

EXPLANATORY STATEMENT

A New Tax System (Goods and Services Tax) Act 1999

Electronic Transactions Act 1999

Foreign Acquisitions and Takeovers Act 1975

Health Insurance Act 1973

Healthcare Identifiers Act 2010

Human Services (Medicare) Act 1973

Migration Act 1958

National Consumer Credit Protection Act 2009

National Health Act 1953

Aged Care Legislation Consequential Amendments Regulations 2025

Purpose and operation

The *Aged Care Legislation Consequential Amendments Regulations 2025* amends the following:

- (a) *A New Tax System (Goods and Services Tax) Regulations 2019*;
- (b) *Electronic Transactions Regulations 2020*;
- (c) *Foreign Acquisitions and Takeovers Regulations 2015*;
- (e) *Health Insurance (General Medical Services Table) Regulations 2021*;
- (e) *Healthcare Identifiers Regulations 2020*;
- (f) *Human Services (Medicare) Regulations 2017*;
- (g) *Migration Regulations 1994*;
- (h) *National Consumer Credit Protection Regulations 2010*; and
- (i) *National Health (Pharmaceutical Benefits) Regulations 2017*.

Supplementary to the *Aged Care Act 2024*, consequential amendments are required to a range of regulations to amend references to the *Aged Care Act 1997*, the *Aged Care Quality and Safety Commission Act 2018*, and other legislation repealed by the *Aged Care (Consequential Amendments and Transitional Provisions) Act 2024*. These include regulations covering tax law, social security law, and health law, among others.

The purpose of the *Aged Care Legislation Consequential Amendments Regulations 2025* (the Regulations) is to make minor and technical amendments. This includes updating relevant definitions, to align with language and concepts used under the new aged care legislative framework and to ensure that the regulations that interact with the aged care framework, identified above, operate as intended.

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

The Regulations are to commence on the day the *Aged Care Act 2024* commences.

Background

The first recommendation of the Royal Commission into Aged Care Quality and Safety (Royal Commission) was for the development of a new Aged Care Act (Recommendation 1) to implement the fundamental reforms required to the aged care system. The *Aged Care Act*

2024 (the Act) responds to around 60 recommendations of the Royal Commission, and legislates the Government's response to the recommendations in the Final Report of the Aged Care Taskforce (Taskforce), as well as Support at Home, strengthened Quality Standards, stronger powers for the Aged Care Quality and Safety Commission and a Statement of Rights for older people.

The Act establishes a modern rights-based legislative framework that focuses on the safety, health and wellbeing of older individuals and places their needs at the centre of the aged care system, with funding and regulation of programs targeted for the benefit of older individuals, their families and carers. The Act provides legislative authority for the delivery of funded aged care services to individuals under the Commonwealth aged care system, including those programs which were previously outside the scope of aged care legislation such as the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program and Commonwealth Home Support Programme (CHSP).

The Act also introduces a new risk-based regulatory model designed to encourage delivery of high quality funded aged care services by registered providers and increase provider accountability.

The Authorising Acts specify no conditions that need to be met before the power to make the Regulations may be exercised.

Authority

A New Tax System (Goods and Services Tax) Act 1999

The amendments to the *A New Tax System (Goods and Services Tax) Regulations 2019* support the operation of the Aged Care Act 2024. Generally, these amendments preserve the GST treatment that applied under the *A New Tax System (Goods and Services Tax) Act 1999* prior to the commencement of the new Act on 1 November 2025, while modernising language to align with the new Act. This approach is consistent with the general principle under section 11 of the *A New Tax System (Managing the GST Rate and Base) Act 1999* and section 1-3 of the *A New Tax System (Goods and Services Tax) Act 1999* that there would be no change to the GST base or rate unless each State and Territory agrees to the change.

Section 177-15 of *A New Tax System (Goods and Services Tax) Act 1999* provides that the Governor-General may make regulations prescribing matters:

- required or permitted by this Act to be prescribed; or
- necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Subsection 38-25(1) provides that a supply of services is GST-free if it is a supply of services covered by a provision of the aged care service list specified in regulations made for the purposes of paragraph 38-25(1)(a) provided at an approved residential care home by a registered provider (within the meaning of the *Aged Care Act 2024*).

Subsection 38-25(2) provides that a supply of services is GST-free if the services are provided to one or more aged or disabled people and the Aged Care Minister has determined in writing that the services are of a kind covered by a provision of the aged care service list specified in regulations made for the purposes of paragraph 38-25(2)(b) and the supplier

receives funding from the Commonwealth, a State or a Territory in connection with the supply.

Subsection 38-25(3) provides that a supply of services is GST-free if the services are provided to one or more aged or disabled people in a residential setting and the Aged Care Minister has determined in writing that the services are of a kind covered by a provision of the aged care service list specified in regulations made for the purposes of paragraph 38-25(3)(b), and the services include, and are only provided to people who require, the services set out in a provision of the aged care service list specified in regulations made for the purposes of paragraph 38-25(3)(c).

Subsection 38-30(3) provides that a supply of services is GST-free if those services are provided to one or more aged or disabled persons and are of a kind covered by a provision of the aged care service list specified in regulations made for the purposes of paragraph 38-30(3)(b).

