



Health and Community Services Legislation Amendment Act (No. 2) 1992

No. 192 of 1992

An Act to amend legislation relating to health and community services

[Assented to 21 December 1992]

The Parliament of Australia enacts:

PART 1—PRELIMINARY

Short title

1. This Act may be cited as the *Health and Community Services Legislation Amendment Act (No. 2) 1992*.

Commencement

2.(1) Subject to this section, this Act commences on the day on which it receives the Royal Assent.

(2) Sections 3, 4, 5 and 6 commence on 28 April 1993.

(3) Paragraph 8(b) commences on 1 January 1993.

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- (4) Section 9 commences on 31 December 1992.
- (5) Section 20 commences on 1 November 1992.
- (6) Sections 24 to 27 commence on 6 January 1993.

**PART 2—AMENDMENTS OF THE AGED OR DISABLED
PERSONS CARE ACT 1954**

Principal Act

3. In this Part, “**Principal Act**” means the *Aged or Disabled Persons Care Act 1954*¹.

Interpretation

4. Section 2 of the Principal Act is amended by inserting in subsection (1) the following definition:

“**financially disadvantaged person**’, except in section 9, means a person who, in accordance with the manner of identification provided for in the General Conditions has been identified as financially disadvantaged;”.

5. Section 10D of the Principal Act is repealed and the following section is inserted:

Payments of financial assistance

“10D.(1) The amount of financial assistance payable to an organisation under this Division in respect of an approved hostel is as set out in the following subsections.

“(2) In respect of each hostel place (other than a respite care place) that is occupied by an existing resident:

- (a) who is assessed as being financially disadvantaged; and
- (b) who is assessed as requiring hostel care services only; and
- (c) for whom the organisation makes hostel care services available;

the financial assistance payable is an amount calculated at the rate of \$2.10 per day or such higher rate as is determined by the Minister by written instrument.

“(3) In respect of each hostel place (other than a respite care place) that is occupied by a new resident to whom paragraphs (2)(a), (b) and (c) apply, the financial assistance payable is an amount calculated at such rate as the Minister determines by written instrument.

“(4) In respect of each hostel place (other than a respite care place) that is occupied by an existing resident:

- (a) who is assessed as requiring hostel care services and personal care services; and
- (b) for whom those services are made available by the organisation;

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the financial assistance payable is an amount calculated at such rate determined by the Minister under subsection (9) as is applicable to that place because of the resident's classification.

“(5) In respect of each hostel place (other than a respite care place) that is occupied by a new resident:

- (a) who is not a financially disadvantaged person; and
- (b) who is assessed as requiring hostel care services and personal care services; and

(c) for whom those services are made available by the organisation; the financial assistance payable is an amount calculated at such rate determined by the Minister under subsection (9) as is applicable to that place because of the resident's classification.

“(6) In respect of each hostel place (other than a respite care place) that is occupied by a new resident:

- (a) who is a financially disadvantaged person; and
- (b) who is assessed as requiring hostel care services and personal care services; and

(c) for whom those services are made available by the organisation; the financial assistance payable is an amount calculated at such rate determined by the Minister under subsection (9) as is applicable to that place because of the resident's classification.

“(7) In respect of each respite care place that is occupied by an eligible person for whom the organisation provides hostel care service, the financial assistance payable is an amount calculated at such rate as the Minister determines by written instrument.

“(8) In respect of each respite care place that is occupied by an eligible person who is assessed as requiring, and for whom the organisation provides, hostel care services and personal care services, the financial assistance payable is an amount calculated at such rate as the Minister determines by written instrument.

“(9) The Minister must, for the purposes of subsections (4), (5) and (6), determine in writing a different rate for each subsection, taking into account the different classifications of the eligible persons that may occupy the hostel place referred to in that subsection.

“(10) Without limiting subsections (2) to (9), the Minister may determine a rate for the purposes of those subsections by determining a method of calculating the rate.

“(11) Payments under this Division are to be made in the manner and at the times the Minister determines.

“(12) An eligible person must not be taken into account under subsection (7) or (8) in respect of a day in a benefit period if the person

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has already been taken into account in relation to the same hostel in respect of 63 days in the same benefit period.

“(13) If the Minister, by written instrument, determines that another number, whether higher or lower, be substituted for the number 63, subsection (12) has effect as if that other number were substituted.

