

14 July 2025

The Hon. Chris Picton MP
Minister for Health and Wellbeing
GPO Box 2555
Adelaide SA 5001
By email: MinisterForHealth@sa.gov.au

Dear Minister Picton,

Re: Equity in access to essential medical supplies for South Australians living with a laryngectomy

I write on behalf of [Head and Neck Cancer Australia](https://www.headandneckcancer.org.au) and the South Australian Head and Neck Cancer community to express deep concern over the lack of equitable access to essential medical supplies for people living with a total laryngectomy in your state.

South Australia remains one of only two jurisdictions in Australia with no dedicated funding scheme for the essential, clinically necessary consumables that enable laryngectomees to safely manage their permanent neck stoma and engage in daily life. This disparity places South Australians at a significant disadvantage compared to their counterparts in New South Wales¹, Victoria², Queensland³ and the ACT⁴.

Laryngectomees require ongoing access to items such as Heat Moisture Exchangers (HMEs), voice prostheses, adhesive baseplates, and respiratory consumables to protect their airway, reduce risk of infection, and prevent avoidable hospital admissions. These items are not luxuries. They are vital to maintaining basic health, function and dignity following life-altering surgery for advanced cancer of the voice box.

As noted in Head and Neck Cancer Australia's submission to the [2024 Stoma Appliance Scheme Review](#), an estimated 1,200 people are currently living with a total laryngectomy in Australia. However, due to the lack of national consistency, a postcode lottery exists. South Australians are being left behind.

¹ NSW [Voice Prosthesis, Electrolarynx and Consumables Funding Criteria](#)

² [Better Care For Victorian Laryngectomy Patients | Premier](#)

³ [Guidelines for Queensland HME Subsidy Scheme for Laryngectomy](#)

⁴ The Tasmanian Health Service has approved funding for all the Laryngectomees to receive their essential health aids up to the value of \$6,000 per year.

The absence of a funding mechanism in South Australia forces many patients to pay hundreds of dollars out-of-pocket each month or go without critical supplies. This is not only unjust but economically short-sighted. Evidence shows that regular use of HMEs reduces hospital admissions for respiratory infections, helping to keep patients healthier and reduce demand on already stretched public health services.

On average, a laryngectomy patient who is admitted to hospital stays significantly longer than other cancer patients, often due to complications that could be avoided with proper post-operative support.⁵ Preventing these admissions through access to appropriate supplies would result in measurable cost savings for the health system.

Beyond the clinical and economic case, this is a matter of equity. South Australians diagnosed with Head and Neck Cancer are a vulnerable and disenfranchised group who already face some of the most confronting physical, social and psychological challenges of any cancer patients. As [Anthony Charlesworth, a South Australian laryngectomee](#), shared: “HMEs would make my life so much better and keep me healthier.”

We urge the South Australian Government to take immediate steps to introduce a dedicated funding scheme to ensure equitable access to essential laryngectomy consumables for South Australians. This would bring South Australia in line with other jurisdictions and deliver a more just and efficient healthcare system.

As the only charity in Australia supporting people affected by Head and Neck Cancer, we would welcome the opportunity to meet with you or your department to share the lived experiences of South Australians affected by laryngectomy, along with input from clinicians and carers who support them.

Thank you for your attention to this urgent matter. We look forward to your leadership in addressing this significant gap in Head and Neck Cancer care.

Yours sincerely,
Nadia Rosin
Chief Executive Officer
Head and Neck Cancer Australia

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8442219/>