EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Chronic Condition Management) Determination 2025

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 subsection 4(1) of the Act. The most recent version of the regulations is the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST).

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 the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Chronic Condition Management) Determination 2025* (the Amendment Determination) is to amend the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021* (the Telehealth Determination) from 1 July 2025 to:

- implement changes to telehealth items for chronic condition management services as part of broader amendments to chronic condition management arrangements, which will be predominantly implemented through amendments to the Table; and
- revise the referral requirements for specified allied health telehealth services consistent with the arrangements for face to face services being implement as part of the amended chronic condition management framework.

<u>Amendments to chronic condition management arrangements</u>

If approved and on 1 July 2025, the *Health Insurance Legislation Amendment (2025 Measure No. 1) Regulations 2025* (the Amendment Regulations) will update the arrangements for chronic condition management planning by general practitioners and prescribed medical practitioners under the Medicare Benefits Schedule (MBS) to modernise, streamline and simplify the arrangements for chronic condition management. These changes will also include consequential amendments to items in Groups M3, M9 and M11 of the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024* (the Allied Health Determination) to ensure patients have appropriate access to allied health services for the treatment and management of chronic conditions.

As part of the broader amendments to chronic condition management arrangements, the Amendment Determination will implement changes to telehealth services in line with the changes to face-to-face equivalent services in the Table and the Allied Health Determination. The changes to the Telehealth Determination include:

- introducing new telehealth attendance items for preparation and review of GP chronic condition management plans by general practitioners (GPs) and prescribed medical practitioners (PMPs);
- introducing a requirement for patients to have received a planning service or review service in the last 18 months to continue accessing allied health services under a GP chronic condition management plan;
- implementing transitional arrangements from 1 July 2025 to 30 June 2027 to allow patients to continue accessing telehealth follow-on services under a GP Management Plan and Team Care Arrangements put in place prior to 1 July 2025; and
- updating terminology to align with contemporary clinical practice.

These changes mirror the changes for face-to-face items under the revised chronic condition management framework.

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 2024-25 Budget under the *Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule* measure.

Introduction of referral requirements for allied health services

The Amendment Determination will also introduce referral requirements for allied health telehealth services to which an item in Subgroup 11, 12, 13, 14, 14, 17, 18, 25 or 26 of Group M18 applies. The requirements will replicate amendments to referral requirements for face-to-face allied health items. These changes are a component of the amended chronic condition management framework.

The new requirements will only apply to referrals prepared on or after 1 July 2025 and will provide that a referral for a specified allied health service must:

- include certain particulars such as the name of the referring practitioner and the date on which the patient as referred to the treating practitioner;
- explain the reasons for referring the patient;
- be in writing; and
- be signed by the referring practitioner (includes electronic signature).

The new referral requirements for allied health services were agreed to by Government as part of the 2023-24 Budget under the *A Modern and Clinically Appropriate Medicare Benefits Schedule* measure and the 2024-25 Budget under the *Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule* measure.

Consultation

The GPPCCC undertook public consultation on the proposed changes to chronic condition management. Advice relating to the implementation of these changes, including the changes to referral requirements, has also been sought from the sector through an Implementation Liaison Group and a Communications Working Group

that was established to support communications with affected professions. Stakeholder feedback was largely supportive of the proposed policy changes.

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

The Amendment Determination commences immediately after commencement of the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025*.

Details of the Amendment Determination are set out in the Attachment.

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

ATTACHMENT

Details of the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Chronic Condition Management) Determination 2025*

Section 1 – Name

Section 1 provides for the Amendment Determination to be referred to as the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Chronic Condition Management) Determination 2025* (the Amendment Determination).

Section 2 – Commencement

Section 2 provides for the Amendment Determination to commence immediately after commencement of the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025*.

Section 3 – Authority

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

Section 4 – Schedules

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 – Telehealth and Telephone Attendances) Determination 2021 (Telehealth Determination).

Item 1 repeals the definitions for the terms ***coordinating a review of team care arrangements*** and ***coordinating the development of team care arrangements*** in subsection 5(1). These terms will no longer be necessary following the removal of existing telehealth Team Care Arrangements items (refer to **items 17**, **19** and **21**).