“(14) In this section, unless the contrary intention appears:

‘benefit period’, in relation to an eligible person, is a period determined by the Minister, by written instrument, to be a benefit period for the purposes of subsection (12);

‘existing resident’, in relation to an approved hostel, means an eligible person who:

(a) occupied a hostel place (other than a respite care place) in an approved hostel at some time during the period 6 January to 27 April 1993; and

(b) is occupying such a place in an approved hostel;

‘new resident’, in relation to an approved hostel, means an eligible person who occupies a hostel place (other than a respite care place) in the hostel, and did not occupy such a place in an approved hostel during the period 6 January to 27 April 1993.

“(15) For the purposes of the definitions of ‘existing resident’ and ‘new resident’, a person occupies a hostel place in an approved hostel (other than a respite care place) if the person resides permanently in the hostel.”.

General conditions of recurrent subsidies

6. Section 10F of the Principal Act is amended:

(a) by omitting from paragraph (2)(b) “paragraph 10D(1), (a), (b) or (d)” and substituting “paragraphs 10D(2)(b), (4)(a), (5)(b) and (6)(b) and subsection 10D(8)”;

(b) by inserting after paragraph (2)(ba) the following paragraph:

“(bb) the manner in which a person is to be identified as financially disadvantaged for the purposes of subsections 10D(2), (3), (5) and (6);”.

PART 3—AMENDMENTS OF THE HEALTH INSURANCE ACT 1973

Principal Act

7. In this Part, “Principal Act” means the *Health Insurance Act 1973*².

Disadvantaged persons, being persons on low incomes

8. Section 5B of the Principal Act is amended:

(a) by omitting from subsection (12) the definition of “child” and substituting the following definition:

“**child**”, in relation to a person, means a child (whether or not under the age of 16 years) for whom the person, or the person’s partner (within the meaning of the *Social Security Act 1991*):

(a) receives family allowance under the *Social Security Act 1991* (otherwise than because of subsection 5(10) of that Act); or

(b) does not receive family allowance under the *Social Security Act 1991* because:

(i) the person, or the person’s partner, did not satisfy the family allowance taxable income test (as provided for in the *Social Security Act 1991*); or

(ii) the value of the person’s assets (as provided for in the *Social Security Act 1991*) exceeds the indexed amount set out in paragraph 838(1)(d) of the *Social Security Act 1991*;”;

(b) by omitting from the definition of “child” in subsection (12) “allowance” and substituting “payment” (wherever occurring).

Medicare benefits in relation to R-type diagnostic imaging services

9. Section 16B of the Principal Act is amended by omitting from paragraph (11)(d) “1993” and substituting “1995”.

Insertion of new section

10. After section 20B of the Principal Act the following section is inserted:

Confirmation of referral to a consultant physician or specialist

“20BA.(1) If:

(a) a practitioner refers a patient, in writing, to a consultant physician or a specialist; and

(b) the physician or specialist receives the referral; and

(c) the physician or specialist renders a specialist medical service to the patient as a consequence of the referral;

the physician or specialist must:

(d) retain the referral for the period of 18 months beginning on the day on which the service was rendered to the patient; and

(e) produce the referral, if asked to do so by the Managing Director, to a medical practitioner who is an officer of the Commission within 7 days after receiving the request.

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“(2) The consultant physician or specialist must not, without reasonable excuse, fail to comply with the Managing Director’s request.
Penalty: \$500.

“(3) If:

(a) a consultant physician or specialist renders a specialist medical service to a patient; and

(b) either:

(i) the service was rendered to the patient in an emergency situation without a referral; or

(ii) the service was rendered as a consequence of a referral that was recorded on a hospital record and not given to the physician or specialist to retain on his or her records;

the Managing Director may request the physician or specialist to produce such information as is in his or her possession or control relating to whether the patient was so treated:

(c) to a medical practitioner who is an officer of the Commission; and

(d) within 7 days after receiving the Managing Director’s request.

“(4) The consultant physician or specialist must not, without reasonable excuse, fail to comply with the Managing Director’s request.
Penalty: \$500.

“(5) A medical practitioner who is an officer of the Commission may make and retain copies of, or take and retain extracts from, any referral or information produced under subsections (1) and (3).

“(6) If a referral retained by a physician or specialist, or information as to whether a service was rendered in a circumstance referred to in subsection (3), has been recorded on a film, tape disk or other medium approved by the Minister, in writing, for the purposes of storage and subsequent retrieval when required:

(a) the retention of the referral or information as so recorded is taken to be a retention of the referral or information; and

(b) the production of the referral or other information as so recorded is taken to be a production of the referral or information.

