

## **Medical Card Eligibility and Medical Need – Submission to the Expert Panel (June 2014)**

The Citizens Information Board (CIB) welcomes the establishment of an Expert Panel to examine how medical needs should be taken into account in the context of medical card eligibility. This submission draws on the experiences of the countrywide network of Citizens Information Services and the national Citizens Information Phone Service in dealing with medical card eligibility queries from the public. These services which are supported by CIB handled over 50,000 such queries in 2013.

Identifying the range of medical conditions, in order of priority, which would benefit most from medical card eligibility is a hugely challenging task and the CIB acknowledges the importance of the public consultation process to inform the work of the panel. While the CIB is not in a position to make detailed comment on the types and nature of conditions to be included and how these are to be prioritised under a new policy and legislative framework for the provision of medical cards, we believe that the following principles should apply.

- Any new framework which would focus primarily on medical conditions as the basis of need would be a significant and important departure in terms of a holistic approach to health care. Notwithstanding this, people on low incomes will continue to need medical cards even if they do not have chronic medical conditions; a scheme which focuses on medical conditions will also need to take account of this group;
- There is a significant psychological as well as monetary value to having access to a medical card – this may even be more important for people with chronic medical conditions or a long-term disability;
- The growing focus in disability services on a person-centred approach based on individual needs assessment is an important one which should be replicated in a new policy framework to introduce a needs-based Medical Card system;
- Early intervention and treatment of conditions associated with childhood disability are vitally important and the Medical Card system should ensure that no child would for financial reasons not get the medical and social care and the therapies s/he requires;
- Family carers frequently experience significant stress in coping on a day today basis – knowing that their family member had access to the medical care s/he required would be a significant factor in reducing such stress;

- The right of people with severe medical conditions and/or disabilities to have access to available treatments, therapies and social care services irrespective of their financial means is a core component of social inclusion and the hallmark of a person-centred healthcare system;
- Parents will usually want to do everything possible for a child with a severe medical condition or disability and not being able to do so because of financial constraints is likely to add to their anxiety;
- Access to a Medical Card based on medical need must, as far as resources at any given time permit, be accompanied by access on an equal basis to the range of community-based and hospital supports required by an individual;
- Assessment criteria for any new Medical Card system to be introduced must be transparent, consistent and easily understood by people making an application – this will no doubt be a major challenge, particularly where some priorities and related limits will inevitably have to be set in accordance with available resources at any time;
- It is crucially important that, as far as possible, the assessment criteria are such to enable decisions on applications made in the first instance to be thorough, transparent and easily understandable in order to minimise the need for appeals which by their very nature can be stressful for people;<sup>1</sup>
- The application system must have a proactive dimension to ensure that people who for reasons of disability or other may have difficulty in engaging with the process do not lose out on a service to which they have a clear legal entitlement;
- Other services where assessments of medical conditions are made could be used as a basis for an award of a Medical Card in order to ensure that people receive joined up services and do not have to undergo unnecessary further assessment (see below).

The CIB is of the view that the experience of and issues associated with the operation of the Long-term Illness Scheme would be of benefit to the work of the Expert Panel and should be looked at. Under this scheme, people suffering from certain conditions can get free drugs, medicines and medical and surgical appliances for the treatment of that condition. Eligibility for the Scheme does not depend on a person's income or other circumstances. Feedback from CIB service delivery partners has over the years highlighted gaps in the list of conditions<sup>2</sup> included.

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<sup>1</sup> Feedback from CIB delivery partner services regularly refers to the stress and anxiety associated with appeals, particularly where these are long drawn out as is frequently the case.

<sup>2</sup> The medical conditions that qualify are: *mental handicap; mental illness (for people under 16 only); diabetes insipidus; diabetes mellitus; haemophilia; cerebral palsy; phenylketonuria; epilepsy; cystic fibrosis; multiple sclerosis; spina bifida; muscular dystrophies; hydrocephalus; Parkinsonism; acute leukaemia; conditions arising from use of Thalidomide.*

The experience of the operation of the Domiciliary Care Allowance (DCA) scheme is also one which should be taken into account with particular reference to the difficulty associated with assessing requirements arising from some conditions, e.g., children on the autism spectrum. The review of this scheme carried out in 2012 and the Report of the Review Group is likely to be relevant to some extent to the work of the Expert Panel. In particular, the response to the challenge of establishing a set of national, consistent and objective guidelines in determining eligibility of children for the DCA may be relevant given that the Expert Panel will need to factor in this component when drawing up the assessment criteria and process for Medical Card eligibility.

Difficulties in accessing benefits and services to which people have a legitimate entitlement as citizens inevitably exacerbate the problems experienced by families of children with a significant disability. This is equally true for situations where a child's disability is more psychological than medical/physical and where it may be difficult to establish fully the exact nature of the condition. The CIB believes that the fact that a Medical Card frequently acts as a passport to essential therapies, aids and appliances, community care and respite supports is a crucial consideration in determining eligibility. In cases where the disability itself may not be at the extreme end of the continuum, easy access to therapies (speech and language, occupational therapy and physiotherapy, psychological support) for children with an intellectual disability is a vital ingredient in them being able to maximise their developmental potential and should be a consideration. Easy access to orthodontic and dental treatment and to prosthetic devices is also an important factor in enhancing the self-esteem and related social inclusion of people with disabilities

### **Existing assessments**

It would seem reasonable to grant a medical card to every child who qualifies for a DCA. The children and families concerned have already been assessed as having particular difficulties and ought not to have to undergo another assessment. At present, recipients of Disability Allowance receive medical cards and this could continue. Recipients of long-term Illness Benefit and Invalidity Pension could also be considered in need of a medical card.

While the Disability Act 2005 has never been fully implemented, the children whose needs have been assessed under it are known to the HSE and their medical needs are known. Again, this assessment could be the basis for an award of a medical card if this is needed. Similarly, assessments for the Nursing Home Support scheme, home care packages and related services could be used as a basis for the awarding of a medical card.

It is acknowledged nationally and internationally that people with disabilities incur many extra living costs as a result of their disability. The Indecon Report on the Cost of Disability, published by the NDA in 2004, showed that people in Ireland face extra costs of living related to disability over and above those which are met by state services or supports, for example extra costs of heating, transport and other

personal and household devices. As this research was carried out ten years ago it is likely that this situation has only worsened. While clearly, some people with disabilities have greater needs than others, access to a Medical Card is an important component in ensuring that the additional costs of a disability are mitigated to some extent at least.

In looking at a new policy framework for medical cards, the Expert Panel will no doubt focus on the following points. Since it will be a non means-tested health and social care benefit and, therefore, universally available to individuals and families who meet the criteria, the eligibility conditions and requirements will need to be transparent to ensure that those most in need of the benefit get it. Since it is likely that access to a Medical Card under any new policy framework will act as a gateway to a range of other supports, a person who has a Medical Card will be advantaged in this regard over a person who does not have a card. A key question (which may be beyond the remit of the Expert Panel but which needs to be addressed is how current income-related benefits and concessions (e.g. Universal Social Charge reduced rate) related to having a Medical Card will be dealt with.

A new policy framework focused primarily on need would address some of the issues identified by CIB delivery partner services. However, based on the experience of other schemes, any such framework must be clear in its statement of eligibility criteria, have clear assessment protocols and ensure that people who for reasons of disability or other may have difficulty in engaging with the application process do not lose out on a service to which they have a clear legal entitlement. The range and variety of conditions that will have to be catered for and the extent and nature of any particular condition included in the new framework will clearly present significant resource and administrative challenges. These must be flagged at the outset.