

EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

Subsection 3C(1) of the *Health Insurance Act 1973* (the Act) provides that the Minister may, by legislative instrument, determine that a health service not specified in an item in the general medical services table (the Table) shall, in specified circumstances and for specified statutory provisions, be treated as if it were specified in the Table.

The Table is set out in the regulations made under subsection 4(1) of the Act. The most recent version of the regulations is the *Health Insurance (General Medical Services Table) Regulations 2021*.

Purpose

From 1 January 2022, patient access to certain general practitioner (GP), specialist and allied health telehealth and phone services will be continued. Telehealth and phone services have been available since March 2020, but these items were temporary and created specifically in response to the COVID-19 pandemic.

The purpose of the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021* (the Determination) is to provide patients continued access to certain remote service options.

Telehealth

Patients can continue to access most GP, specialist and allied health telehealth services available in the *Health Insurance (Section 3C General Medical Services - COVID- 19 Telehealth and Telephone Attendances) Determination 2020* (the COVID- 19 Telehealth Determination), which will cease on 31 December 2021. These items will be migrated to the Determination from 1 January 2022.

The inpatient specialist telehealth items introduced in September 2021 as a temporary measure during the COVID-19 lockdowns will not be migrated to the Determination. These items, currently in Schedule 5 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked. These services are no longer relevant as the lower level of community infection and high vaccination rates mean the risk of doctors contracting COVID-19 is diminished.

Temporary telehealth items for GP consultation services related to blood borne viruses, sexual or reproductive health introduced on 1 July 2021 will be migrated to Schedule 5 of the Determination. These temporary items, which were due to cease on 31 December 2021, will be extended to 30 June 2022.

Phone

Patients can continue to access certain GP, specialist and allied health phone services available in the COVID- 19 Telehealth Determination, which will cease on 31 December 2021. These items will be migrated to the Determination from

1 January 2022. The Determination also lists two new extended phone items (91894 and 91895) for GP attendances lasting at least 20 minutes where the service is performed from a practice location in Modified Monash areas 6 or 7.

Specialist phone services for an initial attendance with a medical practitioner will not be migrated to the Determination. These items, currently in Schedule 2 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked. GP phone services for patients impacted by COVID-19, which were introduced in July 2021, will also not be migrated to the Determination. These two items (92746 and 92747), currently in Schedule 1 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked.

These items are no longer required due to the lower level of COVID-19 in the community and high vaccination rates. Removing these items will require the patient and the specialist to have an existing relationship, similar to the arrangements for GPs.

Temporary phone items for GP consultation services related to blood borne viruses, sexual or reproductive health, which were introduced on 1 July 2021, will be migrated to Schedule 5 of the Determination. These temporary items, which were due to cease on 31 December 2021, will be extended to 30 June 2023.

Consultation

The Department has undertaken consultation with key stakeholders on the MBS telehealth changes, including the Australian Medical Association.

Details of the Determination are set out in the [Attachment](#).

The Determination commences on 1 January 2022.

The Determination is a legislative instrument for the purposes of the *Legislation Act 2003*.

Authority: Subsection 3C(1) of the
Health Insurance Act 1973

Details of the Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

Section 1 – Name

Section 1 provides for the Determination to be referred to as the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021*.

Section 2 – Commencement

Section 2 provides for the Determination to commence on 1 January 2022.

Section 3 – Authority

Section 3 provides that the Determination is made under subsection 3C(1) of the *Health Insurance Act 1973*.

Section 4 – Cessation

Section 4 provides that Schedule 5 of the Determination will cease on 30 June 2023, unless earlier revoked.

Section 5 – Definitions

Section 5 defines terms used in the Determination.

Section 6 – Treatment of relevant services

Section 6 provides that a clinically relevant service provided in accordance with the Determination shall be treated, for relevant provisions of the *Health Insurance Act 1973* and *National Health Act 1953*, and regulations made under those Acts, as if it were both a professional service and a medical service and as if there were an item specified in the Table for the service.

Section 7 – Application of items – general

Section 7 applies general application provisions.

Subsection 7(1) requires that a service in the Determination does not apply if the patient is an “admitted patient”, as defined in section 5.

