Health Insurance (Pathology Services Table) Amendment Regulations 2001 (No. 4) 2001 No. 312

EXPLANATORY STATEMENT

STATUTORY RULES 2001 No. 312

Issued by the authority of the Minister for Health and Aged Care

Health Insurance Act 1973

Health Insurance (Pathology Services Table) Amendment Regulations 2001 (No. 4)

Section 133 of the *Health Insurance Act 1973* (the Act) provides that the Governor-General may make regulations prescribing matters for the purposes of the Act.

The Act provides for payments of Medicare benefits in respect of professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services, including pathology services, set out in prescribed Tables.

Subsection 4A(1) of the Act provides that the regulations may prescribe a table of pathology services setting out items of pathology services; the amount of fees applicable in respect of each item; and rules for interpretation of the table. Subsection 4A(2) provides that, unless sooner repealed, regulations made under section 4A cease to be in force and are taken to be repealed on the day next following the 15th sitting day of the House of Representatives after the expiration of a period of 12 months commencing on the day on which the regulations are notified in the Gazette.

The *Health Insurance (Pathology Services Table) Amendment Regulations 2001* (No. 4) amend the cervical cytology items on the Pathology Services Table of the Medicare Benefits Schedule, which commenced on 1 November 2001.

The current Medicare items for cervical cytology, which are underpinned by the Department's National Cervical Screening Program policy, provide that Medicare benefits can only be claimed when a `conventional' Pap smear has been performed. The `conventional' Pap smear involves the collection of cells from the cervix being placed directly onto a slide and examined under a microscope by a qualified cytotechnologist or pathologist.

There are currently a number of devices on the market that use other preparation and slide examination techniques which have yet to be properly assessed by the Medical Services Advisory Committee (MSAC). However, the broad wording of the current cervical cytology Medicare items 73053, 73055 and 73057 do not preclude the claiming of rebates for the use of these devices.

The changes to the items ensure that Medicare benefits are only claimable for the `conventional' Pap smear test until such time as these new devices are assessed by the MSAC, in line with Government policy for new medical services and technologies where public funding is being sought.

Details of the Regulations are provided at the Attachment.

The Regulations commence on 1 November 2001.

ATTACHMENT

Regulation 1 specifies the regulations as the *Health Insurance (Pathology Services Table) Amendment Regulations 2001 (No. 4).*

Regulation 2 prescribes a commencement date of 1 November 2001.

Regulation 3 prescribes the amendments to the *Health Insurance (Pathology Services Table) Regulations 2001.*

The amendments to the Pathology Services Table 2001 will incorporate changes to cervical cytology items 73053, 73055 and 73057.