



For Polio Survivors By Polio Survivors since 1993

Pre-Budget Submission 2026: Health

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Gaps in Current Medical Card Assessment

Polio Survivors Ireland is the only organisation in Ireland providing practical support to individuals who contracted polio in early childhood. It is estimated that approximately 5,000 polio survivors remain in the country, many of whom are facing increasing needs as they age. These individuals live with significant and lasting health challenges resulting from a childhood disease, and with the long-term impacts such as pain, fatigue, cold intolerance and muscle weakness. As a result, their cost of living is higher than average. Access to medical cards remains limited for many, despite their ongoing disabilities. This Budget, we ask the Department of Health to implement the following changes to the medical card application:

- 1. Index income thresholds annually to reflect increases to social protection payments.**
- 2. Formally recognise the “Cost of Disability” as an allowable expense within the medical card means-testing process.**

The Overlooked Cost of Disability

Over the past several years, a growing body of research has explored the cost of disability in Ireland. These efforts aim to better understand the financial burden placed on individuals and to guide more inclusive public policy. One leading publication, *The Indecon Cost of Disability Report*,¹ commissioned by the Department of Social Protection, found that the cost of disability is not a fixed amount. Instead, additional expenses vary depending on personal circumstances such as age, the type and severity of disability, and household composition. These costs range between approximately €8,700 and €12,300 per year. When adjusted for inflation, these figures rise to between €10,490 and €14,820.² These costs span many areas of daily life and are essential, not optional, for maintaining health, independence, and dignity. They include medical expenses such as consultations, therapies, and medications; assistive equipment and mobility aids like wheelchairs, orthotics, and specialised footwear; home adaptations including ramps, stairlifts, and wet rooms; increased energy use for heating and powering medical equipment; transport costs, particularly for those who require private or adapted vehicles; personal care supports; and the additional costs associated with participating in social, community, or rehabilitation activities.

The current medical card means-testing does not formally take disability-related costs into account. While certain expenses such as rent, childcare and general healthcare are considered, the recurring and sometimes significant costs linked to disability are often overlooked. Drawing from the cost categories outlined in the Indecon report, our 2024 survey of polio survivors gathered data from a representative sample of approximately 10% of our national membership. The findings highlighted three key areas of disability-related expenses: standard living costs, ongoing support needs, and once-off or periodic costs. One notable finding showed that heating and electricity alone averaged €4,100 per

¹ Indecon International Research Economists. (2021) *The Cost of Disability In Ireland*. Prepared for the Department of Social Protection.

² Disability Federation of Ireland. (2024). [Disability, Income and Poverty](#).

year for polio survivors. Post-polio syndrome often causes extreme cold intolerance, which requires consistent heating to manage pain. Without sufficient support, individuals may be unable to keep their homes warm, which can lead to increased discomfort, isolation and a diminished quality of life. By comparison, the CSO Household Budget Survey 2022–2023 found that the average household spent €3,017 annually on combined energy costs.³ Even when polio survivors qualify for secondary supports such as the Fuel Allowance, which provided €33 per week for 28 weeks in the 2024 to 2025 season and totalled €924, the gap between actual energy costs and available support remains significant. These energy needs, which are medically necessary, are not currently considered an allowable expense in the medical card assessment process.

Other costs incurred by polio survivors included direct disability-related costs, such as medical consultations, physiotherapy, home supports, personal care, and medications. These averaged €5,560 per year. In addition, their periodic or once-off expenses such as ramps, wet rooms, mobility aids, adapted vehicles, callipers and specialised footwear came to around €6,500 annually when averaged over expected lifespans (further breakdown of these costs can be found on pages 6 and 7). While some available grants may partially offset these costs, many are underfunded, delayed or inconsistent, which leave individuals to shoulder much of the financial burden themselves. However, the current medical card means test does not formally recognise most of these recurring and essential disability-related costs.