Paragraph (a) of the definition of a *serviced apartment* in section 195-1 provides that an apartment is a serviced apartment in relation to a retirement village where it is designed to be occupied by aged residents who require the services set out in a provision of the aged care service list specified in regulations made for the purposes of that paragraph.

Electronic Transactions Act 1999

Section 16 of the *Electronic Transactions Act 1999* provides that Governor-General may make regulations prescribing matters:

- required or permitted by this Act to be prescribed; or
- necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Subsection 7A(2) provides that the regulations may provide that all or specified provisions of this Act do not apply to specified laws of the Commonwealth.

Foreign Acquisitions and Takeovers Act 1975

Section 139 of the *Foreign Acquisitions and Takeovers Act 1975* provides that the Governor-General may make regulations prescribing matters:

- required or permitted by this Act to be prescribed by the regulations; or
- necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Without limiting the above, the regulations may provide for a method for indexing a value or an amount prescribed for the purposes of this Act.

Despite subsection 14(2) of the *Legislation Act 2003*, the regulations may provide in relation to a matter by applying, adopting or incorporating, with or without modification, any matter contained in any other instrument or other writing as in force or existing from time to time.

Subsection 115C(3) provides that the *occupation day* for a dwelling on the land includes a day prescribed by the regulations for the purposes of this paragraph.

Healthcare Identifiers Act 2010

Section 39 of the *Healthcare Identifiers Act 2010* (Healthcare Identifiers Act) provides that the Governor-General may make regulations, not inconsistent with the Act, prescribing

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.

Section 7 of the Act provides that the regulations may prescribe information that is ‘identifying information’ for the purposes of the Healthcare Identifiers Act.

Sections 20 and 25D of the Healthcare Identifiers Act provide that regulations may authorise the collection, use or disclosure of identifying information or the healthcare identifier of a healthcare recipient or healthcare provider and for the adoption of the healthcare identifier. Subsections 20(3) and 25D(3) limit the regulation-making power to the collection, use, disclosure or adoption for certain purposes.

Sections 20 and 25D also provide that the regulations may prescribe rules about the process for disclosing healthcare identifiers and information that must be provided to the service operator in relation to a disclosure.

Section 33 of the Healthcare Identifiers Act provides that before the Governor-General makes a regulation for the purpose of the Act, the Minister must consult with the Ministerial Council.

Health Insurance Act 1973

Section 133 of the *Health Insurance Act 1973* provide that the Governor-General may make regulations in relation to this Act.

Subsection 133(1) provide that the regulations made must not be inconsistent with this Act, prescribing all matters required or permitted by this Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to this Act and, in particular prescribing penalties, not exceeding a fine of 2 penalty units, for offences against the regulations.

Subsection 133(2) provides that without limiting subsection (1), that subsection includes the power to make regulations relating to enabling a person who is alleged to have committed:

- an offence against section 19DB or Part IIA; or
- an offence against this Act, or against the regulations, that is specified in the regulations and that relates (directly or indirectly) to:
 - the making of a claim for a benefit or payment in respect of the rendering of a pathology service; or
 - any other matter connected with the provision of pathology services;

to pay to the Commonwealth, as an alternative to prosecution, a specified penalty, not exceeding an amount equal to one-fifth of the maximum penalty for committing the offence in question.

Human Services (Medicare) Act 1973

Section 44 of the *Human Services (Medicare) Act 1973* provides that the Governor-General may make regulations, not inconsistent with this Act, prescribing all matters required or permitted by this Act to be prescribed or necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Paragraph 5(1)(e) of the *Human Services (Medicare) Act 1973* provides that the Chief Executive Medicare has any functions prescribed by the regulation.

Migration Act 1958

Section 504 of the *Migration Act 1958* provides that the Governor-General may make regulations, not inconsistent with this Act, prescribing all matters which by this Act are required or permitted to be prescribed or which are necessary or convenient to be prescribed for carrying out or giving effect to this Act. Without limiting the generality of the foregoing, may make regulations relating to the migration of people in course of, departing and arriving in Australia.

Paragraph 140HA(2A)(aa) of the *Migration Act 1958* provides that, subject to subsection (2B), the Minister must take all reasonable steps to ensure that regulations made under section 504 for the purposes of subsection 140H(1) include obligations in relation to paying prescribed medical, hospital, aged care or other health-related expenses incurred by a visa holder or a former visa holder.

National Consumer Credit Protection Act 2009

Section 329 of the *National Consumer Credit Protection Act 2009* provides that Governor-General may make regulations prescribing matters:

- required or permitted by this Act to be prescribed; or
- necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Subsection 110(1) provides that the regulations may, in so far as provisions relate to Chapter 2 of the *National Consumer Credit Protection Act 2009* or instruments made for the purposes of that chapter:

- (a) exempt a person or class of persons from all or specified provisions; or
- (b) exempt a credit activity or a class of credit activities from all or specified provisions; or
- (c) provide that the provisions apply as if specified provisions were omitted, modified or varied as specified in the regulations.