Item 2 introduces a new definition for the term ***GP chronic condition management plan*** and a definition for the term ***GP management plan***.

The term ***GP chronic condition management plan*** will have the same meaning as specified in clause 3.1.1 of the Table, which will provide that this term means a plan under item 392, 965, 92029 and 92060. The definition for this term will be inserted into clause 3.1.1 of the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST) by the *Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025* (the Amendment Regulations).

The term ***GP management plan*** will mean a GP management plan to which item 229, 721, 92024 and 92025 applies. This definition will also specify that it relates to services provided

under the listed items prior to 1 July 2025. This term will be maintained as part of the transitional arrangements for chronic condition management services to facilitate continued access to allied health services for patients who receive a planning or review service for a GP Management Plan before the new arrangements come into effect on 1 July 2025.

Note, further changes to chronic condition management planning arrangements will be implemented through the Amendment Regulations and the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Chronic Condition Management) Determination 2024*.

Item 3 amends subsection 5(1) to repeal the definition for the term ***preparing a GP management plan*** as it will no longer be necessary following the removal of existing telehealth GP Management Plan items (refer to **items 17** and **19**).

Item 4 introduces new definitions for the terms ***preparing a GP chronic condition management plan***, ***provider number*** and ***reviewing a GP chronic condition management plan***.

The term ***provider number*** will have the same definition as specified in section 4 of the *Health Insurance Regulations 2018*. The term ***preparing a GP chronic condition management plan*** will have the meaning given by clause 2.16.7 of the GMST and the term ***reviewing a GP chronic condition management plan*** will have the meaning given by clause 2.16.8 of the GMST.

Item 5 repeals the definition for the term ***reviewing a GP management plan*** as it will no longer be necessary following the removal of existing telehealth GP Management Plan items (refer to **items 17** and **19**).

Item 6 introduces a new definition for the term ***Team Care Arrangements*** which provides that the term means a GP coordination of the development of team care arrangements to which item 230, 729 92025 or 92056 applies. This definition will also specify that it relates to services provided under the listed items prior to 1 July 2025. This term will be introduced as part of the transitional arrangements for chronic condition management services to facilitate continued access to allied health services for patients who receive a planning or review service for a Team Care Arrangement before the new arrangements come into effect on 1 July 2025.

Item 7 inserts references to the new GP and PMP items for the preparation and review of a GP chronic condition management plan (refer to **items 18** and **20**) into subsection 7(4) to provide that that subsection 7(3) does not apply to the new items. Subsection 7(3) provides that an item in a schedule of the Telehealth Determination only applies to a service that is an attendance by a single health professional on a single person.

Items 8 and 9 amends subsection 7(6) to insert references to the new GP and PMP items for the preparation and review of a GP chronic condition management plan (refer to **items 18** and **20**) to provide that subsection 7(5) does not apply to the new items. Subsection 7(5) provides that an item in Schedule 1 or 8 of the Telehealth Determination applies to a service performed by the patient's usual medical practitioner. Note, for the purposes of subsection 7(5), patient's usual medical practitioner is defined by subsection 7(7).

Item 10 inserts new section 9, which provides referral requirements for services listed in Subgroup 11, 12, 13, 14, 15, 17, 18, 25 or 26 of Group M18. The new requiremenrs will only apply to referrals prepared on or after 1 July 2025.

Subsection 9(2) provides that a referral for a service listed in one of the Subgroups mentioned in subsection 9(1) must include:

- the name of the referring practitioner;
- the address of the place of practice, or the provider number in respect of the place of practice, of the referring practitioner;
- the date on which the patient was referred by the referring practitioner to the treating practitioner; and
- the period of validity of the referral, if relevant.

Subsection 9(3) provides that a referral for a service listed in one of the subgroups mentioned in subsection 9(1) must be:

- in writing;
- signed by the referring practitioner (includes electronic signatures); and
- dated.

Subsection 9(4) provides that a referral for a service listed in one of the subgroups mentioned in subsection 9(1) must explain the reasons for referring the patient, including any information about the patient's condition that the referring practitioner considers necessary to give to the treating practitioner.

Subsection 9(5) defines the terms ***referring practitioner*** and ***treating practitioner*** for the purposes of section 9.

