

26 June 2020

Dear Victorian Parliamentary Scrutiny of Acts and Regulations Committee

**RE: Long Service Benefits Portability Regulations 2020 consultation**

Gateway Health welcomes the opportunity to provide feedback on the proposed Long Service Benefits Portability Regulations 2020 and Regulatory Impact Statement.

Gateway Health is a not-for-profit company limited by guarantee and is a registered Community Health Service under the Health Services Act 1998 (VIC). Our service is focused on the provision of primary health and welfare services to people at highest risk of poor health outcomes. Services are delivered from sites in Wodonga, Wangaratta and Myrtleford and through visiting outreach and telehealth services provided across North East Victoria and parts of Southern NSW.

Despite the unique challenges facing community health centres and acknowledged in the Regulatory Impact Statement, Gateway Health is disappointed that the draft Regulations have sought to include the community health centres in the Portable Long Service Benefits Scheme (the Scheme). The unanticipated inclusion of community health centres - despite previous assurance of exclusion - will require community health centres, like Gateway Health to make significant financial and administrative adjustments to comply with the Scheme.

Given this, in consultation with the Victorian Healthcare Association and in collaboration with the further 27 community health centres across the state, Gateway Health is seeking support for the sector to ensure an efficient and successful transition to meet the Scheme requirements.

Gateway Health supports the following recommendations, as included in the submission made by the Victorian Healthcare Association:

- **Recommendation 1:** The VHA recommends that if community health centres are to be included, that comprehensive funding be paid to providers to cover the net cost impact and initial change management costs as they transition into the scheme. This funding would assist providers to maintain vital programs and services to serve vulnerable communities in greater need due to the effects of COVID-19.
- **Recommendation 2:** The VHA recommends that if community health centres are to be included in the scheme, after the first 12 months an audit is conducted of the administrative costs paid in compliance with the scheme, and the sector is reimbursed. This funding would assist to reimburse community health centres as they comply with the scheme and outlay significant administrative costs (such as software systems, staff training, personnel for processing and reporting, and auditing) associated with efficient, prompt and ongoing compliance.



- **Recommendation 3:** The VHA supports the submission made by the Victorian Hospitals' Industrial Association (VHIA) and calls for immediate clarification and fairness of implementation of overlapping LSL entitlements, changes to the employers covered, definition of 'community service work', and application of the double dipping clause in practice.
- **Recommendation 4:** To address the lack of clarity provided by the Authority on how the day-to-day operation of the scheme will function, the VHA recommends that clear directives and training for all employers be delivered to assist providers to embed the scheme as 'business as usual' within workplace practice.
- **Recommendation 5:** The VHA strongly opposes any retrospective backdating of the proposed Regulations and recommends that, in consideration of the substantial financial impact on the sector, only prospective payment of the levy is applied from the date of implementation of the permanent Regulations. This would assist providers to maintain vital programs and services to serve vulnerable communities in greater need due to the effects of COVID-19.



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