National Health Act 1953

Section 140 of the *National Health Act 1953* provides that the Governor-General may make regulations, not inconsistent with this Act, prescribing all matters which by this Act are required or permitted to be prescribed, or which are necessary or convenient to be prescribed for carrying out or giving effect to this Act, and, in particular, for prescribing:

- the fees and allowances payable to members of a committee established under this Act, other than members who are officers of the Public Service of the Commonwealth or of a State; and
- penalties not exceeding a fine of 20 penalty units for offences against the regulations.

Section 105 of the *National Health Act 1953* provides that the regulations may:

- prescribe the terms and conditions subject to which pharmaceutical benefits shall be supplied;
- make provision for or in relation to the writing of prescriptions; and
- prescribe the standards of composition or purity of drugs, medicines or substances which may be supplied as pharmaceutical benefits or may be ingredients of pharmaceutical benefits.

Reliance on subsection 33(3) of the *Acts Interpretation Act 1901*

Subsection 33(3) of the *Acts Interpretation Act 1901* 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.

Commencement

The Regulations commence the day the *Aged Care Act 2024* commences.

Consultation

Given the technical nature of the amendments, consultation was undertaken with the Commonwealth government departments which administer the enabling legislation relevant to each of the regulations to be amended to ensure that the amendments support the continued delivery and operation of programs affected by the amendments as intended.

Broad consultation on reform of the Healthcare Identifiers legislative framework has occurred and informed the proposal to expand the healthcare identifiers framework to the providers of aged care, disability and other support services. The amendments in this instrument are necessary to support that expansion, ensuring that matters provided for in the *Healthcare Identifiers Regulations* will apply to healthcare support service providers where relevant. As required by section 33 of the *Healthcare Identifiers Act*, consultation with state and territory health ministers has also occurred.

There is broad support from Australian governments, healthcare providers and peaks, and the software industry, to ensure the Healthcare Identifiers legislative framework supports the unique identification of healthcare providers and healthcare recipients in the provision of healthcare and support services, and that healthcare identifiers can be used across both the health and care sectors.

General

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

Details of the Regulations are set out in **Attachment A**.

The Regulations are compatible with the human rights and freedoms recognised or declared under section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A full statement of compatibility is set out in **Attachment B**.

Details of the Aged Care Legislation Consequential Amendments Regulations 2025

Clause 1 – Name

Clause 1 provides that the name of the instrument is the *Aged Care Legislation Consequential Amendments Regulations 2025*.

Clause 2 – Commencement

Clause 2 provides that the instrument commences on the day the *Aged Care Act 2024* commences.

Clause 2 provides for the commencement of each provision in the *Aged Care Legislation Consequential Amendments Regulations 2025* as set out in the table at subclause 2(1). Table item 1 provides that the whole of the Regulation is to commence on the day the *Aged Care Act 2024* commences.

Subclause 2(2) clarifies that any information in column 3 of the table is not part of the *Aged Care Legislation Consequential Amendments Regulations 2025*, and that information may be inserted in this column, or information in it may be edited, in any published version of the Bill.

Clause 3 – Authority

Clause 3 provides that the Regulation is made under the following Acts:

- (a) *A New Tax System (Goods and Services Tax) Act 1999*;
- (b) *Electronic Transactions Act 1999*;
- (c) *Foreign Acquisitions and Takeovers Act 1975*;
- (d) *Health Insurance Act 1973*;
- (e) *Healthcare Identifiers Act 2010*
- (f) *Human Services (Medicare) Act 1973*;
- (g) *Migration Act 1958*;
- (h) *National Consumer Credit Protection Act 2009*;
- (i) *National Health Act 1953*.

Clause 4 - Schedules

Clause 4 provides that legislation specified in a Schedule to the *Aged Care Legislation Consequential Amendments Regulations 2025* is amended or repealed as set out in the applicable items in the Schedule concerned, and that any other item in a Schedule to *Aged Care Legislation Consequential Amendments Regulations 2025* has effect according to its terms. This is a technical provision that gives operational effect to the amendments contained in each of the Schedules to this legislation.

***Schedule 1 – Attorney-General
Electronic Transactions Regulations 2020***

Item 1 – Clause 1 of Schedule 1 (table items 5 and 6)

Item 1 repeals table items 5 and 6 of clause 1 of schedule 1 of the *Electronic Transactions Regulations 2020*. These table items exempt provisions of the *Aged Care Act 1997* from the application of provisions under the *Electronic Transactions Act 1999*, however it is intended that the *Electronic Transactions Act 1999* will apply in full to the *Aged Care Act 2024* and no substitution of table items is necessary.

Schedule 2 – Finance***Human Services (Medicare) Regulations 2017*****Item 1 – Subsection 5(1)**

Item 1 makes a minor editorial amendment to remove (1) before the list of definitions.

Item 2 – Subsection 5(1)

Item 2 repeals the following definitions to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*: *Aged Care Act*, *Aged Care Secretary*, *Aged Care Minister*, *Aged Care Secretary*, *Aged Care Transitional Act*, *reappraisal period*, and *recoverable amount*.

Item 3 – Subsection 5(2)

Item 3 repeals subsection 5(2) (including the note) as Part 2 of the instrument is to be repealed.

Item 4 – Part 2

Item 4 repeals Part 2 as it is no longer required, as relevant functions relating to aged care are now dealt with by operation of the *Aged Care Act 2024*.