Subsection 9(6) provides the requirements relating to lost referrals for the purposes of a service listed in one of the Subgroups mentioned in subsection 11(1).

Subsection 9(7) provides the period of validity for referrals for a service listed in Subgroup 11, 12, 17, 18, 25 or 26 of Group M18.

Item 11 repeals and replaces clause 1.1.04 of Schedule 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. Additionally, the clause will insert new definitions of ***chronic condition*** and ***usual medical practitioner*** for the purpose of clause 1.1.04 and specify requirements for the application of items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061.

The updated subclauses 1.1.04(1) and 1.1.04(2) will provide that items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061 only apply to a patient who suffers from at least once chronic condition, and requires ongoing care from at least 3 persons who provide treatment to the patients (but who are not family carers of the patient) where each person provides a different kind of treatment service to the patient, and at least one of which is a medical practitioner.

Subclause 1.1.04(3) will provide that the term ***chronic condition*** has the meaning given by clause 7.1.1 of the GMST.

Subclause 1.1.04(4) will provide that items 92029, 92030, 92060 and 92061 only apply to a service if the patient is:

- not a care recipient in a residential aged care facility; and
- is provided with the service:
    - if the patient is enrolled in MyMedicare, at the general practice at which the patient is also enrolled; or
    - if the patient is not enrolled in MyMedicare, by the patient's usual medical practitioner.

Subclause 1.1.04(5) will provide that for the purpose of subclause 1.1.04(4), ***usual medical practitioner*** has the meaning given by clause 7.1.1 of the Table. From 1 July 2025, clause 7.1.1 will define ***usual medical practitioner*** as a general practitioner or prescribed medical practitioner:

- 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.

Item 12 repeals and replaces clause 1.1.05 of Schedule 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. This change will apply a claiming restriction to any item specified in paragraph 2.16.11(1), (b), (c), (d), (e) or (f) of the Table if the item has been provided by a general medical practitioner or prescribed medical practitioner on the same day for the same patient for who the practitioner provides a service mentioned in time 92029, 92030, 92060 or 92061.

Item 13 repeals and replaces clause 1.1.06 of Schedule 1 to consolidate and update clause 1.1.06 and 1.1.09 (refer to **item 16**) into a single updated clause 1.1.06, removing references to existing GP management plan and team care arrangements items, and inserting references to the new GP chronic condition management plan items. Currently, clauses 1.1.06 and 1.1.09 provide frequency limitations for chronic condition management planning services by GPs and PMPs respectively. The updated clause 1.1.06 applies 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. These changes will also simplify the language used in updated clause 1.1.06 to provide greater clarity in relation to the frequency restrictions for the listed services.

Item 14 repeals and replaces clause 1.1.07 of Schedule 1 to:

- remove definitions relating to GP management plan items for PMPs, as the definitions will no longer be relevant following the removal of these items on 1 July 2025 (refer to **item 17, 19** and **21**); and
- insert provisions relating to the new chronic condition management plan items (refer to **items 18** and **20**).

Clause 1.1.07 will be updated to provide restrictions for new GP chronic condition management plan services under items 92029, 92030, 92060 and 92061 (refer to **items 18** and **20**). The updated clause 1.1.07 will provide that for services provided under items 92029, 92030, 92060 and 92061:

- The service will 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) provides a non-exhaustive list of activities that may constitute assistance.

Item 15 repeals clause 1.1.08 of Schedule 1 as it will no longer be relevant following the removal of items 92055, 92056 and 92059 (refer to **items 19** and **item 21**) and the consolidation of relevant parts of subclause 1.1.08(3) into the updated clause 1.1.04 (refer to **item 11**).

Item 16 repeals clause 1.1.09 of Schedule 1 as it will no longer be relevant following the removal of items 92055, 92056 and 92059 (refer to **items 19** and **item 21**) and the consolidation of the clause with updated clause 1.1.06 (refer to **item 13**).

Item 17 repeals GP items 92024 and 92025 for preparing a GP management plan and establishing team care arrangements respectively. These items will be replaced by new GP items 92029 and 92030 (refer to **item 18**) for chronic condition management planning as part of the updates to chronic condition management planning services.