Subsection 7(2) provides that a patient cannot access the COVID-19 general practice focused psychological strategy services (items Subgroup 3 or 10 of Group A40) or the allied mental health treatment items (Subgroups 1 to 4 and 6 to 9 of Group M18) if they have accessed more than 10 services through the Medicare Benefits Schedule Better Access initiative in a calendar year.

Subsection 7(3) provides that the service can only be provided by a single health professional on a single patient. Subsection 7(4) excludes the group psychotherapy items from the general rule in subsection (3).

Subsection 7(5) provides that an item in Schedule 1 applies to a service performed by the patient's usual medical practitioner. This requires GPs and other medical practitioners working in general practice can only perform the telehealth or phone services in that Schedule if they have an existing relationship with the patient. A patient's usual medical practitioner is defined in subsection (8) as:

- the medical practitioner who performs the service has provided a face-to-face service to the patient in the last 12 months; or
- the medical practitioner who performs the service is located at a medical practice, and the patient has a face-to-face service arranged by that practice in the last 12 months. This can be a service performed by another doctor located at the practice, or a service performed by another health professional located at the practice (such as a practice nurse or Aboriginal and Torres Strait Islander health worker).

Subsection 7(6) provides exemptions from the general rule in subsection 7(5).

Paragraph 7(6)(a) provides that a service rendered to the specified types of persons specified in the subparagraphs is not subject to the usual medical practitioner rule. These types of persons include a person who is under the age of 12 months, a person who is experiencing homelessness, a person who is in an area declared a COVID-19 hotspot by the Commonwealth Chief Medical Officer, a person who is required to quarantine or isolate under a State or Territory Government public health order, or a person who receives the service from a medical practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service, or a person in a flood affected area.

Paragraph 7(6)(b) provides the types of services that are not subject to the usual medical practitioner rule. This includes the Better Access services (subgroups 3, 10, 19 and 20), the eating disorder services (21, 25, 26, 27 and 28) and the urgent after hours services (subgroup 29).

Subsection 7(8) provides that a preparation of a written eating disorder treatment and management plan service is subject to the limit on the number of plans that can be prepared for a patient each year, per subsection 2.31.7(2) of the general medical services table. This means the GP items in subgroup 21 of Schedule 1 or the psychiatrist and paediatrician items in subgroup 23 of Schedule 2 cannot be claimed if the patient has been provided a service to prepare a plan in the past 12 months.

Subsection 7(9) provides that a service for the preparation of a treatment and management plan in patient aged under 13 years with autism, another pervasive developmental disorder, or an eligible disability does not apply if the patient has previously been provided such a service, as specified in paragraphs (a) to (c).

Schedule 1 – Ongoing GP and other medical practitioner services

Schedule 1 prescribes the telehealth and phone consultation services provided by general practitioners (GPs) and other doctors in general practice.

Division 1.1 of Schedule 1

Subgroups 1 and 2 of Group A40 prescribe 18 time tiered attendance items that can be provided remotely by a GP or another medical practitioner in general practice.

Items in subgroup 1 prescribe 12 general practice attendance services by telehealth. This includes:

- Items 91790, 91800, 91801 and 91802 rendered by GPs.
- Items 91792, 91803, 91804 and 91805 rendered by medical practitioners in metropolitan areas.
- Items 91794, 91806, 91807 and 91808 rendered by medical practitioners in “eligible areas”, per the meaning in clause 1.1.01.

Items in subgroup 2 prescribe 6 general practice attendance services by phone. This includes:

- Items 91890, 91891 and 91894 rendered by GPs.
- Items 91892, 91893 and 91895 rendered by medical practitioners.

Subgroup 3 prescribes focussed psychological strategy services by telehealth that can be provided by a general practitioner (91818 and 91819) or a medical practitioner (91820 and 91821). Subgroup 10 prescribes the equivalent phone services provided by a general practitioner (91842 and 91843) or a medical practitioner (91844 and 91845). Patients can access these services if they have a GP mental health treatment plan or a psychiatrist assessment and management plan. These services are required to be performed by a practitioner who is registered with the Chief Executive Medicare and meets the training and skills requirements, as specified in clause 1.1.02.