Item 5 – At the end of Part 5

Item 5 adds new clause 40 providing for things started but not finished under Part 2 before the commencement of the *Aged Care Legislation Consequential Amendments Regulations 2025*. This clause allows the Chief Executive Medicare to complete any things started but not finished by preserving Part 2 until the thing is finished. This clause ensures sufficient legal authority to finalise matters arising under the *Aged Care Act 1997*.

Schedule 3 – Health, Disability, and Ageing***Health Identifiers Regulations 2020***

The purpose of the proposed amendments to the *Healthcare Identifiers Regulations 2020* (the proposed HID Regulations) is to ensure the effective implementation of the amendments to the *Healthcare Identifiers Act* under the *Aged Care and Other Legislation Act 2025*. Under the amended *Healthcare Identifiers Act*, there is provision for the assignment of healthcare identifiers to a new entity known as a healthcare support service provider. The amendments also provide authorisations for healthcare support service providers to use healthcare identifiers and related identifying information for certain purposes. The proposed HID Regulations will ensure that relevant matters set out in the Regulations will apply to healthcare support service providers, with appropriate adjustments.

Item 1 – Section 5 (definition of *evidence of identity process*)

This item replaces the definition of ‘evidence of identity process’ to reflect the different processes that may apply for a healthcare provider organisation and a healthcare support service provider.

Paragraph (a) retains the existing definition of evidence of identify process for a healthcare provider organisation. Paragraph (b) applies the definition to healthcare support service providers.

Paragraph (b) reflects that an evidence of identity process for relevant officers of a healthcare support service provider may be undertaken by the Aged Care Department, the National Disability Insurance Agency, or another entity prescribed by the regulations for the purposes of column 1 of item 6 of the table in section 21 of the *Healthcare Identifiers Act*. Under the Act, these entities may facilitate the assignment of a healthcare identifier to a healthcare support service provider, and under this section of the Regulations, they will be able to undertake the process to confirm the identity of a provider’s responsible officer and any organisation maintenance officer, for the purposes of the *Healthcare Identifiers Act*. The service operator may otherwise conduct the evidence of identify process for a responsible officer or organisation maintenance officer of a healthcare support service provider.

Paragraph (b) notes that the process may be undertaken by one or more of the entities listed. This reflects that some healthcare support service providers that are eligible to be assigned a healthcare identifier may provide aged care services, NDIS services and/or other support services, and therefore may have been subject to a relevant evidence of identity process by one or more of the relevant entities.

Item 2 – Paragraph 8(1)(b)

This item replaces paragraph 8(1)(b) to reflect the change in the *Healthcare Identifiers Act* which replaced the concept of a ‘professional association’ with the term ‘professional body’. Under the Act, a professional body means an organisation that is a separate legal entity under a law of the Commonwealth or a State or Territory, and that meets certain characteristics. The definition applies to organisations that represent, or provide credentials to (or both), health professionals, and that sets standards and requirements expected of individuals in the profession.

Subsection 8(1) of the *Healthcare Identifiers Regulations*, provides that certain information is identifying information for the purposes of paragraph 7(1)(g) of the *Healthcare Identifiers Act*. This item amends paragraph 8(1)(b) so that identifying information of an individual healthcare provider includes whether the individual is represented by a professional body, and if so, the status of the individual’s credentials to practice their particular healthcare profession.

Item 3 – After subsection 8(2)

This item inserts a new subsection to provide for the types of information which are identifying information of a healthcare support service provider, for the purposes of paragraph 7(2)(e) of the *Healthcare Identifiers Act*.

Current section 8 of the *Healthcare Identifiers Regulations* provides for additional types of information that is identifying information of an individual healthcare provider and a healthcare provider organisation. This item will prescribe additional information that is identifying information for healthcare support service providers.

The types of identifying information are similar to that which applies for healthcare provider organisations, but with changes to reflect the different information applicable to healthcare support service providers.

Item 4 – At the end of subsection 8(3)

This item amends subsection 8(3) of the *Healthcare Identifiers Regulations* to add to the types of information that are identifying information of a healthcare recipient for the purposes of the *Healthcare Identifiers Act*.

Pursuant to subsection 7(3) of the *Healthcare Identifiers Act*, the types of information set out in the Act and the Regulations are identifying information of a healthcare recipient, if the service operator requires it for the purpose of performing the service operator's functions under the Act in relation to the healthcare recipient.

These additional types of identifying information will facilitate early assignment of identifiers to newborns and facilitate accurate matching of health information to healthcare recipients from birth.

Item 5 – Section 10

Item 5 repeals section 10, as the authorisations provided for under section 10 are now covered under the amended section 23 of the *Healthcare Identifiers Act*. A transitional provision is included in this instrument so that authorisations related to disclosures which occurred prior to the commencement of this instrument will continue to apply.

Item 6 – Section 10A (heading)

This item amends the heading of section 10A to reflect other amendments under this instrument which extend the application of section 10A to all healthcare providers and to healthcare recipients.

Item 7 – Subsection 10A(1)

This item updates subsection 10A(1) to reflect the relevant sections of the Act which apply to the authorisations in the table in subsection 10A(2).

