

## EXPLANATORY STATEMENT

### *Health Insurance Act 1973*

#### *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022*

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 Section 4 of the Act. The most recent version of the regulations is the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST Regulations).

This instrument relies on subsection 33(3) of the *Acts Interpretation Act 1901* (AIA). Subsection 33(3) of the AIA provides that where an Act confers a power to make, grant or issue any instrument of a legislative or administrative character (including rules, regulations or by-laws), the power shall be construed as including a power exercisable in the like manner and subject to the like conditions (if any) to repeal, rescind, revoke, amend, or vary any such instrument.

#### **Purpose**

The purpose of *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022* (the Amendment Determination) is to make amendments to the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* (the Principal Determination), by repealing redundant consultation items used for calculating the Practice Incentive Program, for non-specialist practitioner attendances, in relation to Asthma, Cervical Screening and Diabetes.

The Government supported and announced this change in the 2022-23 Budget under the *Guaranteeing Medicare – Medical Benefits Schedule new and amended listings* measure.

These incentive payments ceased on 31 July 2019 following the introduction of the Practice Incentives Program Quality Improvement Incentive (PIPQI), announced in the 2016-17 Budget. The PIPQI provides a focus on quality improvement over a range of GP incentives. Since 1 August 2019, medical practitioners working in general practice have continued to enable patient access to these services through the delivery of time tiered consultation, by claiming service items included within Groups A1, A2, A7 (subgroup 2 and 10), A22, A23 and for urgent attendances under the items in Group A11.

#### **Consultation**

There was no consultation undertaken with the medical sector on the Amendment Determination.

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

The Amendment Determination commences on 1 November 2022.

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

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

## ATTACHMENT

**Details of the *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022***

Section 1 – Name

Section 1 provides for the *Amendment Determination to be referred to as Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022*.

Section 2 – Commencement

Section 2 provides that the Amendment Determination commences on 1 November 2022.

Section 3 – Authority

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

Section 4 – Schedule

Section 4 provides that each instrument that is specified in a Schedule to this Amendment Determination is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this Amendment Determination has effect according to its terms.

Schedule 1 – Amendments

***Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018***

**Amendment item – Division 1.8 of Part 1 of Schedule 1**

The amendment will repeal Division 1.8 of Part 1 of Schedule 1 from the Principal Determination. This is to reflect the removal of the practise incentive payments as announced in 2022-23 Budget under the *Guaranteeing Medicare – Medical Benefits Schedule new and amended listings* measure.

## 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 - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022*

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

The purpose of *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Amendment (Practice Incentives Program Consultation Items) Determination 2022* (the Amendment Determination) is to make amendments to the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* (the Principal Determination), by repealing redundant consultation items used for calculating the Practice Incentive Program, for non-specialist practitioner attendances, in relation to Asthma, Cervical Screening and Diabetes.

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These incentive payments ceased on 31 July 2019 following the introduction of the Practice Incentives Program Quality Improvement Incentive (PIPQI), announced in the 2016-17 Budget. The PIPQI provides a focus on quality improvement over a range of GP incentives. Since 1 August 2019, medical practitioners working in general practice have continued to enable patient access to these services through the delivery of time tiered consultation, by claiming service items included within Groups A1, A2, A7 (subgroup 2 and 10), A22, A23 and for urgent attendances under the items in Group A11.

### 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 is part of a change that will repeal Division 1.8 of Part 1 of Schedule 1, to reflect the arrangements of medical practitioner services. These incentive payments ceased on 31 July 2019. Since 1 August 2019, medical practitioners working in general practice have continued to enable patient access to these services through the delivery of time tiered consultation, by claiming service items included within Groups A1, A2, A7 (subgroup 2 and 10), A22, A23 and for urgent attendances under the items in Group A11. This instrument supports the existing rights to health, the right to social security and the right of equality and non-discrimination, as patients continue to have access to other services that provide for the delivery of the same type of service.

**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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