



Health Insurance (Repeal and Consequential Amendments) Regulations 2018

I, General the Honourable Sir Peter Cosgrove AK MC (Ret'd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 27 September 2018

Peter Cosgrove
Governor-General

By His Excellency's Command

Greg Hunt
Minister for Health

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1 Name

This instrument is the *Health Insurance (Repeal and Consequential Amendments) Regulations 2018*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 October 2018.	1 October 2018

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Health Insurance (Diagnostic Imaging Services Table) Regulations 2018

1 At the end of subclause 1.2.9(2) of Schedule 1

Add:

Note: Under paragraph 10(2)(aa) of the Act and subsection 28(2) of the *Health Insurance Regulations 2018*, the medicare benefit payable is 100% of the fee for the service.

2 Subclause 1.2.9(3) of Schedule 1

Repeal the subclause (including the note).

3 At the end of subclause 1.2.10(2) of Schedule 1

Add:

Note: Under paragraph 10(2)(aa) of the Act and subsection 28(2) of the *Health Insurance Regulations 2018*, the medicare benefit payable is 100% of the fee for the service.

4 Subclause 1.2.10(3) of Schedule 1

Repeal the subclause (including the note).

Health Insurance (General Medical Services Table) Regulations 2018

5 Clause 1.1.2 of Schedule 1

Repeal the clause, substitute:

1.1.2 General practitioners for the purposes of the table

For the purposes of paragraph (c) of the definition of *general practitioner* in subsection 3(1) of the Act, the following medical practitioners are specified for the purposes of the table:

- (a) a medical practitioner who is undertaking a placement in general practice that is approved by the RACGP:
 - (i) as part of a training program for general practice leading to the award of Fellowship of the RACGP; or
 - (ii) as part of another training program recognised by the RACGP as being of an equivalent standard;
- (b) an eligible non-vocationally recognised medical practitioner;
- (c) a medical practitioner who is undertaking a placement in general practice as part of the Remote Vocational Training Scheme administered by Remote Vocational Training Scheme Limited.

Note: For other medical practitioners who are general practitioners, see the definition of *general practitioner* in subsection 3(1) of the Act and section 22 of the *Health Insurance Regulations 2018*.

6 Subparagraph 1.1.5(2)(b)(ii) of Schedule 1

Omit “regulation 31 of the *Health Insurance Regulations 1975*”, substitute “section 102 of the *Health Insurance Regulations 2018*”.

7 At the end of subclause 1.1.5(2) of Schedule 1

Add:

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in the table specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

8 Subclauses 1.2.2(2) and (3) of Schedule 1

Repeal the subclauses, substitute:

- (2) The item does not apply to an attendance on a patient by a specialist or consultant physician if:
- (a) the attendance forms part of a single course of treatment for the patient; and
 - (b) the attendance is after the end of the period of validity (under section 102 of the *Health Insurance Regulations 2018*) of the referral that was valid for the first attendance on the patient by the specialist or consultant physician in the single course of treatment; and
 - (c) the attendance is not within the period of validity (under section 102 of the *Health Insurance Regulations 2018*) of a later referral.

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in the table specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

9 Clause 1.2.8 of Schedule 1

Repeal the clause, substitute:

1.2.8 Application of items—services rendered in certain circumstances

An item in the table does not apply to a service mentioned in the item if the service is rendered in any of the following circumstances:

- (a) the service is rendered in relation to the provision of chelation therapy, in the form of the intravenous administration of ethylenediamine tetra-acetic acid or any of its salts, otherwise than for the treatment of heavy-metal poisoning;
- (b) the service is rendered in association with the injection of human chorionic gonadotrophin in the management of obesity;
- (c) the service is rendered in relation to the use of hyperbaric oxygen therapy in the treatment of multiple sclerosis;
- (d) the service is rendered for the purpose of, or in relation to, the removal of tattoos;
- (e) the service is rendered for the purposes of, or in relation to, the removal from a cadaver of kidneys for transplantation;
- (f) the service is rendered to a patient of a hospital for the purposes of, or in relation to:
 - (i) the transplantation of a thoracic or abdominal organ, other than a kidney, or of part of an organ of that kind; or
 - (ii) the transplantation of a kidney in conjunction with the transplantation of a thoracic or other abdominal organ, or of a part of an organ of that kind;

- (g) the service is rendered for the purpose of administering microwave (UHF radiowave) cancer therapy, including the intravenous injection of drugs used immediately before or during the therapy;
- (h) the service is rendered to a patient at the same time, or in connection with, an injection of blood or a blood product that is autologous.

10 Clause 3.1 of Schedule 1 (definition of *ACRRM*)

Repeal the definition.

11 Clause 3.1 of Schedule 1 (definition of *general practitioner*)

Omit “the meaning given”, substitute “a meaning affected”.

12 Clause 3.1 of Schedule 1 (definition of *referral*)

Repeal the definition.

13 Clause 3.1 of Schedule 1 (definition of *referring practitioner*)

Repeal the definition, substitute:

referring practitioner, in relation to a referral, means the person making the referral.

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in the table specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

Health Insurance (Pathology Services Table) Regulations 2018

14 Subclause 1.2.6(1) of Schedule 1

Repeal the subclause.

15 Subclause 1.2.6(2) of Schedule 1

Omit “general practitioner”, substitute “medical practitioner (other than a specialist or consultant physician)”.

16 Schedule 1 (item 66836, column 2, paragraph (b))

Omit “general practitioner”, substitute “medical practitioner (other than a specialist or consultant physician)”.

17 Subclause 2.12.1(2) of Schedule 1 (paragraph (a) of the definition of *unreferred service*)

Repeal the paragraph, substitute:

- (a) is provided to a person by, or on behalf of, a medical practitioner who is:
 - (i) not a specialist or consultant physician; or
 - (ii) both a specialist or consultant physician and a general practitioner;and

18 Clause 5.1 of Schedule 1 (definition of *general practitioner*)

Repeal the definition.

Health Insurance (Professional Services Review) Regulations 1999**19 After Part 3**

Insert:

Part 3A—Professional Services Review Committees**11A Allowances for witnesses at hearings**

- (1) This section is made for the purposes of subsection 106C(1) of the Act and deals with allowances for expenses in respect of attendance by a person summoned to appear as a witness at a hearing before a Professional Service Review Committee.

Kinds of allowances

- (2) The allowances for a witness are the following:
- (a) attendance allowance in accordance with subsection (3) or (4) as applicable;
 - (b) travel allowance in accordance with subsection (5).

Amount of attendance allowance

- (3) For a witness attending because of the witness' professional, scientific or other special skill or knowledge the amount of attendance allowance is equal to the witness' actual fees for preparing to give evidence and of attending to give evidence.
- (4) For a witness other than a witness mentioned in subsection (3), the amount of attendance allowance is equal to:
- (a) if the witness is paid by wages—any wages actually lost because of the attendance; or
 - (b) if the witness is paid by fees—any fees actually lost because of the attendance;
- up to a maximum of \$527 per day.

Amount of travel allowance

- (5) The amount of travel allowance for a witness is a reasonable amount, determined by the Professional Services Review Committee, for:
- (a) transport to and from the hearing; and
 - (b) if the witness is required to be absent overnight from the witness' usual place of residence—meals and accommodation during the absence.

Schedule 2—Repeals

1 Repeals of instruments

Repeal the following instruments:

Health Insurance (Pathology Services) Regulations 2018

Health Insurance Regulations 1975

*Health Insurance (Vocational Registration of General Practitioners)
Regulations 1989*