

## **Health Insurance (1993-1994 General Medical Services Table) Regulations (Amendment) 1994 No. 112**

### **EXPLANATORY STATEMENT**

#### **STATUTORY RULES 1994 No. 112**

Issued by the authority of the Minister for Human Services and Health

#### Health Insurance Act 1973

Health Insurance (1993-1994 General Medical Services Table) Regulations  
(Amendment)

The Health Insurance Act 1973 (the Act) provides for payments by way of medicare benefits, payments for hospital services and payments for matters concerning related committees and tribunals.

Section 133 of the Act provides that the Governor-General may make regulations for the purposes of the Act.

Section 4 of the Act provides that the regulations may prescribe a table of medical services (the table), (other than pathology services) in accordance with the form of table set out in Schedule 1 and that, upon commencement of a regulation prescribing the table, it has effect as if it were set out in Schedule 1 in place of the table in that Schedule.

Subsection 4(4) of the Act provides that the regulations may amend a table and on commencement of the amendment the table as amended has effect in place of the table in Schedule 1.

Section 9 of the Act provides that medicare benefits shall be calculated by reference to the fees for general medical services set out in the table.

The Regulations amend the current table (Statutory Rules 1993 No. 272) by introducing new services, deleting some existing services and amending the descriptions and/or fees of other services.

Changes to the table, with the exception of obstetric services, result from ongoing reviews by the Medicare Benefits Consultative Committee designed to ensure that it reflects current medical practice.

Changes to obstetric services have been introduced in response to the significant decline recently in general practitioner involvement in these services, particularly in rural areas. Effectively the change removed the fee differential between provision of services by GPs and specialists. This is in line with a long standing Government commitment.

Details of the Regulations are as follow:

Subregulation 1.1 provided for the Regulations to commence on 1 May 1994.

Subregulation 2.1 prescribed the amended table of general medical services and rules of interpretation to the table.

Subregulation 3.1 amended paragraph 2(1)(b)(iii) of the Rules of Interpretation to correct an error overlooked when the Health Insurance Regulations were last renumbered in November 1993.

Subregulations 3.2 to 3.4 amended Rules of Interpretations 27 and 28 which refer to items 16506 and 16516. Both items were deleted resulting from the general practitioner and specialist fee differential being removed.

Subregulations 4.1 to 4.45 amended the descriptions of a number of items, introduced new items and deleted obsolete items from the intensive care, obstetrics, colorectal, gynaecological, ear, nose and throat, ophthalmology and orthopaedic subgroups in the table.

The most significant changes relate to intensive care management and procedures (subregulations 4.1 to 4.11) as a result of a revision of these services. The changes also provide for a new subgroup to cover procedures undertaken in an intensive care unit (ICU) with a separate subgroup containing services which may also be provided outside of an ICU.

Changes to obstetrics services in the table involved an increase to fees for antenatal care and the removal of the general practitioner and specialist fee differential for the global confinement items.

The remaining changes introduced other minor amendments to the table which have been agreed to with the medical profession.

The Regulations come into effect on 1 May 1994.