Static Income Thresholds and Non-Allowable Expenses

Medical card income thresholds have not kept pace with inflation or with increases to social welfare payments. For people under 70, the core limits have not been updated since 2005/2006. For those over 70, thresholds have only increased slightly since 2020, by €50 for single individuals and €150 for couples. At the same time, core social welfare payments have continued to rise with each Budget. In Budget 2025, for instance, most payments increased by €12 per week. These increases, while helpful in principle, can push someone over the eligibility threshold for a medical card, even though their essential living costs have also risen. As a result, polio survivors risk losing access to the medical card because income thresholds have remained static, despite rising living costs and the ongoing financial demands of disability. Many who previously qualified are now excluded due to small increases in income, such as modest rises in the State Pension, small private pensions or limited savings. In many cases, these increases do not reflect a genuine improvement in financial circumstances.

This disconnect is especially stark for people with lifelong disabilities, such as polio survivors, as many have had limited earning power over the course of their lives because of early exits from the workforce or restricted employment opportunities, resulting in lower lifetime incomes and savings. Looking specifically at the State Pension, the maximum weekly rate for the Contributory Pension is €289.30 for those under 80, rising to €299.30 for those aged 80 and over. For the Non-Contributory Pension, the maximum

³ Central Statistics Office. (2024). [Household Budget Survey 2022 – 2023](#).

weekly rate is €278, increasing to €288 for those aged 80 and over. When compared with the Indecon report's inflation-adjusted estimate of the annual cost of disability, which ranges from €10,490 to €14,820, these expenses account for approximately 70% to 95% of the full State Pension. The exact proportion depends on age, pension type and severity of disability. While able-bodied pensioners can use their income to cover general living expenses, those with disabilities must dedicate a large portion of their income to essential disability-related costs. However, the medical card means test does not take this into account. On paper, a person may appear to exceed the income threshold, but in practice, their disposable income is significantly reduced.

Complex Application Process

As previously mentioned, our 2024 survey of polio survivors gathered data from a representative sample of approximately 10% of our national membership. The results of this survey also revealed significant barriers to accessing the medical card, particularly related to the complexity of the application process and a general lack of accessible information. Many respondents expressed confusion about eligibility rules. People were often unsure what types of income or savings would be assessed and found it difficult to understand the different thresholds depending on whether the applicant was over or under the age of 70. In some cases, individuals only realised they might be eligible after participating in the survey. Key findings included:

- 89% of respondents without a medical card said they would like to have one.
- 41% had applied; of these, 84% were refused due to income above the threshold.
- 59% had never applied, and 91% of this group believed they would not pass the means test.
- 83% were unaware that a discretionary medical card was even available to them.

For individuals who are not online, access to information is even more limited. Many rely on family members, public representatives, or local advocates to assist with completing application forms. Some also reported literacy challenges, particularly among those who missed out on formal education due to extended hospital stays in childhood.

In addition to the lack of awareness, the forms themselves can be unclear. While the standard Medical Card and GP Visit Card Application Form (MC1) includes a section for medical and disability-related expenses, this section lacks clarity and detail. For those over 70, the MC1a form mentions medical expenses but does not clearly explain how to include costs related to disability. If someone in this age group exceeds the income threshold, they must then reapply under the general scheme using a different form, creating unnecessary duplication and administrative burden. This complexity can discourage people from applying or lead to incomplete applications.

A further challenge lies in the Burden of Illness Questionnaire (BIQ), which is used in discretionary medical card assessments. The current version lacks clear categories for essential disability-related costs, such as assistive equipment, home adaptations, or increased energy use. Some costs are grouped under broad headings with limited space to elaborate, while others may be omitted entirely. This lack of specificity hinders

applicants from presenting a full and accurate picture of their financial need. Improving the structure and clarity of the BIQ would allow applicants to document recurring and once-off disability-related costs more effectively. A redesigned and more comprehensive form would support a fairer assessment process and help ensure that eligibility decisions reflect the genuine and ongoing financial pressures faced by people with disabilities. A breakdown of these cost categories, and their alignment with the BIQ, can be found on page 6.

Conclusion

Disability-related costs represent a regular and unavoidable aspect of life for individuals managing long-term conditions. These expenses are not discretionary; they are essential to maintaining health, safety and daily functioning. However, the current means-testing process for medical card eligibility does not fully account for this reality.

