



AGED CARE BILL 2023 Exposure Draft

Feedback Statement and Recommendations

6th March 2024

Introduction

Polio Australia is dedicated to standardizing quality polio information and service provision throughout Australia for those affected by polio. It envisions a future where all survivors of polio infection in Australia have access to appropriate healthcare and the support needed to maintain independence and make informed life choices.

Primary Concerns Regarding the Aged Care Bill 2023 Draft

1. For people with polio-related disabilities (impairments) aged over 65 years, the current draft does not ensure adequate measures to support these persons' chronic and progressive health conditions and accelerated functional decline
2. Clarity within the draft is needed on how individuals with disabilities (impairments) aged over 65 will obtain support and services which are comparable to their younger counterparts under the National Disability Insurance Scheme (NDIS)
3. Using computer programs (AI) for care eligibility decisions for individuals with neurological conditions, and/or complex comorbidities interacting, is incompatible with the diverse and variable nature and consequences of such conditions

Unique Characteristics of Those Affected by Polio

Polio survivors' eligibility for the NDIS was bisected by the timing of the NDIS rollout - this rollout occurring 65 years after the peak of the Australian polio epidemics' bell curve. Half of this population is ineligible for that (ideal) disability support system and subsequently rely on Aged Care – a system oriented to normal ageing – *and* a patchwork of third-party support sources.

The Aged Care system has proven inadequate for aged people who have lived with varied levels of polio-induced disability since childhood, and this necessitates immediate remediation.

Post-polio conditions are compounded by but not caused by ageing; post-polio symptoms and dysfunction (causing impairments) can emerge in individuals aged in their 30s and 40s, impeding their participation and roles, and causing early departure from the workforce. These conditions progress rather than miraculously cease once they turn 65 years of age.

Recommendations for Aged Care Bill 2023 Draft

1. Recognise Early-Onset Features of Post-Polio Conditions: Acknowledge and account for the early onset of post-polio conditions and the lifelong experiences of disability (impairments), ensuring equitable support and services are accessible across the lifespan
2. Enhance Support for Disabled Individuals Over 65: Allocate additional resources within the Aged Care system to meet the health and function needs of people aged over 65 who have disabilities (impairments)
3. Clarify Support Mechanisms for Disabled Individuals Over 65: Clearly define how individuals aged over 65 with disabilities (impairments) can access support and services comparable to those with impairments eligible for the NDIS, ensuring equity and inclusivity
4. Human-Centred Decision-Making in Care Eligibility: Reconsider the use of computer algorithms and AI in care eligibility decision-making – particularly concerning individuals with neurological conditions – to ensure personalised and empathetic approaches are utilised

Polio Australia urges the Government to consider these recommendations and make the necessary amendments to the Aged Care Bill 2023 Draft, aligning it with the principles of inclusivity, equity, and person-centred care to better serve those ageing with disability.

Appendix 1.

Specific Points of Contention Within the Exposure Draft

- A. **Definitions: page 8, line 9.** Care Needs (a) “has difficulty”. This should clarify whether “has disability” is included or not.
- B. **Definitions: page 11, line 10.** Health service. Please see [Article 25](#) of the *Convention on the Rights of Persons with Disabilities*, items (a) through (f), regarding access to and the discriminatory denial of health services.
- C. **Definitions: page 14, lines 6-8.** The ambiguity of the following statement may affect just decision-making by service administrators: “and includes any other injury or illness prescribed by the rules but does not include an illness or injury of a kind prescribed by the rules”.
- D. **Key Concepts: page 25, lines 20-22.** (1) Restrictive Practice. This paragraph highlights that not including ‘NDIS equivalent support’ infringes on the rights of individuals who are aged AND have disability. (Also see **Aged Care Rights and Principles, Division 1: 20 Statements of Rights: pages 29-32.**)
- E. **Approval of access to funded aged care services, Division 4: pages 57-58.** Restrictions on approvals of service types or services in certain service groups. This section describes those with disabilities, but uses the word ‘impairments’ rather than the word ‘disability’. If the intent of the word ‘impairments’ is ‘age-related impairments’, consistently state such.
- F. **Fees payments and subsidies, Part 2 Means Testing (undrafted): page 130.** For those with normal ageing, means testing is a reasonable approach to use in the allocation of resources within the system. For those ageing with a disability, means testing underestimates the costs of supporting their disabilities.