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

I, the Honourable Sam Mostyn AC, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 29 May 2025

Sam Mostyn AC
Governor-General

By Her Excellency's Command

Mark Butler
Minister for Health and Ageing

OPC67134 - D

Contents

1 Name

This instrument is the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025*.

2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information

Column 1	Column 2	Column 3
Provisions	**Commencement**	**Date/Details**
1. The whole of this instrument	Immediately after the commencement of the *Health Insurance Legislation Amendment (Indexation) Regulations 2025*.	1 July 2025

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

(2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Health Insurance (General Medical Services Table) Regulations 2021

1 Subclause 1.2.5(1) of Schedule 1

After "388,", insert "392, 393,".

2 Subclause 1.2.5(1) of Schedule 1

After "903,", insert "965, 967,".

3 Subclause 1.2.6(1) of Schedule 1

Omit "348 to 417", substitute "348 to 388, 410 to 417".

4 Subclause 1.2.7(1) of Schedule 1

Omit "732,".

5 Subclause 1.2.7(1) of Schedule 1

After "903,", insert "965, 967,".

6 Division 2.10 of Schedule 1 (paragraph (b) of note 2 to Division heading)

Repeal the paragraph.

7 Division 2.10 of Schedule 1 (paragraph (f) of note 2 to Division heading)

Repeal the paragraph, substitute:

(f) preparing a GP chronic condition management plan (see clause 2.16.7);

8 Schedule 1 (Subgroup 6 of Group A7 table, heading)

Repeal the heading, substitute:

Subgroup 6—Prescribed medical practitioner chronic condition management plans, multidisciplinary care plans and case conferences

9 Schedule 1 (items 229, 230 and 233)

Repeal the items.

10 Schedule 1 (items 235, 236, 237, 238, 239 and 240, column 2)

Omit "229 to 233 and 721 to 732", substitute "231, 232, 392, 393, 729, 731, 965, 967, 92029, 92030, 92060 or 92061".

11 Schedule 1 (after item 244)

Insert:

392	Professional attendance by a prescribed medical practitioner to prepare a GP chronic condition management plan for a patient	125.30
393	Professional attendance by a prescribed medical practitioner to review a GP chronic condition management plan prepared by the prescribed medical practitioner or an associated medical practitioner	125.30

12 Schedule 1 (item 249, column 2)

Omit "permanent resident of", substitute "care recipient in".

13 Subclause 2.15.14(3) of Schedule 1

Omit "usual general practitioner or prescribed medical practitioner", substitute "usual medical practitioner".

14 Division 2.16 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.16—Group A15 and Subgroup 6 of Group A7: GP chronic condition management plans, multidisciplinary care plans and case conferences

Note: Items in Subgroup 6 of Group A7 are set out in Division 2.10.

15 Clause 2.16.1 of Schedule 1 (heading)

Repeal the heading, substitute:

2.16.1 Restrictions on items 729 to 866, 965 and 967, 231 to 240 and 392 and 393—services by certain medical practitioners

16 Before subclause 2.16.1(1) of Schedule 1

Insert:

(1A) This clause applies to items 729 to 866, 965 and 967, 231 to 240 and 392 and 393.

17 Subclause 2.16.1(1) of Schedule 1

Omit "Items 729 to 866 and items 229 to 240", substitute "The items".

18 Clause 2.16.2 of Schedule 1

Repeal the clause, substitute:

2.16.2 Meaning of *associated medical practitioner*

In items 967 and 393:

associated medical practitioner means a medical practitioner who, if not engaged in the same general practice as the general practitioner or prescribed medical practitioner mentioned in the item, performs the service described in the item at the request of the patient (or the patient's guardian).

19 Clauses 2.16.4 and 2.16.5 of Schedule 1

Repeal the clauses.

20 Clauses 2.16.7 to 2.16.10 of Schedule 1

Repeal the clauses, substitute:

2.16.7 Meaning of *preparing a GP chronic condition management plan*

(1) In items 965 and 392:

preparing a GP chronic condition management plan, for a patient, means a process by which a general practitioner (for item 965) or a prescribed medical practitioner (for item 392):

(a) prepares a written plan for the patient that describes:

(i) the patient's chronic condition and associated health care needs; and

(ii) health and lifestyle goals developed by the patient and medical practitioner using a shared decision making approach; and

(iii) actions to be taken by the patient; and

(iv) treatment and services the patient is likely to need; and

(v) if the patient would benefit from multidisciplinary care to manage the chronic condition, the treatments or services to which the practitioner will refer the patient (including the purposes of those treatments or services); and

(vi) arrangements to review the plan (including the proposed timeframe for review); and

(b) if the patient is to be referred to a member or members of a multidisciplinary team for management of the patient's chronic condition:

(i) obtains the patient's consent to sharing relevant information (including relevant parts of the plan) with the members of the multidisciplinary team; and

(ii) if the patient so consents—provides relevant parts of the plan to the members of the multidisciplinary team; and

(c) records the patient's consent and agreement to the preparation of the plan; and

(d) offers a copy of the plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(e) adds a copy of the plan to the patient's medical records.

