EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025

The *Health Insurance Act 1973* (the Act) sets out the principles and definitions governing the Medicare Benefits Schedule (MBS). The Act provides for payments by way of medical benefits and for other purposes.

Subsection 133(1) of the Act provides that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

Part II of the Act provides for the payment of Medicare benefits for professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits be calculated by reference to the fees for medical services set out in prescribed tables.

Subsection 4(1) of the Act provides that regulations may prescribe a table of general medical services which sets out items of general medical services, the fees applicable for each item, and rules for interpreting the table. The table made under this subsection is referred to as the General Medical Services Table. The most recent version of the regulations is the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST).

The *Health Insurance Regulations 2018* (HIR) provide the overarching policy framework supporting the provision of appropriate Medicare services. For the purposes of paragraph 10(2)(aa) of the Act, section 28 of the HIR prescribes items that have a Medicare benefit equal to 100 per cent of the fee in respect of the service.

Purpose

The purpose of the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025* (the Regulations) is to amend the GMST and HIR from 1 July 2025 to make amendments to chronic condition management arrangements under the MBS.

The Regulations will make the following amendments relating to chronic condition management services:

- replace the existing two plan (GP management plan and team care arrangements) framework with a single planning item for chronic conditions (GP chronic condition management plan);
- align the fees for developing and reviewing chronic condition management plans to incentivise reviewing plans; and
- implement transitional arrangements from 1 July 2025 to 30 June 2027 to allow patients to continue accessing follow on services under a GP management plan and team care arrangements put in place prior to 1 July 2025.

Consultation

The changes to chronic condition management arrangements were endorsed by the MBS Review Taskforce on the recommendation of the General Practice and Primary Care Clinical

Committee (GPPCCC) and were announced by Government in the 2023-24 Budget under the *A Modern and Clinically Appropriate Medicare Benefits Schedule* measure.

The GPPCCC undertook public consultation on the changes to chronic condition management. Advice relating to the implementation of these changes has also been sought from the sector through an Implementation Liaison Group and a Communications Working Group, which included representatives of colleges and peak organisations such as the Australian Medical Association, Royal Australian College of General Practitioners and Allied Health Professionals Australia, that were established to support communications with affected professions. Stakeholder feedback was largely supportive of the changes.

The Act specifies no conditions that need to be satisfied before the power to make the Regulations may be exercised.

Details of the Regulations are set out in the Attachment.

The Regulations are a legislative instrument for the purposes of the *Legislation Act 2003*.

The Regulations will commence immediately after the commencement of the *Health Insurance Legislation Amendment (Indexation) Regulations 2025*.

Authority: Subsection 133(1) of the *Health Insurance Act 1973*

ATTACHMENT

Details of the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025*

Section 1 – Name

This section provides for the Regulations to be referred to as the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025* (the Regulations).

Section 2 – Commencement

This section provides for the Regulations to commence immediately after the commencement of the *Health Insurance Legislation Amendment (Indexation) Regulations 2025*.

Section 3 – Authority

This section provides that the Regulations are made under the *Health Insurance Act 1973* (the Act).

Section 4 – Schedules

***Health Insurance (General Medical Services Table) Regulations 2021* (GMST)**

The Regulations will update the arrangements for chronic condition management planning by general practitioners (GPs) and prescribed medical practitioners (PMPs) under the Medicare Benefits Schedule (MBS). These amendments are intended to modernise, streamline and simplify the arrangements for chronic condition management.

The changes to chronic condition management include:

- Replacing the two plan (GP management plan and team care arrangements) framework with a single planning item for chronic conditions (GP chronic condition management plan), deleting six existing items (721, 723, 732, 229, 230 and 233) and inserting four new items for chronic condition planning (965, 967, 392 and 393).
- Aligning the fees for developing and reviewing chronic condition management plans to incentivise reviewing plans.
- Amending requirements relating to domiciliary medication management review (DMMR) services (items 245 and 900) to require patients to have a GP chronic condition management plan in place to access DMMR services from 1 July 2027.
- Introducing a requirement for patients to have received a planning service or review service in the last 18 months to continue accessing follow on services e.g. accessing services in Group M3, which are listed in the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024*.
- Implementing transitional arrangements from 1 July 2025 to 30 June 2027 to allow patients to continue accessing follow on services under a GP management plan and team care arrangements put in place prior to 1 July 2025.
- Amending various clauses of the GMST to align with the changes to the arrangements for chronic condition management planning.