Subgroup 11 prescribes health assessment attendance telehealth services for Aboriginal and Torres Strait Islander people provided by a general practitioner (92004) or a medical practitioner (92011). These services cannot be performed if the patient has had an Aboriginal and Torres Strait Islander health assessment services within the last 9 months, as specified in clause 1.1.03

Subgroup 13 prescribes 10 telehealth items for the development, coordination or review of a GP management plans, the coordination of team care arrangements or a multidisciplinary care plans. These services can be provided by a general practitioner (92024, 92025, 92026, 92027 and 92028) or a medical practitioner (92055, 92056, 92057 and 92058, 92059). Clauses 1.1.04 to 1.1.09.

Subgroup 15 prescribes GP pregnancy support counselling services by telehealth that can be provided by a general practitioner (92136) or a medical practitioner (92137). These items are subject to the conditions in clause 1.1.10.

Subgroup 17 prescribes a telehealth attendance for the treatment and management plan for a patient under 13 years of age and who has an eligible disability (92142), which can provided by a general practitioner. This item is subject to the conditions in clause 1.1.11.

Subgroup 19 prescribes GP mental health treatment plan services by telehealth, which can be provided by a general practitioner (92112, 92113, 92114, 92115, 92116, 92117) or a medical practitioner (92118, 92119, 92120, 92121, 92122 and 92123). Subgroup 20 prescribes the phone services to review a mental health treatment plan (92126 and 92132) and for mental health consultations of 20 minutes or longer (92127 and 92133). These items are subject to the conditions in clause 1.1.12.

Subgroup 21 prescribes telehealth attendance services for the preparation of written eating disorder treatment and management plan, which can be provided by a general practitioner (92146, 92147, 92148, 92149) or a medical practitioner (92150, 92151, 92152 and 92153). These items are subject to the conditions in clauses 1.1.13 and 1.1.14.

Subgroup 25 prescribes telehealth attendance services for the review of an eating disorder plan, which can be provided by a general practitioner (92170) or a medical practitioner (92171). Subgroup 26 prescribes the equivalent phone services provided by a general practitioner (92176) or a medical practitioner (92177). These items are subject to the conditions in clauses 1.1.13 and 1.1.15.

Subgroup 27 prescribes a telehealth attendance for the provision of an eating disorder psychological treatment service, which can be provided by a general practitioner (92182 and 92184) or a medical practitioner (92186 and 92188). Subgroup 28 prescribes the equivalent phone services provided by a general practitioner (92194 and 92196) or a medical practitioner (92198 and 92200). These items are subject to the conditions in clauses 1.1.13 and 1.1.17.

Subgroup 29 prescribes a telehealth urgent after hours attendance services which can be provided by a general practitioner (92210) or a medical practitioner (92211). These items are subject to the conditions in clause 1.1.18.

Schedule 2 – Specialist, consultant physician and consultant psychiatrist services

Schedule 2 prescribes the telehealth and phone consultation services provided by specialists, consultant physicians and consultant psychiatrists.

Division 2.1 of Schedule 2

Division 2.1 of the Schedule prescribes the specialist, consultant physician and consultant psychiatrist telehealth services and minor and subsequent phone services. The services are referred services, other than the public physician items in Subgroups 33 and 34 and the anaesthesia consultation item in Subgroup 37, and can only be performed if the referral is valid per clause 1.2.2 of the general medical services table.

Subgroup 4 of Group A40 prescribes two equivalent initial and subsequent specialist attendance services by telehealth (91822 and 91823). Subgroup 7 prescribes the equivalent phone services for subsequent attendances (91833).

Subgroup 5 of Group A40 prescribes three equivalent initial, subsequent and minor consultant physician attendance services (items 91824, 91825 and 91826) and two consultant physician treatment and management plan services (items 92422 and 92423) by telehealth. Subgroup 8 of Group A40 prescribes the equivalent phone service for minor attendances (91836).

Subgroup 6 of Group A40 prescribes 15 equivalent consultant psychiatry attendance services by telehealth (91827, 91828, 91829, 91830, 91831, 92434, 92435, 92436, 92437, 92455, 92456, 92457, 92458, 92459 and 92460). Subgroup 9 prescribes the equivalent phone services for subsequent attendances (91837, 91838 and 91839). The meaning of certain terms in item 92434 is defined in clause 2.1.2.