Item 8 – Subsection 10A(2) (table)

This item would replace the table in subsection 10A(2) with a new table setting out authorisations for the use of the healthcare identifiers and identifying information of healthcare recipients and healthcare providers for certain purposes.

The previous authorisations related to the use of the healthcare identifier and identifying information of individual healthcare providers for purposes related to the delivery of

healthcare via health facilitation programs. The amended authorisations would apply so that other provider identifiers, for healthcare provider organisations and healthcare support service providers, may also be used in relation to health facilitation programs.

This complements the amendments to the *Healthcare Identifiers Act* which provides for healthcare support service providers, who may provide healthcare to healthcare recipients, but where the healthcare is not delivered by an individual eligible for an individual healthcare provider identifier. For example, providers of mental health and behavioural support services who do not engage identified individual healthcare providers may deliver services through a healthcare facilitation program, and their healthcare support service provider identifier and related identifying information will be able to be used in relation to their participation in that program.

The authorisations would also apply so that the healthcare identifiers of individuals receiving care through a healthcare facilitation program would be authorised to be used in relation to the program.

The section provides that an individual healthcare provider may use and disclose their healthcare provider identifier or the identifier of a healthcare recipient to the operator or operators of a health facilitation program or to the service operator, for the purposes set out in column 4. These include determining the healthcare provider's eligibility to participate in the health facilitation program; registering a provider or a healthcare recipient to participate in the program, and as part of a healthcare provider's or healthcare recipient's participation in a health facilitation program.

The authorisations that applied to individual healthcare providers prior to the amendments proposed under this item would extend to healthcare provider organisations and healthcare support service providers, who may use their provider healthcare identifier to access information about, or generated during, the healthcare provider's participation in a health facilitation program, including after the provider has exited the program – for example, this would allow views of prior claims, orders, referrals or other interactions made during the period the healthcare provider was an active participant in the program. Authorisations to support use of healthcare identifiers during and after a healthcare provider has exited the program will ensure healthcare providers can support continuity of care for healthcare recipients who are receiving, or may have received, healthcare through the health facilitation program. The proposed new authorisations to use the healthcare identifiers of healthcare recipients would also ensure that information about the healthcare delivered to individuals through a health facilitation program can be accurately matched to that individual.

This section also proposes that a healthcare provider may collect, use and disclose the healthcare identifier of another healthcare provider to support continuity of healthcare to healthcare recipients, or a class of healthcare recipients. These permissions would apply while the healthcare provider is an active participant in, and after they have exited from, the program. For example, there may be more than one healthcare provider supporting a particular healthcare recipient, and each provider would be able to handle the healthcare identifiers of other providers providing care to that same healthcare recipient through the program. This would support providers to jointly facilitate care on behalf of a healthcare

recipient, including communicating and reporting on care provided, and support handovers between healthcare providers. The proposed amendments include relevant authorisations for the operator of the health facilitation program and the Healthcare Identifiers service operator for these purposes. There are existing authorisations for individual healthcare providers under the existing section. This item would extend the authorisations to healthcare provider organisations and healthcare support service providers.

The operator of a health facilitation program is currently authorised to collect and use the healthcare identifier and identifying information of an individual healthcare provider, and to disclose it to the service operator for the purpose of determining the healthcare provider's eligibility to participate in the health facilitation program, registering the provider to participate in the program, or as part of participation in a health facilitation program. The existing section also authorises the service operator to collect from, use and disclose the healthcare identifier and identifying information of a healthcare provider to the operator/s of a health facilitation program, and for the program operator to collect such information, relevant to determining the healthcare provider's eligibility to participate in the health facilitation program. The proposed amendments under this item would extend the authorisations to all identified healthcare providers, as defined by the *Healthcare Identifiers Act*.

As with the current authorisations, the proposed amendments are deliberately technology neutral so as to support the systems used by health facilitation programs and the Healthcare Identifiers service operator to collect, use and disclose healthcare provider identifiers and related identifying information for purposes related to administering a health facilitation program.

This item would also amend section 10A to authorise the operator of a health facilitation program to use the healthcare identifier of healthcare providers and healthcare recipients for the purpose of evaluating and reporting on the provision of healthcare through the health facilitation program.

The authorisations are intended to apply to the types of things that would occur as part of delivering health services through the health facilitation program. These might include registering a patient, ordering services or products, referring a healthcare recipient to another healthcare provider, reporting on services delivered through the program, or applying for funding/reimbursement of costs through the program. Authorisations would also support the use of healthcare identifiers in the analysis, monitoring, evaluation and reporting on the program to ensure it is meeting the objective of facilitating the delivery of adequate and appropriate healthcare to healthcare recipients.

Item 9 – Section 10B (heading)

This item amends the heading of section 10B to reflect the amended application of section 10B to healthcare providers and healthcare recipients.

Item 10 – Subsection 10B(1)

This item updates subsection 10B(1) to reflect the relevant sections of the Act which apply to the authorisations in the table in subsection 10B(2).

Item 11 – Subsection 10B(2)

This item amends section 10B so that the operator of a health facilitation program is authorised to adopt the healthcare identifier of a healthcare provider, which includes individual healthcare providers, healthcare provider organisations and healthcare support service providers.