Item 18 inserts new items 92029 and 92030 for the preparation and review of a GP chronic condition management plan by a GP into Subgroup 13 of Group A40. These new items will replace existing GP items 92024, 92025 and 92028 for the preparation and review of a GP management plan and team care arrangements, which will be repealed on 1 July 2025 (refer to **items 17** and **item 19**).

Item 19 repeals GP item 92028 and PMP items 92055 and 92056 for review of a GP management plan or team care arrangement, preparing a GP management plan and establishing team care arrangements respectively. These items will be replaced by new GP items 92029 and 92030 (refer to **item 18**) and new PMP items 92060 and 92061 (refer to **item 20**) for chronic condition management planning as part of updates to chronic condition management planning services under the Medicare Benefits Schedule (MBS).

Item 20 inserts new items 92060 and 92061 for the preparation and review of a GP chronic condition management plan by a PMP into Subgroup 13 of Group A40. These new items will replace existing PMP items 92055 and 92056 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 19**).

Item 21 repeals PMP item 92059 for review of a GP management plan or team care arrangement. This item will be replaced by new PMP items 92060 and 92061 (refer to **item 20**) for chronic condition management planning as part of updates to chronic condition management planning services under the MBS.

Item 22 amends allied health telehealth items 93000 and 93013 for chronic condition management services to provide that services under the items will only be available if:

- the patient has a chronic condition and a complex care need being managed by a medical practitioner (other than a specialist or consultant physician) under:
    - a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or

    - until the end of 31 October—a GP Management Plan and Team Care Arrangements prepared prior 1 July 2025; or
    - a multidisciplinary care plan; and
- the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs.

The changes to items 93000 and 93013 will align these services with the new arrangements for chronic condition management. Until the end of 30 June 2027, patients will continue to have access to services under these items using existing GP Management Plans prepared before 1 July 2025. From 1 July 2027, patients will be required to have a GP chronic condition management plan or a multidisciplinary care plan to access services under items 93000 and 93013.

Item 23 amends allied health telehealth items 93048 and 93061 for services provided to patients of Aboriginal or Torres Strait Islander descent to provide access to services under these items if:

- the patient has a chronic condition and a complex care need being managed by a medical practitioner (other than a specialist or consultant physician under:
    - a GP chronic condition management t plan that has been prepared or reviewed in the last 18 months; or
    - until the end of 31 October—a GP Management Plan and Team Care Arrangement prepared prior 1 July 2025; or
    - a multidisciplinary care plan; and
- the service is recommended in the patient's plan or arrangements as part of the management of the patient's chronic condition and complex care needs.

The changes to items 93048 and 93061 will align these services with the new arrangements for chronic condition management. Until the end of 30 June 2027, patients will continue to have access to services under these items using existing GP Management Plans prepared before 1 July 2025. From 1 July 2027, patients will be required to have a GP chronic condition management plan or a multidisciplinary care plan to access services under items 93048 and 93061.

Item 24 amends the definitions of ***GP management plan*** and ***multidisciplinary care plan*** for the purposes of telehealth and phone attendances provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner under item 93201 or 93203, and telehealth and phone attendances by an eligible dietician to assess a patient's suitability for group services for the management of type 2 diabetes under item 93284 or 93286.

The terms ***GP management plan*** and ***multidisciplinary care plan*** will be updated to specify that they relate to services provided prior to 1 July 2025. The term ***GP management plan*** will be retained as part of the transitional arrangements for chronic condition management services to facilitate continued access to services for patients who receive a planning or review service for a GP management plan before the new arrangements come into effect on 1 July 2025.

Additionally, **item 24** inserts a definition of ***person with a chronic condition*** that specifies that it means a person who has a plan under specified chronic condition management items, or, until 30 June 2027, a person who has a plan under specified team care arrangements and multidisciplinary care plans items.

Item 25 amends allied health telehealth attendance item 93201 for services provided to patients of Aboriginal or Torres Strait Islander descent to provide access to services under these items if:

- the service is provided on behalf of and under the supervision of a medical practitioner under:
    - a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
    - until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
    - a multidisciplinary care plan; and
- the service is consistent with the patient's care plan or arrangement.

The change will allow patients with a GP chronic condition management plan to access services under item 93201 as well as allowing patients to continue accessing these services until the end of 30 June 2027 under a GP Management Plan and Team Care Arrangements put in place prior to 1 July 2025.