Note, new equivalent telehealth GP and PMP items 92029, 92030, 92060 and 92061 for chronic condition management planning will be implemented through an amendment to the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021*.

Items 1 and **2** amend subclause 1.2.5(1) of Schedule 1 of the GMST to insert reference to new GP and PMP items for chronic condition management planning services (for new items 392, 393, 965 and 967 refer to **items 11** and **27** of the Regulations). Clause 1.2.5 of the GMST specifies matters included in a professional attendance service. This change will apply clause 1.2.5 to the new chronic condition management planning items.

Item 3 amends subclause 1.2.6(1) of Schedule 1 of the GMST to update item ranges listed in this subclause to exclude new PMP items 392 and 393 for chronic condition management planning (refer to **item 11** of the Regulations). Clause 1.2.6 of the GMST provides general requirements for personal attendance services. This change ensures that clause 1.2.6 does not apply to the new chronic condition management planning items.

Item 4 amends subclause 1.2.7(1) of Schedule 1 of the GMST to remove a reference to item 732, which will be repealed on 1 July 2025 (refer to **item 26** of the Regulations).

Item 5 amends subclause 1.2.7(1) of Schedule 1 of the GMST to insert references to new GP items 965 and 967 for chronic condition management planning (refer to **item 27** of the Regulations). Clause 1.2.7 of the GMST provides application requirements for personal attendance services and specifies matters included in a personal attendance service. This change applies clause 1.2.7 to the new chronic condition management planning items. Note, clause 1.2.7 will apply to new items PMP items 392 and 393 for chronic condition management planning as these items fall within an item range currently specified in subclause 1.2.7(1).

Item 6 repeals paragraph (b) of note 2 under the heading of Division 2.10 of the GMST, which currently identifies the location of the definition for the term ***coordinating a review of team care arrangements*** at clause 2.16.5. This definition will be removed by amendments to clause 2.16.5 (refer to **item 42** of the Regulations), as it will no longer be necessary following the repeal of existing team care arrangement items (refer to **items 9** and **26** of the Regulations).

Item 7 repeals and replaces paragraph (f) of note 2 under the heading of Division 2.10 of the GMST, which currently identifies the location of the definition for the term ***preparing a GP management plan*** at clause 2.16.7, to replace the reference to "preparing a GP management plan" with "preparing a GP chronic condition management plan". This change aligns the note with the changes to clause 2.16.7 (refer to **item 20** of the Regulations), following the introduction of new items for chronic condition management planning (refer to **items 11** and **27** of the Regulations) and the removal of existing planning items (refer to **items 9** and **26** of the Regulations).

Item 8 repeals and replaces the heading for Subgroup 6 of Group A7 to remove references to "GP management plans" and "team care arrangements" and insert a reference to "GP chronic condition management plan". This change aligns the name of Subgroup 7 of Group A7 with the updated arrangements for chronic condition management.

Item 9 repeals PMP items 229, 230 and 233 for preparing a GP management plan, establishing team care arrangements and review of a GP management plan or team care arrangements respectively. These items will be replaced by new PMP items 392 and 393 for chronic condition management planning as part of the updates to chronic condition management planning (refer to **item 11** of the Regulations).

Item 10 amends PMP items 235, 236, 237, 238, 239 and 240 for multidisciplinary case conference services to update the co-claiming restrictions in these items to:

- remove references to existing GP management plan and team care arrangements items, which would be repealed on 1 July 2025 (refer to **items 9** and **26** of the Regulations); and
- insert references to new chronic condition management planning items, including equivalent new telehealth items (refer to **items 11** and **27** of the Regulations).