“(7) In this section:

‘**hospital record**’ includes the medical records of a person who received medical treatment in the hospital;

‘**specialist medical service**’ means a professional service specified in an item in the general medical services table as an item that is to be rendered by a consultant physician, or a specialist, in the practice of his or her specialty.

“(8) This section does not apply to a referral issued, or a service rendered, before the commencement of this section.”.

Prohibited practices in relation to the rendering of pathology services

11. Section 129AAA of the Principal Act is amended by omitting from subsection (3) “pathology” (second occurring).

**PART 4—AMENDMENTS OF PART VAB AND SECTION 139B
OF THE NATIONAL HEALTH ACT 1953**

Principal Act

12. In this Part, “Principal Act” means the *National Health Act 1953*³.

Insertion of new Division heading

13. Before section 52 of the Principal Act the following Division heading is inserted in Part VAB:

“Division 1—Preliminary”.

Interpretation

14. Section 52 of the Principal Act is amended by inserting the following definition:

“‘AIP’ means an approval-in-principle granted by the Minister under section 52C;”.

Insertion of new Division

15. After section 52 of the Principal Act the following Division is inserted:

“Division 2—Approval-in-principle of an approval of a grant in respect of a newly built nursing home

Application for approval-in-principle

“52A.(1) If:

- (a) a person is building, or proposes to build, a nursing home; and
- (b) the person proposes to become the proprietor of the proposed nursing home;

the person may apply, in writing, to the Minister for an AIP of a grant of Commonwealth benefit under section 55 in respect of the proposed nursing home.

“(2) An application must:

- (a) be in a form approved by the Minister; and
- (b) be accompanied by such further information and documents (if any) as the Minister, in writing, requests the person to provide.

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Principles applicable to the grant of an approval-in-principle

“52B.(1) The Minister must set out, in writing, principles in accordance with which an AIP may be granted.

“(2) Without limiting the matters to which the principles may refer, the principles must require the Minister to take into account, in deciding whether to grant the AIP to the person:

- (a) the matters listed in paragraphs 54(2)(a), (b) and (c); and
- (b) whether any grant for capital works costs in respect of the proposed nursing home has been made by the Commonwealth; and
- (c) whether there is in force, in respect of the proposed nursing home, a certificate granted under section 39A or 39B.

“(3) The principles may state circumstances in which the Minister must not approve the grant of an AIP in respect of a nursing home that a person is building, or proposes to build, unless there is in force, in respect of the proposed nursing home, a certificate granted under section 39A or 39B.

“(4) The principles may set out circumstances in which the funding of certain proposed nursing homes is to be given a higher or lower priority than the funding of other proposed nursing homes.

Grant of an approval-in-principle

“52C.(1) Upon receiving an application under section 52A, the Minister may, in writing, in accordance with principles set out under section 52B, approve the grant of an AIP to the applicant.

“(2) The Minister’s approval must:

- (a) set out the conditions to which the grant of the AIP is subject; and
- (b) state that if:
 - (i) within the application period, the applicant becomes eligible to apply under section 53 for a grant of Commonwealth benefit in respect of a newly built nursing home; and
 - (ii) the applicant so applies; and
 - (iii) the applicant has complied with the conditions (if any) set out in the AIP;

the application for a grant of Commonwealth benefit will not be refused.

“(3) If the holder of an AIP applies in writing, the Minister may vary the approval by extending the period referred to in subparagraph (2)(b)(i).

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“(4) The Minister must revoke an AIP if the holder of the AIP applies, in writing, to the Minister for the AIP to be revoked.

“(5) An AIP comes into force on the day on which the Minister approves it and remains in force until the period specified in the AIP expires.

“(6) In this section:

‘application period’, in relation to an AIP means:

- (a) the period of 12 months beginning immediately after the grant of the AIP; or
- (b) if the Minister has varied the approval of the grant of the AIP under subsection (3) by extending the period referred to in subparagraph (2)(b)(i)—the extended period.

Minister may revoke an AIP at any time before an approval of grant is given

“52D.(1) The Minister may revoke an AIP in respect of a proposed nursing home if the Minister is satisfied that a condition of the AIP has not been complied with.

“(2) Before revoking the AIP, the Minister must give written notice to the holder of the AIP that:

- (a) states that the Minister is considering revoking it; and
- (b) sets out the condition of the AIP that, in the Minister’s opinion, has not been complied with; and
- (c) sets out the facts and reasons supporting the Minister’s opinion.

“(3) The holder of the AIP may, within 14 days after receiving the notice, make a written submission to the Minister stating reasons why the AIP should not be revoked.