(2) For the purposes of this clause, a ***member of a multidisciplinary team*** is a person other than the general practitioner or prescribed medical practitioner who:

(a) provides treatment or a service to the patient; and

(b) provides a different kind of treatment or service to the patient than each other member of the multidisciplinary team; and

(c) is not an unpaid carer of the patient.

2.16.8 Meaning of *reviewing a GP chronic condition management plan*

(1) In items 967 and 393:

reviewing a GP chronic condition management plan, in relation to a patient with a GP chronic condition management plan, means a process by which a general practitioner (for item 967) or a prescribed medical practitioner (for item 393):

(a) discusses with the patient, and documents:

(i) the patient's progress in relation to meeting the goals mentioned in paragraph (a) of the definition of ***preparing a GP chronic condition management plan***; and

(ii) whether any updates should be made to the GP chronic condition management plan;

taking into account:

(iii) whether the goals remain appropriate and the degree of progress towards meeting the goals; and

(iv) information provided by members of the multidisciplinary team (if any) referred to in paragraph (b) of the definition of ***preparing a GP chronic condition management plan*** in relation to the members' treatment of the patient and the extent to which the treatments or services provided by the members are supporting the patient to meet the patient's goals; and

(b) updates the arrangements to review the plan (including the proposed timeframe for review); and

(c) makes any other updates to the plan required as a result of the discussions referred to in paragraph (a); and

(d) if the patient is to be referred to a member or members of a multidisciplinary team for management of the patient's chronic condition:

(i) obtains the patient's consent to sharing relevant information (including relevant parts of the plan) with the members of the multidisciplinary team; and

(ii) if the patient so consents—provides relevant updated parts of the plan to the members of the multidisciplinary team; and

(e) records the patient's consent and agreement to the updates; and

(f) offers a copy of the updated plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(g) adds a copy of the updated plan to the patient's medical records.

(2) For the purposes of this clause, a ***member of a multidisciplinary team*** is a person other than the general practitioner or prescribed medical practitioner who:

(a) provides treatment or a service to the patient; and

(b) provides a different kind of treatment or service to the patient than each other member of the multidisciplinary team; and

(c) is not an unpaid carer of the patient.

2.16.9 Restrictions on items 729, 731, 965, 967, 231, 232, 392 and 393—services for certain patients

(1) An item of this Schedule mentioned in column 1 of table 2.16.9 applies only to a service for a patient who:

(a) suffers from at least one chronic condition; and

(b) is described in column 2 of table 2.16.9.

Table 2.16.9—Restriction on items 729, 731, 965, 967, 231, 232, 392 and 393—services for certain patients

Item	Column 1 Items of this Schedule	Column 2 Description of patient
1	965, 967, 392 and 393	Both: (a) the patient: (i) is a private in-patient of a hospital; or

Table 2.16.9—Restriction on items 729, 731, 965, 967, 231, 232, 392 and 393—services for certain patients		
Item	**Column 1** **Items of this Schedule**	**Column 2** **Description of patient**
		(ii) is not a public in-patient of a hospital or a care recipient in a residential aged care facility; and (b) the patient is provided with the service: (i) if the patient is enrolled in MyMedicare—at the general practice at which the patient is so enrolled; or (ii) if the patient is not enrolled in MyMedicare—by the patient's usual medical practitioner
2	729 and 231	The patient: (a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner; and (b) is not a care recipient in a residential aged care facility
3	731 and 232	The patient: (a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner; and (b) is a care recipient in a residential aged care facility

(2) For the purposes of this clause, a ***collaborating provider*** is a person who:

(a) provides treatment or a service to a patient; and

(b) is not an unpaid carer of the patient.

2.16.10 Restrictions on items 965, 967, 392 and 393 (GP chronic condition management plans)

Items 965 and 967

(1) Items 965 and 967 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

Items 392 and 393

(2) Items 392 and 393 apply only to a service provided in the course of personal attendance by a single prescribed medical practitioner on a single patient.

Items 965, 967, 392 and 393

(3) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist general practitioners or prescribed medical practitioners in preparing or reviewing a GP chronic condition management plan, in accordance with accepted medical practice, and under the supervision of the general practitioner or the prescribed medical practitioner, as the case may be.

(4) For the purposes of subclause (3), assistance may include activities associated with:

(a) information collection; and

(b) supporting collaboration with a multidisciplinary team (if any) to which the patient is or is to be referred in accordance with the plan; and

(c) at the direction of the general practitioner or prescribed medical practitioner—providing further information to the patient on any treatments, services or interventions considered or discussed during preparation or review of the plan.

