

PB 65 of 2010

National Health (Remote Aboriginal Health Services Program) Special Arrangements Instrument 2010

as amended

made under subsections 100(1) and (2) of the

National Health Act 1953

This compilation was prepared on 7 November 2012 taking into account amendments up to *National Health (Remote Aboriginal Health Services Program) Special Arrangements Amendment Instrument 2012 (No. 3)* (PB 102 of 2012)

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Notes

1. Name of Instrument [see Note 1]

This Instrument is the National Health (Remote Aboriginal Health Services Program) Special Arrangements Instrument 2010.

This Instrument may also be cited as PB 65 of 2010.

2. Commencement

This instrument commences on 1 July 2010.

3. Definitions

In this Instrument:

- Act means the National Health Act 1953.
- *AHS* means Aboriginal Health Service.
- *MA* means Medicare Australia.
- *pack quantity* has the same meaning as in subsection 84(1) of the Act.
- *prescribed bag provisions* means sections 93, 93AA and 93AB of the Act.
- *ready-prepared pharmaceutical benefit* means a brand of a pharmaceutical item for which there is a determination under subsection 85(6) of the Act.

4. Eligibility

The eligibility criteria for the purposes of this arrangement are:

- a) The Aboriginal Health Service (AHS) must have a primary function of meeting the health care needs of Aboriginal and Torres Strait Islander peoples.
- b) The clinic or other health care facility operated by the AHS from which pharmaceutical benefits are supplied to patients must be in a remote zone as defined in the Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition.
- c) The AHS must not be a party to an arrangement, such as a coordinated care trial, for which funds from the Pharmaceutical Benefits Scheme (PBS) have already been provided.
- d) The AHS must employ, or be in a contractual relationship with, health professionals who are suitably qualified under the legislation of the relevant State or Territory to supply all pharmaceutical benefits covered by these arrangements, and must undertake that all supply of pharmaceutical benefits will be made under the direction of such qualified persons.

- e) The clinic or other health care facility operated by the AHS from which pharmaceutical benefits are supplied must have storage facilities that will:
 - (i) prevent access by unauthorised persons;
 - (ii) maintain the quality (eg chemical and biological stability and sterility) of the pharmaceutical benefit; and
 - (iii) comply with any special conditions specified by the manufacturer of the pharmaceutical benefit.

5. Scope

All ready-prepared pharmaceutical benefits are available under this arrangement, except for:

- (a) pharmaceutical benefits that can only be supplied under Part VII of the Act in accordance with a special arrangement under section 100 of the Act; and
- (b) pharmaceutical benefit that can only be supplied under Part VII of the Act under the prescriber bag provisions of the Act; and
- (c) pharmaceutical benefits that are Schedule 8 drugs, as defined by the relevant State or Territory drugs and poisons legislation.

6. Obtaining pharmaceutical benefit items

Each participating remote area AHS will maintain a stock of pharmaceutical benefit items, ordered using an approval form on a bulk supply basis from an approved pharmacist or an approved hospital authority, and dispensed through the AHS as appropriate. Pharmaceutical benefit items must be supplied directly by the approved pharmacist or the approved hospital authority to the participating AHS. Approved pharmacists and approved hospital authorities will be reimbursed directly by Medicare Australia (MA).

7. Dispensing

Pharmaceutical benefit items will be dispensed to patients by an appropriate health professional (either a medical practitioner, or an Aboriginal Health Worker or nurse working under the supervision of a medical practitioner, where consistent with the law of the relevant State or Territory). A patient who is supplied with a pharmaceutical benefit under this arrangement is not to be charged a patient copayment.

8. Claims system

Each AHS will be registered with MA and, if there are several remote area clinics operating under the auspices of a large AHS or a State or Territory Government Agency, a unique approval number will be allocated to each clinic. The approved pharmacist or approved hospital authority will maintain a record of pharmaceutical benefit items supplied to each approved AHS, and will provide this information to MA as the basis for reimbursement.

9. Remuneration

An approved pharmacist or an approved hospital authority that supplies a pack quantity of a pharmaceutical benefit is entitled to be paid by the Commonwealth for the supply, the sum of the following amounts:

- (a) the price to pharmacists for the pack quantity worked out under the determination under paragraph 98B(1)(a) of the Act that is in force at the time of supply of the benefit; and
- (b) a mark-up equal to the pharmacy mark-up worked out under the determination under paragraph 98B(1)(a) of the Act; and
- (c) a handling fee of \$2.82.

Costs of transportation and cold chain maintenance are included in the above payment formula.

Notes to the National Health (Remote Aboriginal Health Services Program) Special Arrangements Instrument 2010 (PB 65 of 2010)

Note 1

The National Health (Remote Aboriginal Health Services Program) Special Arrangements Instrument 2010 (PB 65 of 2010) (in force under subsections 100(1) and (2) of the National Health Act 1953) as shown in this compilation is amended as indicated in the Tables below.

Table of Instruments

Title	Date of FRLI registration	Date of commencement	Application, saving or transitional provisions
PB 65 of 2010	21 June 2010 (see F2010L01537)	1 July 2010	
PB 48 of 2011	23 June 2011 (<i>see</i> F2011L01220)	1 July 2011	_
PB 52 of 2012	20 June 2012 (<i>see</i> F2012L01261)	1 July 2012	_
PB 87 of 2012	28 Sept 2012 (<i>see</i> F2012L01976)	1 Oct 2012	_
PB 102 of 2012	7 Nov 2012 (<i>see</i> F2012L02153)	7 Nov 2012	_

Table of Amendments

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ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected	How affected
S. 3	am. PB 87 of 2012
Heading to s. 5	ad. PB 102 of 2012
S. 5	am. PB 87 of 2012
Heading to s. 9	ad. PB 102 of 2012
S. 9	am. PB 48 of 2011; PB 52 and 87 of 2012