“(4) The Minister may revoke the AIP if:

- (a) the holder of the AIP did not make a submission; or
- (b) after considering any submission made by the holder of the AIP, the Minister still thinks that a condition of the AIP has not been complied with.

“(5) The Minister must comply with any relevant principles in force under subsection (6).

“(6) The Minister may, in writing, set out principles to be complied with in deciding whether to revoke an AIP.

“(7) If the Minister revokes an AIP, the Minister must notify the person who held it accordingly.”.

Insertion of new Division heading

16. Before section 53 of the Principal Act the following Division heading is inserted:

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“Division 3—Approval of grant of Commonwealth benefit in respect of a newly built nursing home”.

Approval of grant

17. Section 55 of the Principal Act is amended by inserting after subsection (1) the following subsection:

“(1A) The Minister may refuse to approve a grant of Commonwealth benefit to an applicant unless:

- (a) the applicant holds a current AIP; and
- (b) the Minister is satisfied that the conditions to which the AIP is subject have been complied with.”.

Certain instruments subject to disallowance

18. Section 139B of the Principal Act is amended by inserting before paragraph (1)(f) the following paragraph:

“(eb) a setting out of principles under subsection 52B(1) or 52D(6);”.

**PART 5—OTHER AMENDMENTS OF THE NATIONAL
HEALTH ACT 1953**

Principal Act

19. In this Part, “Principal Act” means the *National Health Act 1953*.

Interpretation

20. Section 4 of the Principal Act is amended by inserting in paragraph (da) of the definition of “‘basic private table’ or ‘basic table’ ” in subsection (1) “(other than a professional service rendered by an optometrist)” after “person” (first occurring).

Classification of patients

21. Section 40AFA of the Principal Act is amended by omitting subsection (3) and substituting the following subsection:

“(3) The following matters are as determined by the Minister from time to time:

- (a) the classification of patients;
- (b) the principles by reference to which the classifications are to be given to particular patients;
- (c) the principles by reference to which the classifications of patients are to be reviewed;
- (d) the period of effect of a classification given to a patient.”.

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Review by Secretary of classification

22. Section 40AFE of the Principal Act is amended:

(a) by inserting after subsection (1) the following subsection:

“(1A) A review by the Secretary of a patient’s classification must be undertaken in accordance with the principles.”;

(b) by omitting subsections (3) and (4) and substituting the following subsections:

“(3) If the Secretary revokes the classification (**‘original classification’**) and substitutes a higher or lower classification (**‘substituted classification’**), the revocation and substitution are to be regarded as taking effect as set out in the principles.

“(4) If:

(a) a patient classification is in force at the time this Act commences; and

(b) after this Act commences, the Secretary revokes that original classification and substitutes a lower classification; the revocation and substituted classification take effect on the date of revocation.”;

(c) by omitting subsection (6) and substituting the following subsections:

“(6) For the purposes of subsection (3), a classification is lower or higher than another classification if it represents a lesser or greater need of nursing and personal care than that other classification.

“(7) In this section:

‘principles’ means the principles determined by the Minister under subsection 40AFA(3).”.

Review by Minister of classification

23. Section 40AFF of the Principal Act is amended by omitting from subsection (5) “, (4)”.

Interpretation

24. Section 58D of the Principal Act is amended:

(a) by inserting in subsection (1) the following definition:

“**‘respite care day’** has the meaning given by subsection (3).”;

(b) by adding at the end the following subsections:

“(3) A day is a **respite care day** in relation to a patient for whom there is an approved person if:

(a) the patient receives care from someone other than the approved person for a period during that day; and

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(b) the period extends overnight and into the next day.

“(4) For the purposes of this Part, if:

- (a) an approved person ceases to provide domiciliary nursing care to a patient for a part of a day; and
- (b) another person cares for the patient for that period; and
- (c) the approved person resumed providing care to the patient during the course of the day;

the approved person is not taken to have ceased providing care to the patient merely because he or she did not provide care for that part of the day.”.

Repeal and substitution of section

25. Section 58G of the Principal Act is repealed and the following section is substituted:

Payment of benefit

“58G.(1) Domiciliary nursing care benefit is payable by the Commonwealth to an approved person in respect of:

- (a) each day that the person provides domiciliary nursing care for a patient; and
- (b) each respite care day in respect of a patient, not exceeding 42 such days in respect of the patient in a calendar year.

“(2) Benefit is payable at the rate of:

- (a) \$52.00 per fortnight; or
- (b) if the Minister has determined, in writing, a higher rate per fortnight—that higher fortnightly rate.