Item 11 inserts new items 392 and 393 for the preparation and review of a GP chronic condition management plan by a PMP into Subgroup 6 of Group A7. These new items will replace existing PMP items 229, 230 and 233 for the preparation and review of a GP management plan and team care arrangements, which will be repealed on 1 July 2025 (refer to **item 9** of the Regulations), as part of the updated arrangements for chronic condition management planning under the MBS.

A review of a GP chronic condition management plan under item 393 may be performed by a PMP in circumstances where another medical practitioner prepared the plan (refer to the definition of ***associated medical practitioner*** at **item 18** of the Regulations).

Item 12 amends item 249 to clarify that a service under the item for residential medication management review performed by a PMP is available to a patient who is care recipient in a residential aged care facility. This change is administrative in nature to align the language used in the item descriptor for item 249 with the equivalent GP item 903 for residential medication management reviews.

Item 13 amends subclause 2.15.14(3) of the GMST to replace a reference to "usual general practitioner or prescribed medical practitioner" with "usual medical practitioner". This change will be supported by the introduction of a definition for the term ***usual medical practitioner*** (refer to **item 52** of the Regulations), which will replace the term ***usual general practitioner*** (refer to **item 44** of the Regulations). Clause 2.15.14 of the GMST provides restrictions for health assessment items listed in Group A14 and Subgroup 5 of Group A7. This amendment to subclause 2.15.14(3) is not intended to change the existing restrictions specified in clause 2.15.14.

Item 14 repeals and replaces the heading of Division 2.16 to replace references to "GP managements" and "team care arrangements" with "GP chronic condition management plans". This change will align the name of Division 2.16 with the updated arrangements for chronic condition management.

Item 15 repeals and replaces the heading of subclause 2.16.1 to remove references to existing GP management plan and team care arrangements items and insert references to new GP chronic condition management plan items (refer to **items 11** and **27** of the Regulations). This

change will align the name of clause 2.16.1 with the updated arrangements for chronic condition management.

Item 16 inserts new subclause (1A) before subclause 2.16.1(1) of the GMST, which will specify that clause 2.16.1 applies to items 729 to 866, 965 and 967, 231 to 240 and 392 and 393. This change is intended to clarify the appropriate operation of this clause and to ensure consistency with the structure of similar clauses.

Item 17 amends subclause 2.16.1(1) of the GMST to remove references to existing GP management plan and team care arrangements items and insert references to new GP chronic condition management plan items (refer to **items 9, 11, 26** and **27** of Regulations). Clause 2.16.1 provides requirements relating to which medical practitioners may provide services under the specified items. This change will apply the requirements in clause 2.16.1 to the new GP chronic condition management planning items.

Item 18 repeals and replaces clause 2.16.2 of the GMST, which currently provides the definitions of ***associated general practitioner*** and ***associated medical practitioner*** for the purposes of items 732 and 233 respectively. The updated clause 2.16.2 will replace these definitions with a consolidated definition of ***associated medical practitioner*** for the purposes of new items 967 and 393 (refer to **items 27** and **11** of the Regulations).

Item 19 repeals clauses 2.16.4 and 2.16.5 of the GMST, which provide the meaning of ***coordinating the development of team care arrangements*** and ***coordinating a review of team care arrangements*** respectively. These definitions will no longer be required following the removal team care arrangements services (refer to **items 9** and **26** of the Regulations).

Item 20 repeals and replaces clauses 2.16.7 to 2.16.10 of the GMST. Currently, clauses 2.16.7 and 2.16.8 provide the meaning of ***preparing a GP management plan*** and ***reviewing a GP management plan*** respectively, which will no longer be required following the removal of existing GP management plan items (refer to **items 9** and **26** of the Regulations). The updated clauses 2.16.7 and 2.16.8 will provide the meaning of ***preparing a GP chronic condition management plan*** and ***reviewing a GP chronic condition management plan*** for the purposes of the new GP and PMP items for the preparation and review of GP chronic condition management plans (refer to **items 9** and **26** of the Regulations). The new plan and review requirements have been streamlined. The new plan also provides for a simplified process for the GP or PMP to refer patients to allied health and other services available to patients with a GP chronic condition management plan.