Item 12 – At the end of section 10B

This item amends section 10B to insert new paragraph 10B(3) which provides for the operator of a health facilitation program to adopt the healthcare identifier of a healthcare recipient.

Item 13 – Part 3 (heading)

This item amends the heading of Part 3 to reflect that it applies to both healthcare provider organisations and healthcare support service providers.

Item 14 – Before subsection 11(2)

This item inserts a sub-heading ahead of the provision applicable to healthcare provider organisations.

Item 15 – At the end of section 11

This item amends section 11 to insert relevant requirements applicable to healthcare support service providers. The amended section has the effect that a healthcare support service provider may only request the service operator to disclose a healthcare identifier if certain requirements are satisfied. Where those requirements are not satisfied, the service operator must refuse the request to disclose the healthcare identifier to the provider.

Item 16 – Section 12

This item amends section 12 so that it applies to healthcare providers and health administration entities. Prior to the amendment under this instrument, section 12 applied to healthcare provider organisations. The amended section extends the requirements in relation to requests to the service operator for the disclosure of a healthcare identifier to all healthcare providers, including healthcare support service providers, and health administration entities.

Item 17 – Section 15

This item repeals section 15 as it no longer applies, given section 10 is also being repealed by this instrument.

Item 18 – At the end of the instrument

This item inserts transitional and application provisions.

New section 18 applies so that authorisations under repealed section 10, related to disclosures which occurred prior to the commencement of this instrument will continue to apply, despite the repeal of section 10 by this instrument.

New section 19 applies so that even if information was collected prior to the commencement of this instrument, the amended authorisations will apply to the use and disclosure of that information after this instrument commences.

New section 20 provides that the authorisations under amended section 12 apply to requests made or after the commencement of this instrument.

Health Insurance (General Medical Services Table) Regulations 2021

Item 19 – Clause 7.1.1 of Schedule 1 (definition of *care recipient*)

Item 19 amends the definition of *care recipient* in Clause 7.1.1 of Schedule 1 of the *Health Insurance (General Medical Services Table) Regulations 2021* to mean ‘an individual who is accessing funded aged care services through the service group residential care (within the meaning of the *Aged Care Act 2024*)’ to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 20 – Clause 7.1.1 of Schedule 1 (definition of *residential aged care facility*)

Item 20 amends the definition of *residential aged care facility* in clause 7.1.1 of Schedule 1 of the *Health Insurance (General Medical Services Table) Regulations 2021* to mean ‘a residential care home (within the meaning of the *Aged Care Act 2024*)’ to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

National Health (Pharmaceutical Benefits) Regulations 2017

Item 21 – Subsection 5(1)

Item 21 amends subsection 5(1) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to insert definitions for *approved residential care home* and *funded aged care service*, both with the meaning given by the *Aged Care Act 2024*, to reflect updated concepts and terminology within the *Aged Care Act 2024*.

Item 22 – Subsection 5(1) (subparagraph (a)(i) of the definition of *electronic medication chart system*)

Item 22 amends subparagraph (a)(i) of the definition of *electronic medication chart system* in subsection 5(1) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to omit “a residential care service” and substitute it with “an approved residential care home in which the person is accessing funded aged care services through the service group residential care (within the meaning of the *Aged Care Act 2024*)” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 23 – Subsection 5(1) (definitions of *residential care* and *residential care service*)

Item 23 repeals the definitions of *residential care* and *residential care service* in subsection 5(1) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to reflect the repeal

of the *Aged Care Act 1997*. The equivalent replacement definitions have been inserted by Item 21 of this schedule.

Item 24 – Subparagraph 41(1)(a)(i)

Item 24 amends subparagraph 41(1)(a)(i) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home in which the person is accessing funded aged care services through the service group residential care (within the meaning of the *Aged Care Act 2024*)” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 25 – Subparagraph 41(2)(b)(iii)

Item 25 amends subparagraph 41(2)(b)(iii) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “residential care service” with “approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 26 – Subparagraph 41(2)(b)(iv)

Item 26 repeals subparagraph 41(2)(b)(iv) of the *National Health (Pharmaceutical Benefits) Regulations 2017* and replaces it with “if the patient is receiving treatment in or at an approved residential care home—the Residential Aged Care Service ID for the approved residential care home; “ to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 27 – Paragraph 41(2)(g)

Item 27 amends paragraph 41(2)(g) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 28 – Subparagraph 41(2A)(a)(iii)

Item 28 amends subparagraph 41(2A)(a)(iii) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 29 – Paragraph 41(3)(b)

Item 29 amends paragraph 41(3)(b) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 30 – Subsection 41(4)

Item 30 amends subsection 41(4) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 31 – Paragraph 45(1)(a)

Item 31 amends paragraph 45(1)(a) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 32 – Subsection 45(3)

Item 32 amends subsection 45(3) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 33 – Paragraph 45(5)(b)

Item 33 amends paragraph 45(5)(b) of the *National Health (Pharmaceutical Benefits) Regulations 2017* to replace “a residential care service” with “an approved residential care home” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Schedule 4 – Home Affairs

Migration Regulations 1994

Item 1 – Regulation 1.03

Item 1 amends regulation 1.03 of the *Migration Regulations 1994* to insert definitions for *funded aged care service* and *registered provider*, both with the meaning given by the *Aged Care Act 2024*, to reflect updated concepts and terminology within the *Aged Care Act 2024*.