Item 26 amends allied health phone item 93203 for services provided to patients of Aboriginal or Torres Strait Islander descent to provide access to services under these items if:

- the service is provided on behalf of and under the supervision of a medical practitioner under:
    - a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
    - until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
    - a multidisciplinary care plan; and
- the service is consistent with the patient's care plan or arrangement.

The change will allow patients with a GP chronic condition management plan to access services under item 93203 as well as allowing patients to continue accessing these services until the end of 30 June 2027 under a GP Management Plan and Team Care Arrangements put in place prior to 1 July 2025.

Item 27 amends allied health telehealth items 93284 and 93286 for chronic condition management services to provide that services under the items will only be available if:

- the patient has a chronic condition and a complex care need being managed by a medical practitioner (other than a specialist or consultant physician under:
    - a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
    - until the end of 31 October—a GP Management Plan prepared prior 1 July 2025; or
    - a multidisciplinary care plan; and
- the patient is referred to an eligible diabetes educator by the medical practitioner.

The changes to items 93284 and 93286 will align the services with the new arrangements for chronic condition management services. Until the end of 30 June 2027, patients will continue to have access to services under these items using existing GP Management Plans prepared before 1 July 2025. From 1 July 2027, patients will be required to have a GP chronic condition management plan or a multidisciplinary care plan to access services under items 93284 and 93286.

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 – Telehealth and Telephone Attendances) Amendment (Chronic Condition Management) Determination 2025

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 the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (Chronic Condition Management) Determination 2025* (the Amendment Determination) is to amend the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021* (the Telehealth Determination) from 1 July 2025 to:

- implement changes to telehealth items for chronic condition management services as part of broader amendments to chronic condition management arrangements, which will be predominantly implemented through amendments to the general medical services table (Table); and
- revise the referral requirements for specified allied health telehealth services.

Amendments to chronic condition management arrangements

If approved and on 1 July 2025, the *Health Insurance Legislation Amendment (2024 Measure No. 4) Regulations 2024* (the Amendment Regulations) will update the arrangements for chronic condition management planning by general practitioners and prescribed medical practitioners under the Medicare Benefits Schedule (MBS) to modernise, streamline and simplify the arrangements for chronic condition management. These changes will also include amendments to items in Groups M3, M9 and M11 of the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024* (the Allied Health Determination) to ensure patients have appropriate access to allied health services for the treatment and management of chronic conditions.

As part of the broader amendments to chronic condition management arrangements, the Amendment Determination will implement changes to telehealth services in line with the changes to face-to-face equivalent services in the Table and the Allied Health Determination. The changes to the Telehealth Determination include:

- introducing new telehealth attendance items for preparation and review of GP chronic condition management plans by general practitioners (GPs) and prescribed medical practitioners (PMPs);
- introducing a requirement for patients to have received a planning service or review service in the last 18 months to continue accessing allied health services under a GP chronic condition management plan;
- implementing transitional arrangements from 1 July 2025 to 30 June 2027 to allow patients to continue accessing telehealth follow-on services under a GP Management Plan and Team Care Arrangements put in place prior to 1 July 2025; and
- updating terminology to align with contemporary clinical practice.

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 and the 2024-25 Budget under the *Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule* measure.

Introduction of referral requirements for allied health services

The Amendment Determination will also introduce referral requirements for allied health telehealth services to which an item in Subgroup 11, 12, 13, 14, 14, 17, 18, 25 or 26 of Group M18 applies. These changes form part of the broader amendments to the chronic condition management framework.

The new requirements will only apply to referrals prepared on or after 1 July 2025 and will provide that a referral for a specified allied health service must:

- include certain particulars such as the name of the referring practitioner and the date on which the patient as referred to the treating practitioner;
- explain the reasons for referring the patient;
- be in writing; and
- be signed by the referring practitioner (includes electronic signature).

The new referral requirements for allied health services were agreed to by Government as part of the 2024-25 Budget under the *Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule* measure.

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 maintains the rights to health and social security and the right of equality and non-discrimination as it ensures patients continue to have access to Medicare benefits for telehealth services related to chronic condition management and provides clarity relating to the requirements for referrals for allied health telehealth services.

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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