Currently, clause 2.16.9 provides restrictions relating to GP and PMP items for GP management plans, team care arrangements and multidisciplinary care plans. The updated clause 2.16.9 will replace references to existing GP management plan and team care arrangement items with references to the new GP chronic condition management plan items. The updated clause 2.16.9 would provide that services under the new GP chronic condition management plan items must be performed:

- for patients enrolled in MyMedicare, by a medical practitioner at the practice at which the patient is enrolled; or
- for patients not enrolled in MyMedicare, by the patient's usual medical practitioner (refer to **item 52** of the Regulations).

Otherwise, the restrictions for the new items under updated clause 2.16.9 will remain consistent with the restrictions currently applied to GP management plan items. Restrictions specified in the existing clause 2.16.9 relating to team care arrangements will also be removed in accordance with the removal team care arrangements services (refer to **items 9** and **26** of the Regulations).

Currently, clause 2.16.10 provides restrictions relating to the provision of GP management plan and team care arrangements services by a GP or PMP under items 721, 723, 732, 229, 230 and 233, which will be repealed on 1 July 2025 (refer to **items 9** and **26** of the Regulations). The updated clause 2.16.10 would provide restrictions relating to the provision of GP chronic condition management plan services under new items 965, 967, 392 and 393 (refer to **items 11** and **27** of the Regulations).

In accordance with updated subclause 2.16.10, for services provided under items 965, 967, 392 and 393:

- The service would be required to be provided in the course of a personal attendance by a single GP or a single PMP on a single patient.
- Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may provide assistance to the GP or PMP as part of the preparation or review of the GP chronic condition management plan. Subclause 2.16.10(4) would provide a non-exhaustive list of activities that may constitute assistance.

Item 21 amends the heading of clause 2.16.11 of the GMST to remove references to existing GP management plan and team care arrangements items and insert references to new GP chronic condition management plan items (refer to **items 9**, **11**, **26** and **27** of the Regulations). This change will align the name of clause 2.16.11 with the updated arrangements for chronic condition management.

Item 22 amends clause 2.16.11 of the GMST to remove references to existing GP management plan and team care arrangements items and insert references to new GP chronic condition management plan items (refer to **items 9**, **11**, **26** and **27** of the Regulations). Clause 2.16.11 lists items that cannot be provided on the same day as a service for the management of a chronic condition. This change will apply these restrictions to the new GP chronic condition management items, which would be consistent with the restrictions currently applied to GP management plan items.

Item 23 repeals and replaces clauses 2.16.12 and 2.16.12A of the GMST to consolidate the clauses into a single updated clause 2.16.12, removing references to existing GP management plan and team care arrangements items and inserting references to new GP chronic condition management plan items (refer to **items 9, 11, 26** and **27** of the Regulations). Currently, clauses 2.16.12 and 2.16.12A provide frequency limitations for chronic condition management planning services performed by GPs and PMPs respectively. The updated clause 2.16.12 will apply the existing frequency restrictions for GP management plan services to the new GP chronic condition management planning services, removing restrictions relating to team care arrangements services. The changes will also simplify the language used in updated clause 2.16.12 to provide greater clarity in relation to the frequency restrictions for the listed services.

Item 24 repeals and replaces the heading of Group A15 at clause 2.16.13 to remove references to "GP management plans" and "team care arrangements" and insert a reference to "GP chronic condition management plan". This change will align the name of Group A15 with the updated arrangements for chronic condition management.

Item 25 repeals and replaces the heading of Subgroup 1 of Group A15 to remove references to "GP management plans" and "team care arrangements" and insert a reference to "GP chronic condition management plan". This change will align the name of Subgroup 1 of Group A15 with the updated arrangements for chronic condition management.