Item 2 – Paragraph 1.15K(a)

Item 2 amends paragraph 1.15K(a) of the *Migration Regulations 1994* to omit “either or both” and substitute with “any” to facilitate amendments made by item 3.

Item 3 – Subparagraph 1.15K(a)(ii)

Item 3 amends subparagraph 1.15K(a)(ii) of the *Migration Regulations 1994* to repeal the subparagraph and substitutes it with:

- (ii) an expense arising from the provision of an aged care service to the person, on or after 17 April 2019 and before 1 January 2020, by an approved provider of a kind mentioned in section 86 of the *Aged Care Act 1997* as in force immediately before 1 January 2020;
- (iii) an expense arising from the provision of an aged care service to the person, on or after 1 January 2020 and before the commencement of the *Aged Care Act 2024*, by an approved provider of a kind mentioned in section 63F of the *Aged Care Quality and Safety Commission Act 2018* as in force immediately before the commencement of the *Aged Care Act 2024*;
- (iv) an expense arising from the delivery of a funded aged care service to the person by a registered provider that is a government entity or a local government authority (within the meaning of the *Aged Care Act 2024*); and

to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The amended provision also provides for expenses arising prior to the commencement of the *Aged Care Act 2024* to continue to be applicable.

Item 4 – Paragraph 2.87CA(2)(b)

Item 4 amends paragraph 2.87CA(2)(b) of the *Migration Regulations 1994* to repeal the paragraph and substitute it with:

(b) expenses arising from the provision of an aged care service to a person, on or after 17 April 2019 and before 1 January 2020, by an approved provider of a kind mentioned in section 86 of the *Aged Care Act 1997* as in force immediately before 1 January 2020;

(c) expenses arising from the provision of an aged care service to a person, on or after 1 January 2020 and before the commencement of the *Aged Care Act 2024*, by an approved provider of a kind mentioned in section 63F of the *Aged Care Quality and Safety Commission Act 2018* as in force immediately before the commencement of the *Aged Care Act 2024*;

(d) expenses arising from the delivery of a funded aged care service to a person by a registered provider that is a government entity or a local government authority (within the meaning of the *Aged Care Act 2024*).

to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The amended provision also provides for expenses arising prior to the commencement of the *Aged Care Act 2024* to continue to be applicable.

Schedule 5 – Treasury

A New Tax System (Goods and Services Tax) Regulations 2019

Item 1 – Section 38-7.01

Item 1 updates the reference to the repealed *Health Insurance (General Medical Services Table) Regulations (No. 2) 2020* to refer to *Health Insurance (General Medical Services Table) Regulations 2021*.

Item 2 – After section 38-7.01

Item 2 inserts two new items after section 38-7.01, being items “38-25.01 Residential care etc.” and “38-30.01 Home care etc.”

Subitem 38-25.01(1) provides that for the purposes of paragraphs 38-25(1)(a), 38-25(2)(b) and 38-25(3)(b) of the *A New Tax System (Goods and Services Tax) Act 1999*, a service covered by a provision of Division 8 of the aged care service list is specified to the extent that the supplier of the service does not charge the person to whom the service is supplied a higher everyday living fee (within the meaning of section 284 of the *Aged Care Act 2024*) for the service.

Subitem 38-25.01(2) prescribes that for the purposes of paragraph 38-25(3)(c) of the *A New Tax System (Goods and Services Tax) Act 1999*, the following provisions of the aged care service list are specified:

- item 2 in the table in section 8-150;
- item 3 in the table in section 8-150;
- paragraphs (a), (b) and (c) of column 2 of item 5 in the table in section 8-150;
- paragraph (a) of column 2 of item 6 in the table in section 8-150;
- item 4 in the table in section 8-155.

Item 38-30.01 prescribed that for the purposes of paragraph 38-30(3)(b) of the *A New Tax System (Goods and Services Tax) Act 1999*, the provisions of the aged care service list specified in paragraphs 38-25.01(2)(a) to (d) are specified.

Item 3 – At the end of Division 195 of Part 6-3 of Chapter 6

Item 3 inserts a new item – “195-1.03 Serviced apartments” – at the end of Division 195 of Part 6-3 of Chapter 6 of the *A New Tax System (Goods and Services Tax) Act 1999*. Item 195-1.03 prescribes that for the purposes of paragraph (a) of the definition of **serviced apartment** in section 195-1 of the *A New Tax System (Goods and Services Tax) Act 1999*, the specified provisions of the aged care service list are those specified in subitem 38-25.01(2).

*Foreign Acquisitions and Takeovers Regulation 2015***Item 4 – Section 5 (definition of residential care)**

Item 4 repeals the definitions of *residential care* in subsection 5 of the *Foreign Acquisitions and Takeovers Regulation 2015* to reflect the repeal of the *Aged Care Act 1997*.

Item 5 – Subsection 38(5) (heading)

Item 5 amends the heading of subsection 38(5) of the *Foreign Acquisitions and Takeovers Regulation 2015* from “residential care” to “residential care homes” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. This amendment ensures clarity of the intent of the definitions within this subsection.

