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Medicare, family separation and temporary migrants

By Holly Lawton
15 July 2020

The United Workers Union has launched a recent campaign lobbying for Medicare coverage for Pacific seasonal workers participating in the Seasonal Worker Programme (SWP). A recent [petition](#), with 159 signatures as at 14 July, calls for six guarantees for workers. At the top of the list:

Free Medicare for all. We demand access to Medicare like any Australian worker. We are sick of paying for expensive insurance that is hard to access when we need it.

Access to Australia's publicly funded universal health care scheme, Medicare, remains highly selective. Most temporary visa holders are ineligible for Medicare – particularly those with working rights. For temporary workers, [reciprocal healthcare agreements](#) (available for New Zealand and ten European countries) accommodate a select group, and a few other [exceptions](#) are made. Notable among the exceptions, and covered by Ministerial Order, are two temporary working visas: the Skilled Work Regional Provisional visa (subclass 491) and Skilled Employer Sponsored Regional Provisional visa (subclass 494). Both provide visa holders pathways to permanent residency, while the SWP and complementary Pacific Labour Scheme (PLS) do not.

Is there a case for making an exemption for seasonal workers regarding access to Medicare? Claims that health insurance is [too expensive](#) and [difficult to navigate](#) need to be addressed, as do the range of factors that heighten the vulnerability of seasonal workers in our health system, but Medicare isn't the answer.

In lieu of Medicare, seasonal workers on the SWP, like the vast majority of temporary migrants with work rights, are required to maintain [adequate health insurance](#) for the duration of their time in Australia. It's a condition (#8501) of the [SWP visa](#) (Temporary Work (International Relations) visa (subclass 403)). Without significant revision to visa conditions – a process requiring legislative change – extending Medicare to seasonal workers would do little to address concerns around the cost of coverage (currently \$20-\$25

per week). Workers would still be required to purchase and maintain health insurance.

We also don't know enough about what medical services SWP workers are accessing. Service benefits of Medicare over the requisite health insurance may be few. Insurance coverage varies from provider to provider. Medicare coverage, like health insurance, is selective. Yes, Medicare access could reduce the upfront cost of a visit to the local general practitioner (GP) and remove some administrative burden. But often, at least for routine medical treatment like a visit to the GP, health insurance provides the same coverage as Medicare. Without understanding the key health concerns experienced and services sought, a Medicare exemption would likely fall short. [Research](#) conducted on New Zealand's Recognised Seasonal Employer (RSE) scheme in 2019 provides useful information on the types of medical concerns Pacific seasonal workers in New Zealand face: dental concerns accounted for 53 per cent of medical issues experienced by those workers captured in the findings in 2019. Dental coverage under Medicare is limited. We don't have comparable data for the SWP. A better understanding of seasonal worker health care needs would be a helpful first step towards meaningful engagement on the issue of improved health care access for seasonal workers.

Under current SWP visa conditions, Medicare access wouldn't negate the need to pay for health insurance, may reduce some but not all upfront medical costs, and may improve access to some services.

But there's also a broader issue at play.

Giving SWP workers access to Medicare is inconsistent with immigration settings for other temporary work visas. Equity should be a consideration. Minimising the number of scheme-specific rules in particular visa categories is one way to ensure greater equity. Australia's visa schemes and the various entitlements and conditions that accompany them are multiple and muddled as is. Inconsistencies across visa categories add to the confusion and undermine worker safeguards. Seasonal workers don't have the same rights as citizens in the public system, but they should have the same basic rights as other temporary workers. That means no Medicare cover.

If we follow this logic and look for policy consistency and equity across visa categories, one area where the SWP (and PLS) are outliers is family separation. Under current visa conditions, neither SWP nor PLS workers are able to be accompanied by family. All other [temporary work visas](#) have provisions for workers to bring their family with them to Australia, often with work rights too. Family separation might make sense for a six to nine month season on the SWP, but it is [particularly concerning](#) with periods of separation of up

to three years under the PLS. Workers may or may not choose to bring their families, and it wouldn't be without significant personal financial cost, but the decision should be theirs.

Policy consistency is important. But it is only one side of the coin. There may not be a case for extending Medicare access to seasonal workers, but COVID-19 has shown that there are serious vulnerabilities faced by temporary migrants in Australia. Which begs the question, why are seasonal workers from the Pacific being singled out in the Union's recent campaign? Will a similar campaign be run for Working Holiday Makers?

The question of which rights are afforded to temporary migrants in Australia needs to be part of a broader discussion on the value Australia places on migrants and their contributions to Australian society and the economy. COVID-19 has provided an opportunity to better align Australia's foreign policy objectives and migration policy. For the SWP and PLS, this discussion needs to recognise Australia's commitment to build [stronger people-to-people links with our 'Pacific family'](#) and to support [human and economic development](#) in the region. Allowing family members to accompany workers would be a step in the right direction.

About the author/s

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Link: <https://devpolicy.org/medicare-family-separation-and-temporary-migrants-20200715/>

Date downloaded: 28 March 2024



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