

EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance (Section 3C General Medical Services – Heart Health Assessment) Amendment 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*.

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 – Heart Health Assessment) Amendment Determination 2025* (the Amendment Determination) is to insert a repeal provision into the *Health Insurance (Section 3C General Medical Services – Heart Health Assessment No.2) Determination 2019* (the Principal Determination).

On 24 February 2019, the Government announced it would list new Medicare heart health assessment services to support the assessment of a patient's cardiovascular risk by general practitioners and prescribed medical practitioners. The services available under the Principal Determination are temporary MBS items 699 and 177, which are for a heart health attendance by a general practitioner and a prescribed medical practitioner, respectively.

Under the 2025-26 Budget *Strengthening Medicare* measure, the Australian Government extended the temporary heart health assessment items until 30 June 2028. In alignment with the *Strengthening Medicare* measure, the Amendment Determination will insert a repeal provision into the Principal Determination, providing that the Principal Determination is repealed on 30 June 2028 at 11:59pm. This means the temporary heart health assessment items 699 and 177 will no longer be available on the Medicare Benefits Schedule (MBS) from 1 July 2028.

Consultation

No consultation was undertaken on the change made by the Amendment Determination. This is because the change is administrative in nature to align the instrument with the policy authority.

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

The Amendment Determination commences on 1 November 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 – Heart Health Assessment) Amendment Determination 2025*Section 1 – Name

Section 1 provides for the instrument to be referred to as the *Health Insurance (Section 3C General Medical Services – Heart Health Assessment) Amendment Determination 2025* (Amendment Determination).

Section 2 – Commencement

Section 2 provides for the Amendment Determination to commence 1 November 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 – Heart Health Assessment No.2) Determination 2019

Item 1 amends the *Health Insurance (Section 3C General Medical Services – Heart Health Assessment No.2) Determination 2019* (the Principal Determination) to insert a cessation section. New section 3A will provide that the Principal Determination will be repealed on 30 June 2028 at 11:59 pm.

This will mean temporary heart health assessment items 699 and 177 will not be available on the Medicare Benefits Schedule from 1 July 2028.

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 – Heart Health Assessment)
Amendment 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 – Heart Health Assessment) Amendment Determination 2025* (the Amendment Determination) is to insert a repeal provision into the *Health Insurance (Section 3C General Medical Services – Heart Health Assessment No.2) Determination 2019* (the Principal Determination).

On 24 February 2019, the Government announced it would list new Medicare heart health assessment services to support the assessment of a patient's cardiovascular risk by general practitioners and prescribed medical practitioners. The services available under the Principal Determination are temporary MBS items 699 and 177, which are for a heart health attendance by a general practitioner and a prescribed medical practitioner, respectively.

Under the 2025-26 Budget *Strengthening Medicare* measure, the Australian Government extended the temporary heart health assessment items until 30 June 2028. In alignment with the *Strengthening Medicare* measure, the Amendment Determination will insert a repeal provision into the Principal Determination, providing that the Principal Determination is repealed on 30 June 2028 at 11:59pm. This means the temporary heart health assessment items 699 and 177 will no longer be available on the Medicare Benefits Schedule (MBS) from 1 July 2028.

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 does not affect the rights to health, the right to social security or the right of equality and non-discrimination. Patients will continue to be able to access the items until the end of 30 June 2028, noting that the items were introduced on the MBS on a temporary basis.

Conclusion

This instrument is compatible with human rights as it maintains the right to health and the right to social security and the right of equality and non-discrimination.

Louise Riley
Assistant Secretary
MBS Policy and Reviews Branch
Medicare Benefits and Digital Health Division
Health Resourcing Group
Department of Health, Disability and Ageing