Item 26 repeals GP items 721, 723 and 732 for preparing a GP management plan, establishing team care arrangements and review of a GP management plan or team care arrangements respectively. These items will be replaced by new GP items 965 and 967 for chronic condition management planning as part of the updates to chronic condition management planning (refer to **item 27** of the Regulations).

Item 27 inserts new items 965 and 967 for the preparation and review of a GP chronic condition management plan by a GP into Subgroup 1 of Group A15. These new items will replace existing GP items 721, 723 and 732 for the preparation and review of a GP management plan and team care arrangements, which will be repealed on 1 July 2025 (refer to **item 26** of the Regulations), as part of the updated arrangements for chronic condition management planning under the MBS.

Item 28 repeals and replaces the heading of Group A15 at clause 2.16.20 to remove references to "GP management plans" and "team care arrangements" and insert a reference to "GP chronic condition management plan". This change will align the name of Group A15 with the updated arrangements for chronic condition management.

Item 29 amends GP items 735, 739, 743, 747, 750 and 758 for multidisciplinary case conference services to update the co-claiming restrictions in these items to:

- remove references to existing GP management plan and team care arrangements items, which would be repealed on 1 July 2025 (refer to **items 9** and **26** of the Regulations); and
- insert references to new chronic condition management planning items, including equivalent new telehealth items.

Item 30 inserts new clause 2.17.3A, which requires patients to have a GP chronic condition management plan in place to access DMMR services under items 900 and 245. This new requirement will only apply to services under items 900 and 245 provided on or after 1 July 2027.

Items 31 to 34 amend clause 3.1.1 of the GMST to update the list of definitions for the purposes of item 10997 as follows:

- inserting definitions for the new terms ***GP chronic condition management plan*** and ***person with a chronic condition***; and
- amending the definition of ***GP management plan***; and
- removing the definition for the term ***person with a chronic disease***.

The definition of the new term ***GP chronic condition management plan*** will list the new GP and PMP items for the preparation of a GP chronic condition management plan, including the equivalent telehealth items (392, 965, 92029 and 92060).

The revised definition of ***GP management plan*** will insert item 229 (for the preparation of a GP management plan by a PMP) and equivalent telehealth items 92024 and 92055 (for the preparation of a GP management plan by a GP and PMP) in the list of items in the definition, and remove a reference to item 732 (for coordination of a review of a GP management plan) as it is not necessary for the purposes of the definition. This revised definition ensures patients with a GP management plan prepared under one of the listed items before 1 July 2025 continue to have access to services under item 10997 until the end of 30 June 2027 (refer to **item 35** of the Regulations).

The definition of the new term ***person with a chronic condition*** would replace existing term ***person with a chronic disease***, which will be repealed, to align with the updated terminology for chronic condition management arrangements. The new term would define a ***person with a chronic condition*** as a person who has a plan:

- under an existing multidisciplinary care plan item (231, 232, 731, 729, 92026, 92027, 92057 or 92058) or a new item for the preparation of a GP chronic condition management plan (392, 965, 92029, 92030, 92061 or 92062); or
- until the end of 30 June 2027, under an existing GP management plan or team care arrangements item (229, 230, 721, 723, 92024, 92025, 92028, 92055, 92056 or 92059) for plans prepared before 1 July 2025.

The new definition for ***person with a chronic condition*** is intended to ensure patients with a GP management plan prepared before 1 July 2025 continue to have access to services under item 10997 until the end of 30 June 2027 (refer to **item 35** of the Regulations).

Item 35 amends item 10997 for services provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition on behalf of a medical practitioner to align with the updates to chronic condition management arrangements. These changes will allow patients with a GP chronic condition management plan to access services under item 10997 as well as allowing patients to continue accessing these services until the end of 30 June 2027 under a GP management plan or team care arrangements put in place prior to 1 July 2025.

Item 36 amends clause 3.2.1 to repeal the definition of ***MyMedicare***. The definition of ***MyMedicare*** will be move to the Dictionary at clause 7.1.1 (refer to **item 43** of the Regulations).