“(3) A determination of the Minister takes effect from the day specified in the determination.”.

Domiciliary nursing care benefit to be paid in fortnightly instalments

26. Section 58GA of the Principal Act is amended:

- (a) by omitting from subsection (1) the definition of “pro-rata instalment” and substituting the following definition:

“‘**pro-rata instalment**’, in relation to an approved person in respect of a benefit pay-day, means an instalment of benefit equal to the product of:

- (a) \$3.71, or such greater amount (if any) determined, in writing, by the Minister; and
- (b) the number of days in the relevant fortnight in respect of which benefit is payable;”;

- (b) by inserting in subsection (1) the following definition:

“‘**respite care day**’ means a respite care day in respect of which benefit is payable under section 58G;”;

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(c) by omitting subsection (2) and substituting the following subsection:

“(2) For the purposes of this section:

- (a) if an approved person ceases to provide domiciliary nursing care to a patient during the course of a day, the person is taken to have not provided care to the patient on that day; and
- (b) the day after a respite care day is a day on which an approved person is taken to have provided domiciliary nursing care to the patient in question unless:
 - (i) it is also a respite care day; or
 - (ii) paragraph (a) applies in respect of that day.”;

(d) by omitting subsections (5), (6) and (7) and substituting the following subsections:

“(5) Subject to subsections (6) and (7), an instalment of benefit is payable to an approved person in respect of a patient on a benefit pay-day if, on at least one day of the relevant fortnight in relation to the benefit pay-day, the person:

- (a) provides domiciliary nursing care to the patient; or
- (b) has a respite care day in respect of the patient.

“(6) Subject to subsection (7), if:

- (a) for at least one, but not on every, day of the relevant fortnight in relation to a benefit pay-day (**‘current pay-day’**) an approved person:
 - (i) provided domiciliary nursing care to a patient; or
 - (ii) had a respite care day in respect of the patient;and
- (b) on the last day of the relevant fortnight in relation to the benefit pay-day immediately before the current pay-day, the approved person did not:
 - (i) provide domiciliary nursing care to the patient; or
 - (ii) have a respite care day in respect of the patient;and

(c) the last instalment of benefit paid to the person in respect of the patient was a fortnightly instalment;

an instalment of benefit is not payable to the person in respect of the patient on the current pay-day.

“(7) If an approved person, on at least one, but not on every, day of the relevant fortnight in relation to a benefit pay-day:

- (a) provides domiciliary nursing care for a patient; or
- (b) has a respite care day in respect of the patient;

then:

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- (c) the Secretary may, in writing, direct that a pro-rata instalment is payable to the person in respect of the patient on that benefit pay-day; and
- (d) if a fortnightly instalment would, but for this subsection, be payable to the person in respect of the patient on that benefit pay-day—that fortnightly instalment is not so payable.”.

Notification of death of patient etc.

27. Section 58H of the Principal Act is amended:

- (a) by omitting paragraph (d) and substituting the following paragraph:

“(d) ceasing to provide domiciliary nursing care to a patient (other than for the purpose of taking a respite care day in relation to that patient);”;

- (b) by adding at the end the following subsection:

“(2) If an approved person who is in receipt of a domiciliary nursing care benefit in respect of a patient takes a respite care day in relation to the patient, the person must notify the Secretary in writing of:

- (a) the date of the respite care day; and
- (b) the person who provided domiciliary nursing care to the patient on the respite care day.

Penalty: \$2,000.”.

Cancellation of registration of organisation

28. Section 79 of the Principal Act is amended by inserting after subsection (4) the following subsection:

“(5) The Minister must cancel the registration of a registered organisation if he or she is satisfied that the business of the health benefits fund or funds conducted by the organisation has, in accordance with an approval granted under Part VIB, been transferred to another registered organisation or to other registered organisations (as the case may be).”.

Interpretation

29. Section 84 of the Principal Act is amended by inserting in subsection (2A) “a concession card or” after “holder of” (twice occurring).

Eligibility for concession and entitlement cards

30. Section 84C of the Principal Act is amended by omitting subsection (5).

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Form of cards

31. Section 84F of the Principal Act is amended by omitting from subsection (2) “subsection (1)” and substituting “subsections (1) and (1A)”.

Application for review by Tribunal

32. Section 105AB of the Principal Act is amended by omitting from subsection (6A) “Secretary under subsection 84E(1) refusing to issue an entitlement card to a person.” and substituting the following word and paragraphs:

“Secretary:

- (a) under subsection 84DA(1) refusing to issue a concession card to a person; or
- (b) under subsection 84E(1) refusing to issue an entitlement card to a person.”.