21 Clause 2.16.11 of Schedule 1 (heading)

Omit "**721, 723, 732, 229, 230 and 233**", substitute "**965, 967, 392, 393, 92029, 92030, 9206 and 92061**".

22 Clause 2.16.11 of Schedule 1

Omit "721, 723, 732, 229, 230 or 233", substitute "965, 967, 392, 393, 92029, 92030, 9206 and 92061".

23 Clauses 2.16.12 and 2.16.12A of Schedule 1

Repeal the clauses, substitute:

2.16.12 Conditions relating to timing of services in items 231, 232, 392, 393, 729, 731, 965 and 967 if exceptional circumstances do not exist

(1) Subclause (3) applies to the performances of services for a patient for whom exceptional circumstances do not exist.

(2) For the purposes of subclause (1), ***exceptional circumstances***, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

(3) An item of this Schedule mentioned in column 1 of an item of table 2.16.12 applies in the circumstances mentioned in column 2 of that item of table 2.16.12.

Table 2.16.12—Conditions relating to timing of services in items 231, 232, 392, 393, 729, 731, 965 and 967

Item	Column 1 Items of this Schedule	Column 2 Circumstances
1	729 and 231	The circumstances are that: (a) in the preceding 3 months, a service to which item 231, 232, 393, 729, 731, 967, 92027, 92058, 92030 or 92061 applies has not been provided to the patient; or (b) in the preceding 12 months, a service to which both of the following subparagraphs apply has not been provided to the patient: (i) the service is a service to which item 392, 393, 965, 967, 92029, 92030, 92060 or 92061 applies; (ii) the service is performed by the medical practitioner who performs the service to which item 729 or 231 would, but for this item, apply
2	731 and 232	The circumstances are that in the preceding 3 months a service to which item 231, 232, 392, 393, 729, 731, 965, 967, 92027, 92029, 92030, 92057, 92060 or 92061 applies has not been provided to the patient

Table 2.16.12—Conditions relating to timing of services in items 231, 232, 392, 393, 729, 731, 965 and 967

Item	Column 1 Items of this Schedule	Column 2 Circumstances
3	965 and 392	The circumstances are that: (a) the service: (i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and (ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and (iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner; and (b) in the preceding 3 months, a service to which item 231, 232, 393, 729, 731, 967, 92026, 92027, 92030, 92057, 92059 or 92061 applies has not been provided to the patient; and (c) in the preceding 12 months, a service to which item 392, 965, 92029 or 92060 applies has not been provided to the patient
4	967 and 393	The circumstances are that: (a) the service: (i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and (ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and (iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner; and (b) in the preceding 3 months, a service to which item 393, 967, 92030 or 92061 applies has not been performed for the patient

24 Clause 2.16.13 of Schedule 1 (Group A15 table, table heading)

Repeal the heading, substitute:

Group A15—GP chronic condition management plans, multidisciplinary care plans and case conferences

25 Schedule 1 (Subgroup 1 of Group A15 table, heading)

Repeal the heading, substitute:

Subgroup 1—GP chronic condition management plans and multidisciplinary care plans

26 Schedule 1 (items 721, 723 and 732)

Repeal the items.

27 Schedule 1 (at the end of Subgroup 1 of Group A15)

Add:

965	Professional attendance by a general practitioner to prepare a GP chronic condition management plan for a patient	156.55
967	Professional attendance by a general practitioner to review a GP chronic condition management plan prepared by the general practitioner or an associated medical practitioner	156.55

28 Clause 2.16.20 of Schedule 1 (Group A15 table, table heading)

Repeal the heading, substitute:

Group A15—GP chronic condition management plans, multidisciplinary care plans and case conferences

29 Schedule 1 (items 735, 739, 743, 747, 750 and 758, column 2)

Omit "items 721 to 732 apply", substitute "item 729, 731, 965, 967, 231, 232, 392, 393, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies".

30 After clause 2.17.3 of Schedule 1

Insert:

2.17.3A Restrictions on items 900 and 245—domiciliary medication management reviews

Items 900 and 245 apply to a service provided on or after 1 July 2027 only if the patient has a GP chronic condition management plan that was prepared, or has been reviewed, in the period of 18 months ending immediately before the service to which item 900 or 245 applies is provided.

31 Clause 3.1.1 of Schedule 1

Insert:

GP chronic condition management plan means a plan under item 392, 965, 92029 or 92060.

32 Clause 3.1.1 of Schedule 1 (definition of *GP management plan*)

Omit "721 or 732 (for coordination of a review of a GP management plan under item 721)", substitute "229, 721, 92024 or 92055".