Item 37 amends subparagraph (g)(ii) of the item descriptor for item 11607, which provides services for continuous ambulatory blood pressure recording. This change to item 11607 will revise the list of services that cannot be performed on the same occasion as a service to which item 11607 applies to include the new GP and PMP items for chronic condition management planning and remove existing items for GP management plans and team care arrangements (refer to **items 9, 11, 26** and **27** of the Regulations). This change is consequential to the updates to chronic condition management arrangements and is not intended to change any other requirements of a service under item 11607.

Item 38 amends item 11607 to remove the note at the end of the item descriptor. This change is administrative in nature to align the item descriptor for item 11607 with other item descriptors that reference items specified in a determination made under subsection 3C(1) of the Act.

Item 39 repeals and replaces the definition of ***associated general practitioner*** at clause 7.1.1 to specify that the definition only applies to 2712.

Item 40 repeals and replaces paragraph (a) of the definition of ***associated medical practitioner*** to specify that, for new items 393 and 967, this term has the meaning given by clause 2.16.2 (refer to **item 23** of the Regulations).

Item 41 inserts a definition for the term ***chronic condition***. A chronic condition will mean a medical condition that has been, or is likely to be, present for at least six months or is terminal. This definition will align with the existing requirements under clause 2.16.9 for accessing chronic condition management planning services and would be intended to provide greater clarity for chronic condition management arrangements.

Item 42 repeals the definitions of ***coordinating a review of team care arrangements*** and ***coordinating the development of team care arrangements***, which will no longer be necessary following the repeal of existing team care arrangement items (refer to **items 9** and **26** of the Regulations).

Item 43 inserts definitions for the terms ***GP chronic condition management plan*** and ***MyMedicare*** into clause 7.1.1. ***GP chronic condition management plan*** for the purposes of item 10997 would have the meaning given by clause 3.1.1 and ***MyMedicare*** would maintain the current definition given by clause 3.2.1 (refer to **items 31** and **36** of the Regulations respectively).

Item 44 repeals the definition of ***patient's usual general practitioner***. This term will no longer be necessary as it would be consolidated into the ***patient's usual medical practitioner*** (refer to **item 52** of the Regulations).

Item 45 inserts a definition for ***person with a chronic condition*** into clause 7.1.1. This term will have the meaning given by clause 3.1.1 (refer to **item 33** of the Regulations).

Item 46 repeals the definition of ***person with a chronic disease*** for the purposes of item 10997 at clause 7.1.1. This term will no longer be necessary as it would be replaced by the term ***person with a chronic condition*** (refer to **item 45** of the Regulations).

Item 47 inserts a definition for ***preparing a GP chronic condition management plan*** for the purposes of items 392 and 965 into clause 7.1.1. This term will have the meaning given by clause 2.16.7 (refer to **item 20** of the Regulations).

Item 48 repeals the definition of ***preparing a GP management plan*** at clause 7.1.1 as this term will no longer be necessary following the removal GP items for the preparation of GP management plans (refer to **items 9** and **26** of the Regulations).

Item 49 inserts a definition for ***reviewing a GP chronic condition management plan*** for the purposes of items 393 and 967 into clause 7.1.1. This term will have the meaning given by clause 2.16.8 (refer to **item 20** of the Regulations).

Item 50 repeals the definition of ***reviewing a GP management plan*** at clause 7.1.1 as this term will no longer be necessary following the removal GP items for the review of GP management plans (refer to **items 9** and **26** of the Regulations).

Item 51 amends the definition of ***team care arrangements*** at clause 7.1.1 to insert references to item 230 (for the establishment of team care arrangements by a PMP) and equivalent telehealth items 92025 and 92056 (for the establishment of team care arrangements by a GP and PMP) in the list of items in the definition, and remove a reference to item 729 (for coordination of a review of team care arrangements) as it is not necessary for the purposes of the definition.