Subgroup 17 of Group A40 prescribes two telehealth services for the assessment and diagnosis for children with autism or another pervasive development disorder (92140 and 92141).

Subgroup 23 of Group A40 prescribes two telehealth services for the preparation of an eating disorder treatment plan (92162 and 92163). Item 92163 is subject to the conditions in clause 2.1.3.

Subgroup 25 of Group A40 prescribes two telehealth services for the review of an eating disorder plan (92172 and 92173).

Subgroup 31 of Group A40 prescribes two telehealth services for geriatric medicine (92623 and 92624).

Subgroup 33 of Group A40 prescribes four equivalent time based public health physician attendance services (items 92513, 92514, 92515 and 92516) performed by telehealth. Subgroup 34 of Group A40 prescribes two equivalent phone services (92521 and 92522). These items are subject to the conditions in clause 2.1.4.

Subgroup 35 of Group A40 prescribes five equivalent initial, subsequent and minor neurosurgery attendance services (items 92610, 92611, 92612, 92613 and 92614) performed by telehealth. Subgroup 36 of Group A40 prescribes the equivalent phone service for minor attendances (92618).

Subgroup 37 of Group A40 prescribes the anaesthesia attendance service item 92701 performed by telehealth.

Division 2.2 of Schedule 2

Subgroup 1 of Group T4 prescribes four equivalent postnatal attendance services by telehealth (91850, 91851, 91853 and 91853). Subgroup 2 of Group T4 prescribes the equivalent phone services (91855, 91856, 91857 and 91858).

Division 3.1.1 of Schedule 3

Division 3.1.1 of Schedule 3 prescribes equivalent health treatment attendance items that can be performed by certain allied health providers by telehealth or phone. Items in the Schedule do not apply if a private health insurance benefit has been claimed for the service, as specified in clause 3.1.1.

Subgroup 1 of Group M18 prescribes two psychological therapies services by telehealth (91166 and 91167). Subgroup 6 of Group M18 prescribes the equivalent phone services (91181 and 91182). These services can be provided by an eligible clinical psychologist. These items are subject to the conditions on referrals in clause 3.1.5.

Subgroup 2 of Group M18 prescribes two focussed psychological strategies services by telehealth (91169 and 91170). Subgroup 7 of Group M18 prescribes the equivalent phone services (91183 and 91184). These services can be provided an eligible psychologist. These items are subject to the conditions on referrals in clause 3.1.5.

Subgroup 3 of Group M18 prescribes two focussed psychological strategies services by telehealth (91172 and 91173). Subgroup 8 of Group M18 prescribes the equivalent phone services (91185 and 91186). These services can be provided an eligible occupational therapist. These items are subject to the conditions on referrals in clause 3.1.5.

Subgroup 4 of Group M18 prescribes two focussed psychological strategies services by telehealth (91175 and 91176). Subgroup 9 of Group M18 prescribes the equivalent phone services (91187 and 91188). These services can be provided by an eligible social worker. These items are subject to the conditions on referrals in clause 3.1.5.

Subgroup 11 of Group M18 provides a chronic disease management telehealth attendance service (93000). Subgroup 12 of Group M18 prescribes the equivalent phone service (93013). These services can be provided by an eligible allied health practitioner.

Subgroup 13 of Group M18 provides a pregnancy support counselling services by telehealth (93026). Subgroup 14 of Group M18 prescribes the equivalent phone service (93029). These services can be provided by an eligible psychologist, eligible social worker or eligible mental health nurse.

Subgroup 15 of Group M18 provides autism and pervasive developmental disorder and disability health services for a child by telehealth (93032, 93033, 93035 and 93036). Subgroup 16 of Group M18 prescribes the equivalent phone services (93040, 93041, 93043 and 93044). These services can be provided by an eligible psychologist, pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist. These items are subject to the conditions on in clauses 3.1.2, 3.1.3 and 3.1.4.

Subgroup 17 of Group M18 provides a telehealth attendance services for a person of Aboriginal and Torres Strait Islander descent (93048). Subgroup 18 of Group M18 prescribes the equivalent phone service (93061). These services can be provided by an eligible allied health practitioner.