33 Clause 3.1.1 of Schedule 1

Insert:

person with a chronic condition means:

(a) a person who has a plan under item 231, 232, 392, 729, 731, 965, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061; or

(b) until the end of 30 June 2027—a person who has a plan under item 229, 230, 721, 723, 92024, 92025, 92028, 92055, 92056 or 92059 that was prepared before 1 July 2025.

34 Clause 3.1.1 of Schedule 1 (definition of *person with a chronic disease*)

Repeal the definition.

35 Schedule 1 (cell at item 10997, column 2)

Repeal the cell, substitute:

Service provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if:

(a) the service is provided on behalf of and under the supervision of a medical practitioner; and

(b) the person is not an admitted patient of a hospital; and

(c) the person has in place:

(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or

(ii) until the end of 30 June 2027—a GP management plan, or team care arrangements, prepared before 1 July 2025; or

(iii) a multidisciplinary care plan; and

(d) the service is consistent with the plan or arrangements

Applicable up to a total of 5 services to which this item, item 92301 or item 93203 applies in a calendar year

36 Clause 3.2.1 of Schedule 1 (definition of *MyMedicare*)

Repeal the definition.

37 Schedule 1 (item 11607, column 2, subparagraph (g)(ii))

Repeal the subparagraph, substitute:

(ii) is not associated with a service to which any of the following items apply:

(A) 177;

(B) 224 to 228;

(C) 231 to 244;

(D) 392 or 393;

(E) 699;

(F) 701 to 707;

(G) 715;

(H) 729, 731, 965 or 967;

(I) 735 to 758;

(J) 92004, 92011, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061.

38 Schedule 1 (item 11607, column 2, note)

Repeal the note.

39 Clause 7.1.1 of Schedule 1 (definition of *associated general practitioner*)

Repeal the definition, substitute:

associated general practitioner, for item 2712, has the meaning given by clause 2.20.5.

40 Clause 7.1.1 of Schedule 1 (paragraph (a) of the definition of *associated medical practitioner*)

Repeal the paragraph, substitute:

(a) for items 393 and 967—has the meaning given by clause 2.16.2.

41 Clause 7.1.1 of Schedule 1

Insert:

chronic condition means a medical condition that:

(a) has been (or is likely to be) present for at least 6 months; or

(b) is terminal.

42 Clause 7.1.1 of Schedule 1 (definitions of *coordinating a review of team care arrangements* and *coordinating the development of team care arrangements*)

Repeal the definitions.

43 Clause 7.1.1 of Schedule 1

Insert:

GP chronic condition management plan, for item 10997, has the meaning given by clause 3.1.1.

MyMedicare means the registration program by that name administered by the Department.

44 Clause 7.1.1 of Schedule 1 (definition of *patient's usual general practitioner*)

Repeal the definition.

45 Clause 7.1.1 of Schedule 1

Insert:

person with a chronic condition, for item 10997, has the meaning given by clause 3.1.1.

46 Clause 7.1.1 of Schedule 1 (definition of *person with a chronic disease*)

Repeal the definition.

47 Clause 7.1.1 of Schedule 1

Insert:

preparing a GP chronic condition management plan, for items 392 and 965, has the meaning given by clause 2.16.7.

48 Clause 7.1.1 of Schedule 1 (definition of *preparing a GP management plan*)

Repeal the definition.

49 Clause 7.1.1 of Schedule 1

Insert:

reviewing a GP chronic condition management plan, for items 393 and 967, has the meaning given by clause 2.16.8.

50 Clause 7.1.1 of Schedule 1 (definition of *reviewing a GP management plan*)

Repeal the definition.

51 Clause 7.1.1 of Schedule 1 (definition of *team care arrangements*)

Omit "723 or 732 (for a review of team care arrangements under item 723)", substitute "230, 729, 92025 or 92056".

52 Clause 7.1.1 of Schedule 1

Insert:

usual medical practitioner, in relation to a patient, means a general practitioner or prescribed medical practitioner:

(a) who has provided the majority of services to the person in the past 12 months; or

(b) who is likely to provide the majority of services to the person in the following 12 months; or

(c) located at a medical practice that:

(i) has provided the majority of services to the person in the past 12 months; or

(ii) is likely to provide the majority of services to the person in the next 12 months.

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53 Subsection 28(1) (table item 10, column 2)

Omit "229, 230, 231, 232, 233,", substitute "231, 232,".

54 Subsection 28(1) (table item 10, column 2)

After "244,", insert "392, 393,".

55 Subsection 28(1) (table item 19, column 2)

Omit "721, 723, 729, 731, 732,", substitute "729, 731,".

56 Subsection 28(1) (at the end of the cell at table item 19, column 2)

Add ", 965, 967".

57 Subsection 28(1) (cell at table item 28H, column 2)

Repeal the cell, substitute:

92026, 92027, 92029, 92030, 92057, 92058, 92060, 92061