Item 52 inserts a definition for the term ***usual medical practitioner***, which will replace the existing definition of ***usual general practitioner***. A ***patient's usual medical practitioner*** will mean a GP or PMP:

- who has provided the majority of services to the person in the past 12 months; or
- who is likely to provide the majority of services to the person in the following 12 months; or
- located at a medical practice that:
    - has provided the majority of services to the person in the past 12 months; or
    - is likely to provide the majority of services to the person in the next 12 months.

This definition will be relevant to patients not enrolled in MyMedicare who receive chronic condition management planning services (refer to **item 20** of the Regulations).

Health Insurance Regulations 2018 (HIR)

Items 53 to 56 make consequential amendments the HIR to remove references to items 721, 723, 732, 229, 230 and 233 which will be repealed on 1 July 2025 following changes to chronic condition management planning items (refer to **item 9** and **26** of the Regulations), and insert reference to new items 392, 393, 965 and 967 for preparation of a GP chronic condition management plan (refer to **items 11** and **27** of the Regulations).

The *Health Insurance Amendment (100% Medicare Rebate and Other Measures) Act 2004* commenced on 1 January 2004 to amend section 10 of the *Health Insurance Act 1973* to provide a regulation-making power to prescribe services (that are not hospital services) that have a benefit calculated as 100% of the schedule fee. All ongoing GP items are prescribed in the subsection 28(1) of the HIR. The items would provide that the new chronic condition management planning items attract a 100% schedule fee.

Item 57 makes a consequential amendment to the HIR to remove references to items 92024, 92055, 92028, 92059, 92025 and 92056 which will be removed by a legislative instrument made under section 3C of the Act, and insert reference to new telehealth equivalent chronic condition management planning items 92029, 92060, 92030 and 92061.

The item will provide that the new chronic condition management planning items, including the new telehealth equivalent items for chronic condition management planning, attract a 100% schedule fee.

The changes to chronic condition management arrangements were announced as part of the 2023-24 Budget under the *A Modern and Clinically Appropriate Medicare Benefits Schedule* measure. Consultation on the change was undertaken with GPPCCC through an Implementation Liaison Group.

Statement of Compatibility with Human Rights

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

Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025

This Regulation 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 Disallowable Legislative Instrument

The *Health Insurance Act 1973* (the Act) sets out the principles and definitions governing the Medicare Benefits Schedule (MBS). The Act provides for payments by way of medical benefits and for other purposes.

Subsection 133(1) of the Act provides that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

Part II of the Act provides for the payment of Medicare benefits for professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits be calculated by reference to the fees for medical services set out in prescribed tables.

Subsection 4(1) of the Act provides that regulations may prescribe a table of general medical services which sets out items of general medical services, the fees applicable for each item, and rules for interpreting the table. The table made under this subsection is referred to as the General Medical Services Table. The most recent version of the regulations is the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST).

The *Health Insurance Regulations 2018* (HIR) provide the overarching policy framework supporting the provision of appropriate Medicare services. For the purposes of paragraph 10(2)(aa) of the Act, section 28 of the HIR prescribes items that have a Medicare benefit equal to 100 per cent of the fee in respect of the service.

Purpose

The purpose of the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025* (the Regulations) is to amend the GMST and HIR from 1 July 2025 to make amendments to chronic condition management arrangements under the MBS.

The Regulations make the following amendments relating to chronic condition management services:

- replace the existing two plan (GP management plan and team care arrangements) framework with a single planning item for chronic conditions (GP chronic condition management plan);
- align the fees for developing and reviewing chronic condition management plans to incentivise reviewing plans; and
- implement transitional arrangements from 1 July 2025 to 30 June 2027 to allow patients to continue accessing follow on services under a GP management plan and team care arrangements put in place prior to 1 July 2025.

Human rights implications

The Regulations engage 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

The Regulations maintain the rights to health and social security and the right of equality and non-discrimination by ensuring access to publicly subsidised medical services that are clinically relevant and cost-effective as intended. The Regulations also advance the rights to health and social security and the right of equality and non-discrimination by introducing new services which will be available as publicly subsidised medical services.

Conclusion

This instrument is compatible with human rights because it maintains existing arrangements and the protection of human rights.

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