Subgroup 19 of Group M18 provides an eating disorder dietetics service by telehealth (93074). Subgroup 21 prescribes the equivalent phone service (93108). These services can be provided by an eligible dietitian. For the purpose of these items, an eligible patient is defined in clause 3.1.6. The items are also subject to the conditions for the patient to have an eating disorder treatment and management plan and the frequency cap of 20 services in a 12 month period, as specified in clause 3.1.7. Eligible dietitians rendering the service must also comply with the reporting requirements in clause 3.1.8.

Subgroup 20 of Group M18 provides eight eating disorder psychological treatment services by telehealth (93076, 93079, 93084, 93087, 93092, 93095, 93100 and 93103). These services can be provided by an eligible clinical psychologist (93076, 93079, 93084 and 93087), an eligible occupational therapist (93092 and 93095), and eligible social worker (93100 and 93103). Subgroup 22 prescribes the equivalent phone service which can be provided by an eligible clinical psychologist (93110 and 93113), an eligible psychologist (93118 and 93121), an eligible occupational therapist (93126 and 93129) or an eligible social worker (93134 and 93137). For the purpose of these items, an eligible patient is defined in clause 3.1.6. The items are also subject to the conditions for the patient to have an eating disorder treatment and management plan and the frequency cap of 40 services in a 12 month period, as specified in clause 3.1.7. Eligible providers rendering the service must also comply with the reporting requirements in clause 3.1.8.

Subgroup 25 of Group M18 provides telehealth services to assess a person's suitability for group services for the management of type 2 diabetes (item 93284) and a group service for the management of type 2 diabetes (item 93285). These services can be provided by an eligible

dietitian. Subgroup 26 of Group M18 prescribes the equivalent phone service (93286) for assessing the person's suitability for group services for the management of type 2 diabetes.

Schedule 4 – Nurse practitioner and midwife services

Schedule 4 of the Determination prescribes the telehealth and phone consultation services provided by nurse practitioners and midwives.

Division 4.1 of Schedule 4

Subgroup 5 of Group M18 prescribes four equivalent Level A to D participating nurse practitioner attendance services by telehealth (items 91192, 91178, 91179 and 91180). Subgroup 10 of Group M18 prescribes the equivalent phone services (91193, 91189, 91190 and 91191).

Subgroup 23 of Group M18 prescribes two follow up telehealth services for an Indigenous person or person with chronic disease by provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner (items 93200 and 93201). Subgroup 24 of Group M18 prescribes the equivalent phone services (93202 and 93203).

Division 4.2 of Schedule 4

Subgroup 1 of Group M19 prescribes four midwifery antenatal services by telehealth (91211, 91212, 91214 and 91215). Subgroup 2 of Group M19 prescribes the equivalent phone services (91218, 91219, 91221 and 91222).

Division 4.3 of Schedule 4

Subgroup 1 of Group O1 prescribes two dental practitioner telehealth services (54001 and 54002). Subgroup 2 of Group M19 prescribes an equivalent phone service for subsequent attendances (54004).

Schedule 5 – Temporary GP and medical practitioner telehealth and phone services

Schedule 5 of the Determination prescribes the telehealth and phone consultation services provided by general practitioners (GPs) and other doctors in general practice that will cease on 30 June 2023.

Subgroup 39 of Group A40 prescribes 12 blood borne viruses, sexual or reproductive health telehealth attendances. Subgroup 40 of Group A40 prescribes 12 equivalent phone attendances.

Statement of Compatibility with Human Rights

Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

This instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the Determination

From 1 January 2022, patient access to certain general practitioner (GP), specialist and allied health telehealth and phone services will be continued. Telehealth and phone services have been available since March 2020, but these items were temporary and created specifically in response to the COVID-19 pandemic.

The purpose of the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021* (the Determination) is to provide patients continued access to certain remote service options.

Telehealth

Patients can continue to access most GP, specialist and allied health telehealth services available in the *Health Insurance (Section 3C General Medical Services - COVID- 19 Telehealth and Telephone Attendances) Determination 2020* (the COVID- 19 Telehealth Determination), which will cease on 31 December 2021. These items will be migrated to the Determination from 1 January 2022.