Certain instruments subject to disallowance

33. Section 139B of the Principal Act is amended:

- (a) by omitting from paragraph (1)(e) “or” (last occurring);
- (b) by inserting after paragraph (e) the following paragraph:

“(ea) a determination under paragraph 58G(2)(b) or paragraph (a) of the definition of ‘pro-rata instalment’ in subsection 58GA(1);”;
- (c) by adding at the end of paragraph (1)(f) “or”.

**PART 6—AMENDMENTS OF THE NATIONAL HEALTH
AMENDMENT ACT 1987**

Principal Act

34. In this Part, “Principal Act” means the *National Health Amendment Act 1987*^a.

Amendment of section 11

35. Section 11 of the Principal Act is amended:

- (a) by omitting “section 99A” and substituting “section 99AA”;
- (b) by inserting “in Division 3 of Part VII” after “inserted”.

NOTES

1. No. 81, 1954, as amended. For previous amendments, see No. 47, 1957 (as amended by No. 68, 1969); No. 83, 1967; No. 68, 1969; No. 84, 1972; Nos. 128 and 216, 1973; No. 115, 1974; No. 91, 1976; No. 157, 1980; No. 61, 1981; No. 98, 1982; No. 69, 1983; Nos. 78, 134 and 165, 1984; Nos. 24, 95 and 127, 1985; Nos. 115 and 163, 1986; No. 72, 1987; No. 132, 1987 (as amended by

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NOTES—continued

- No. 155, 1988); Nos. 79 (as amended by No. 155, 1988), 99 and 155, 1988; No. 87, 1989; Nos. 3, 87 and 141, 1990; No. 211, 1991; No. 88, 1992.
2. No. 42, 1974, as amended. For previous amendments, see No. 58, 1975; Nos. 59, 91, 101, 109 and 157, 1976; No. 75, 1977; Nos. 36, 89 and 133, 1978; Nos. 53 and 123, 1979; No. 132, 1980; Nos. 118 and 176, 1981; Nos. 49, 80 and 112, 1982; Nos. 54 and 139, 1983; Nos. 15, 46, 63, 120, 135 and 165, 1984; Nos. 24, 65, 70, 95 and 167, 1985; Nos. 28, 75 and 94, 1986; Nos. 44, 131, 132 and 141, 1987; Nos. 85, 87, 99 and 155, 1988; Nos. 59, 84, 95 and 164, 1989; Nos. 3, 106 and 141, 1990; Nos. 6, 57, 68, 70, 73, 84, 116, 141, 171, 172, 175, 190, 193 and 211, 1991; Nos. 88 and 136, 1992.
3. No. 95, 1953, as amended. For previous amendments, see No. 68, 1955; Nos. 55 and 95, 1956; No. 92, 1957; No. 68, 1958; No. 72, 1959; No. 16, 1961; No. 82, 1962; No. 77, 1963; No. 37, 1964; Nos. 100 and 146, 1965; No. 44, 1966; Nos. 14 and 100, 1967; No. 100, 1968; No. 102, 1969; No. 41, 1970; No. 85, 1971; No. 114, 1972, Nos. 49 and 202, 1973; No. 37, 1974; Nos. 1, 13 and 93, 1975; Nos. 1, 60, 91, 99, 108, 157 and 177, 1976; Nos. 98 and 100, 1977; Nos. 36, 88, 132 and 189, 1978; Nos. 54, 91 and 122, 1979; Nos. 117 and 131, 1980; Nos. 40, 74, 92, 118, 163 and 176, 1981; Nos. 49, 80 and 112, 1982; Nos. 35, 54 and 139, 1983; Nos. 46, 63, 72, 120, 135 and 165, 1984; Nos. 24, 53, 65, 70, 95, 127 and 167, 1985; Nos. 28, 75, 94 and 115, 1986; Nos. 22, 44, 72, 118, 131 and 132, 1987; Nos. 79, 87, 99 and 155, 1988; No. 95, 1989; Nos. 3, 84, 106 and 141, 1990; Nos. 6, 68, 70, 73, 83, 84, 115, 116, 119, 122, 141, 169, 175, 208 and 211, 1991; and Nos. 70, 81, 88 and 136, 1992.
4. No. 22, 1987.

*[Minister's second reading speech made in—
House of Representatives on 16 September 1992
Senate on 14 October 1992]*