We urge the Department of Health to take two essential steps in Budget 2026:

- 1. Index income thresholds annually to reflect increases to social protection payments.**
- 2. Formally recognise the “Cost of Disability” as an allowable expense within the medical card means-testing process.**

Equipment, Aids and Appliances	% respondents incurring cost	Cost (Euro)	Estimated Lifespan	Cross reference with Burden of Illness Questionnaire (BIQ)
Type of Cost (once-off, annual, ongoing, etc)		Once-off costs		
Significant house alterations e.g. extensions, wetrooms	28%	3500-20000	Lifetime	Q.9 Housing adaptations
Minor house alterations e.g. ramps, stairlifts	21%	100-5000	7 - 10 years	Q.9 Housing adaptations
Communication/assistive technology aids	4%			possibly Q3. Special Equipment*
Visual aids or hearing aids	17%	200-5300	3 - 7 years	No specific reference
Adapted car or car controls	34%	550-2000	3 - 6 years	No specific reference
Wheelchairs, scooters, walking aids	38%	100-8000	5 - 10 years	possibly Q3. Special Equipment*
Hoist (manual or electric)	0%		7 -10 years	possibly Q3. Special Equipment*
Special beds, chairs	6%		5 - 7 years	possibly Q3. Special Equipment*
Shower/toilet aids, rails, etc	28%	100-1000	4 - 7 years	Q.9 Housing adaptations
Splints or slings	4%		2 - 5 years	possibly Q3. Special Equipment*
Prosthetics, orthotics, calipers, etc	43%	300-4000	3 - 5 years	No specific reference
Specialised footwear	23%	400-4000	1 - 3 years	Q4. Specialised clothing
Personal alarms, safety aids or security items	15%	30-320	3 - 5 years	No specific reference
Any costs from being in employment e.g. physical adaptations, technology, software	0%		Variable	
Other additional costs for equipment, aids and appliances	6%		Variable	possibly Q3. Special Equipment*
Mobility, Transport and Communications				
Type of Cost (once-off, annual, ongoing, etc)		Annual range		
Private transport costs	17%	600-3500		Q9. Frequent travel to hospital or appointments
Taxi fares	11%			Q9. Frequent travel to hospital or appointments
Public transport costs	0%			
Other forms of transport	4%			
Cost of travelling abroad	6%			
Medicines				
Type of Cost (once-off, annual, ongoing, etc)		Annual Average		
Prescribed Medicines	70%	960		No specific reference
Non-prescribed Medicines	38%	500		Q9. Medicines purchased without prescription
Care and Assistance				
Type of Cost (once-off, annual, ongoing, etc)		Annual Average		
Home Help or Home Supports	11%	2000		Q8 Service Needs
Nursing Home or Residential Care	0%			
Respite Care/Adult Day Care	0%			
Physiotherapy	40%	650		Q8 Service Needs
Speech and Language Therapy	0%			Q8 Service Needs
Occupational Therapy	2%			Q8 Service Needs
Psychotherapy	4%			Q8 Service Needs

Annual Average for Standard Costs of Living

Type of Cost	Annual Average Cost (€)
Heating	2400
Electricity	1700
House maintenance	1200
Health insurance, extra loading fees	1600
Private transport costs	1400
TOTAL	€8300

Annual Average for Direct Disability-Related Costs

Type of Cost	Annual Average Cost (€)
Specialists/Consultants	700
Other costs care and assistance	750
Physiotherapy	650
Home Help or Home Supports	2000
Prescribed Medicines	960
Non-prescribed Medicines	500
TOTAL	€5560

Once-off and Periodic Cost of Disability-Related Expenses

Type of Cost	Cost Range (€)	Estimated Lifespan (years)	Annual Average Cost (€)
Significant house alterations e.g. extensions, wet rooms	3500-20000	Lifetime (30)	783
Minor house alterations e.g. ramps, stairlifts	100-5000	7 – 10	600
Visual aids or hearing aids	200-5300	3 – 7	550
Adapted car or car controls	550-2000	3 – 6	566
Wheelchairs, scooters, walking aids	100-8000	5 – 10	540
Shower/toilet aids, rails, etc	100-1000	4 – 7	100
Prosthetics, orthotics, callipers, etc	300-4000	3 – 5	1075
Specialised footwear	400-4000	1 – 3	2200
Personal alarms, safety aids or security items	30-320	3 – 5	87
TOTAL	€5280-€49620		€6500



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