



For Polio Survivors By Polio Survivors since 1993

The Cost of Disability: Considerations in Means Testing for Medical Card Eligibility

Polio Survivors Ireland
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Purpose

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. Access to medical cards remains limited for many, despite their ongoing disabilities. Polio Survivors Ireland respectfully recommends that the Health Service Executive (HSE) and the Primary Care Reimbursement Service (PCRS) implement the following changes:

- Formally recognise the Cost of Disability as an allowable expense within the medical card means-testing process.
- Revise the Burden of Illness Questionnaire (BIQ) to more clearly and consistently capture disability-related expenses.

Barriers to Access for the Medical Card Among Polio Survivors

A 2022 survey of approximately 450 polio survivors found that 26% did not have a medical card at the time. However, this figure is likely higher today. To gain a deeper understanding, a follow-up survey was carried out in 2024, focusing on some members who had previously indicated they did not hold a card. Among this group:

- 89% said they would like to have a medical card.
- 41% had applied, and of these, 84% were refused because their income was above the threshold.
- 59% had never applied, and 91% of those believed they would not pass the means test.
- 83% were unaware that a discretionary medical card was even available to them.

Many respondents expressed confusion about eligibility rules and the application process. People were often unsure what types of income or savings would be assessed, and had difficulty understanding the different income thresholds that apply depending on whether someone is over or under the age of 70. In some cases, individuals only realised they might be eligible after receiving information through the survey itself.

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

There is also a lack of clear guidance around including medical or disability-related expenses in applications. While the standard Medical Card and GP Visit Card Application Form (MC1) includes a section for these costs, it is not clear enough for applicants. For those applying over 70, the MC1a form mentions medical expenses but does not clearly outline how to include costs related to disability. If someone in this age group exceeds the income threshold, they are required to apply again under the General Medical Card

Scheme using a different form. This duplication creates unnecessary complexity and can discourage people from completing the process.

Evidence of the 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.

The 2021 Indecon Cost of Disability Report¹, 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. On average, people with mild or moderate disabilities face extra costs of between €8,700 and €10,000 per year. For those with more severe disabilities, this figure rises to between €9,600 and €12,300 annually. These costs span many areas of daily life. They may include medical care, transport, equipment, home adaptations, higher energy bills, and the cost of participating in social or community activities.

Further analysis by the Economic and Social Research Institute (ESRI) and the Irish Human Rights and Equality Commission² supported these findings. Their research showed that households with a disabled member need between 52% and 59% more income to maintain the same standard of living as other households. For those with severe disabilities, the additional income required rises to between 83% and 93%.

While these two reports use different methodologies, their conclusions align closely. Together, they provide strong evidence that the financial needs of people with disabilities are not being fully met. 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.

The Cost of Disability and the Burden of Illness Questionnaire

Polio Survivors Ireland conducted a review of the cost of disability for some individuals with the late effects of polio and post-polio syndrome who do not hold a medical card. In this analysis, the Policy Researcher used the cost categories identified in the Indecon report to capture the types of disability-related expenses and compared them to the categories included in the BIQ. See page 5 for a detailed breakdown of these categories.

The findings indicate that polio survivors frequently incur substantial out-of-pocket expenses. Some of these are once-off, such as home or vehicle modifications, but can be averaged on an annual basis by considering the expected lifespan of the item or

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

²Doorley, K., Kakoulidou, T, and Simon, A. (2025) *Adjusting Estimates of Poverty for the Cost of Disability*. Dublin: ESRI and IHREC.

adaptation. Other costs, such as those associated with mobility aids, prescription medications, or increased heating, occur on a regular or periodic basis. Regardless of frequency, these expenses are essential for maintaining health, independence and personal safety.

Improving the clarity and structure of the BIQ would enhance the ability of applicants to present a complete and accurate account of their financial circumstances. At present, certain necessary costs are not explicitly identified. Some are grouped under broad categories that allow limited space for detail, while others may be omitted entirely. This lack of specificity may hinder applicants from demonstrating the full extent of their financial need, particularly when applying under discretionary grounds. Refining the design of reporting tools to allow for clearer documentation of these expenses would assist in ensuring that assessments more accurately reflect genuine and ongoing financial needs.

Conclusion

Disability-related costs represent a regular and unavoidable aspect of life for individuals managing long-term conditions, including the late effects of polio and post-polio syndrome. 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.

In the absence of formal recognition of such costs, individuals may be assessed as having a higher level of disposable income than is accurate. This may result in the exclusion of those with urgent and legitimate needs from receiving appropriate support. Polio Survivors Ireland respectfully recommends that the HSE and the PCRS to implement the following changes:

- Formally recognise the Cost of Disability as an allowable expense within the medical card means-testing process.
- Revise the Burden of Illness Questionnaire to more clearly and consistently capture disability-related expenses.

These adjustments would promote a more accurate and equitable assessment process and help to ensure that individuals living with lifelong disabilities are not disadvantaged in their access to the medical card.

TABLE 1: Cost of Disability vs BIQ

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



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