport, PL056 Visa Evidence Card or ImmiCard²).
- All patients, regardless of visa status, who are Medicare eligible, are required to show their Medicare card.
- Asylum seekers should also provide their visa for photocopying.
- Detainees should show their IHMS card.

² The ImmiCard is gradually replacing the old Visa Evidence Card (PLO56). More information on ImmiCards is available on DIBP's website: www.immi.gov.au/visas/humanitarian/immicards/. Some patients may still have an active PL056 Visa Evidence Card.

- The patient's information must be checked on each presentation as eligibility can change over time as decisions on their eligibility status are made.
- For detainees, pre-approval must be obtained from IHMS.
- For CAS or ASAS eligible asylum seekers, pre-approval should be obtained from Red Cross.
- For more information on Medicare eligibility see Table 1.

Additional information

Table 1 provides a summary of visa types and entitlements as at May 2014. Immigration policies and visa entitlements change regularly so it is important to continually check a patient's status and eligibility with the:

- Department of Immigration and Border Protection <www.immi.gov.au/immigration/coming-to-australia/> or phone 131 881
- Department of Human Services <www.humanservices.gov.au/customer/subjects/medicare-services> or phone 132 011
- Red Cross <www.redcross.org.au/migration-support.aspx> or phone 1300 554 419.

For more information contact StrategicPolicy@health.qld.gov.au.