The inpatient specialist telehealth items introduced in September 2021 as a temporary measure during the COVID-19 lockdowns will not be migrated to the Determination. These items, currently in Schedule 5 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked.

Temporary telehealth items for GP consultation services related to blood borne viruses, sexual or reproductive health introduced on 1 July 2021 will be migrated to Schedule 5 of the Determination. These temporary items, which were due to cease on 31 December 2021, will be extended to 30 June 2022.

Phone

Patients can continue to access certain GP, specialist and allied health phone services available in the COVID- 19 Telehealth Determination, which will cease on 31 December 2021. These items will be migrated to the Determination from 1 January 2022. The Determination also lists two new extended phone items (91894 and 91895) for GP attendances lasting at least 20 minutes where the service is performed from a practice location in Modified Monash areas 6 or 7.

Specialist phone services for an initial attendance with a medical practitioner will not be migrated to the Determination. These items, currently in Schedule 2 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked. GP phone services for patients impacted by COVID-19, which were introduced in July 2021, will also not be migrated

to the Determination. These two items (92746 and 92747), currently in Schedule 1 of the COVID- 19 Telehealth Determination, will cease when that instrument is revoked.

Temporary phone items for GP consultation services related to blood borne viruses, sexual or reproductive health, which were introduced on 1 July 2021, will be migrated to Schedule 5 of the Determination. These temporary items, which were due to cease on 31 December 2021, will be extended to 30 June 2023.

Human rights implications

This instrument engages Articles 9 and 12 of the International Covenant on Economic Social and Cultural Rights (ICESCR), specifically the rights to health and social security.

The Right to Health

The right to the enjoyment of the highest attainable standard of physical and mental health is contained in Article 12(1) of the ICESCR. The UN Committee on Economic Social and Cultural Rights (the Committee) has stated that the right to health is not a right for each individual to be healthy, but is a right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.

The Committee reports that the '*highest attainable standard of health*' takes into account the country's available resources. This right may be understood as a right of access to a variety of public health and health care facilities, goods, services, programs, and conditions necessary for the realisation of the highest attainable standard of health.

The Right to Social Security

The right to social security is contained in Article 9 of the ICESCR. It requires that a country must, within its maximum available resources, ensure access to a social security scheme that provides a minimum essential level of benefits to all individuals and families that will enable them to acquire at least essential health care. Countries are obliged to demonstrate that every effort has been made to use all resources that are at their disposal in an effort to satisfy, as a matter of priority, this minimum obligation.

The Committee reports that there is a strong presumption that retrogressive measures taken in relation to the right to social security are prohibited under ICESCR. In this context, a retrogressive measure would be one taken without adequate justification that had the effect of reducing existing levels of social security benefits, or of denying benefits to persons or groups previously entitled to them. However, it is legitimate for a Government to re-direct its limited resources in ways that it considers to be more effective at meeting the general health needs of all society, particularly the needs of the more disadvantaged members of society.

The right of equality and non-discrimination

The rights of equality and non-discrimination are contained in articles 2, 16 and 26 of the International Covenant on Civil and Political Rights (ICCPR). Article 26 of the ICCPR requires that all persons are equal before the law, are entitled without any discrimination to the equal protection of the law and in this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Analysis

This instrument maintains the rights to health and social security and the right of equality and non-discrimination by providing patients with continued access to remote service options for a range of GP, specialist and allied health services.

Patients will maintain access to all existing telehealth services except for services which remain listed in the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020* (COVID-19 Telehealth Determination) when it ceases. These services are no longer relevant as the lower level of community infection and high vaccination rates mean the risk of doctors contracting COVID-19 is diminished.

Patients will no longer have access to GP phone services for patients impacted by COVID-19 and inpatient specialist telehealth items, which will expire on 31 December 2021. However, these items are no longer required due to the lower level of COVID-19 in the community and high vaccination rates. Specialist phone services for an initial attendance are also being repealed. Removing these items will require the patient and the specialist to have an existing relationship, similar to the arrangements for GPs.

Conclusion

This instrument is compatible with human rights as it maintains the right to health, the right to social security and the right of equality and non-discrimination.

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