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Volume 42, 2007 - Issue 4

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Tense Layering and Synthetic Policy Paradigms: The Politics of Health Insurance in Australia

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Pages 579-591 | Published online: 06 Jun 2008

Cite this article https://doi.org/10.1080/10361140701595775

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Abstract

This paper analyses the substantial financial subsidy, alongside other regulatory changes, introduced to support private health insurance in Australia at the end of the 1990s. The concept of policy layering is developed and refined theoretically in terms of changes in policy paradigms in order to chart a lengthy period of tense layering in Australian health-care politics between private and public health insurance and the bipartisan convergence on a universalism plus choice policy paradigm during the 1990s. This is the key dynamic underlying the Coalition's support of private health insurance after 1996 rather than a neo-liberal ambition to dismantle the health-care state and return to a predominately privately financed health-care system with a residual, public safety net.

Notes

[1]It became the Australian Medical Association in 1962.

[2]This was the culmination of a series of battles between the Labor governments of Curtin and Chifley and the BMAA between 1944 and 1949 that had centred on the public financing of pharmaceutical benefits, which had required a constitutional amendment in 1946 after the Victorian BMAA successfully appealed to the High Court against the Pharmaceutical Benefit Act 1944; the amendment was subsequently used to strike down elements of the Pharmaceutical Benefits Act 1947 on the grounds of civil conscription (i.e. that doctors had to prescribe on government forms for the pharmaceutical benefit to be paid to patients).

Additional information

Notes on contributors

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