Item 6 – Subparagraph 38(5)(a)(i)

Item 6 replaces subparagraph 38(5)(a)(i) of the *Foreign Acquisitions and Takeovers Regulation 2015* with:

- (i) an approved residential care home (within the meaning of the *Aged Care Act 2024*); or

to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Item 7 – Paragraph 43D(2)(b)

Item 4 replaces paragraph 43D(2)(b) of the *Foreign Acquisitions and Takeovers Regulation 2015* with:

- (b) a person (who may or may not be the foreign person) ordinarily occupying the dwelling as a residence was absent from the dwelling:
 - (i) to receive medical care; or
 - (ii) to receive residential care (within the meaning of the *Aged Care Act 1997* as in force immediately before the commencement of the *Aged Care Act 2024*); or
 - (iii) to access funded aged care services through the service group residential care in an approved residential care home (within the meaning of the *Aged Care Act 2024*); that is supported by evidence.

to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The amended provision also provides for care received prior to the commencement of the *Aged Care Act 2024* to continue to be applicable.

*National Consumer Credit Protection Regulations 2010***Item 8 – Section 60 (heading)**

Item 8 amends the heading of section 60 of the *National Consumer Credit Protection Regulations 2010* to replace “1997” with “2024” to reflect the repeal of the *Aged Care Act 1997* and the passage of the *Aged Care Act 2024*.

Item 9 – Section 60

Item 9 amends section 60 of the *National Consumer Credit Protection Regulations 2010* to replace “an approved provider (within the same meaning as in the *Aged Care Act 1997*) to the extent that the approved provider” with “a registered provider (within the meaning of the *Aged Care Act 2024*) to the extent that the registered provider” to reflect the repeal of the *Aged Care Act 1997* and updated concepts and terminology within the *Aged Care Act 2024*. The intent and application is unchanged.

Statement of Compatibility with Human Rights

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

Aged Care Legislation Consequential Amendments Regulations 2025

This Disallowable Legislative 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 Disallowable Legislative Instrument

The *Healthcare Identifiers Act 2010* (the Healthcare Identifiers Act) establishes a system for the assignment of national identifiers to uniquely identify healthcare recipients, providers and provider organisations. The Act and the *Healthcare Identifiers Regulations 2020* (the Healthcare Identifiers Regulations) authorise the collection, use, disclosure and adoption of healthcare identifiers for particular purposes.

The amendments in the *Aged Care Legislation Consequential Amendments Regulations 2025* provide authorisations for the handling of healthcare identifiers and associated identifying information for certain purposes. The amendments provide for the types of identifying information of healthcare support service providers and extend certain requirements to healthcare support service providers that request the disclosure of a healthcare identifier by the Healthcare Identifiers service operator. They also provide for additional types of identifying information for healthcare recipients.

The amendments also authorise the use of healthcare identifiers by programs designed to facilitate the provision of adequate and appropriate healthcare to healthcare recipients, or classes of healthcare recipients. The Healthcare Identifiers Regulations had already authorised the use of individual healthcare provider identifiers for certain purposes related to the administration of a health facilitation program. The amendments under this instrument will mean that the healthcare identifiers of healthcare provider organisations, healthcare support service providers and healthcare recipients also will be able to be used as part of health facilitation programs.

Human rights implications

The instrument engages the following rights:

- Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) being the right to the enjoyment of the highest attainable standard of physical and mental health; and
- The right to privacy under Article 17 of the International Covenant on Civil and Political Rights (ICCPR).

The Right to Health

Article 12(1) of the ICESCR provides that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.

The instrument will authorise the collection, use and disclosure of provider identifiers, including the new identifier for healthcare support service providers, and healthcare recipient identifiers for use in the administration of health-related programs, schemes or incentives (a 'health facilitation program'). The intent is that where a program is established to facilitate the delivery of health services to particular healthcare recipients or classes of recipients, that the healthcare identifier of the healthcare recipient and the healthcare providers involved in the delivery of healthcare will be able to be used as part of administering the program. The ability for health facilitation programs to use healthcare recipient identifiers will ensure that information about the healthcare delivered to individuals through a health facilitation program can be accurately matched to that individual.

The expansion to be able to use the identifiers of healthcare provider organisations and healthcare support service providers is relevant as some providers of important health services to vulnerable consumers are delivered by individuals who are not eligible to be assigned an individual healthcare provider identifier. Examples include some mental health, counselling and behavioural support services.

The amendments promote the right to health, by supporting programs that facilitate the delivery of adequate and appropriate health services to Australians. The authorisations to use healthcare identifiers and related identifying information will streamline administration processes that will facilitate the delivery of healthcare and ensure that information about the healthcare delivered to individuals is accurately matched to those individuals.

The amendments will enable the Healthcare Identifiers service operator to exchange information with the operators of health facilitation programs, and to collect, use and disclose healthcare identifiers and identifying information to support participation in programs which streamline or incentivise the delivery of health services to consumers. Authorisations to use healthcare identifiers to register providers and healthcare recipients, manage participation in, and reporting and evaluation of, a health facilitation program will ensure appropriate and adequate care is available for healthcare recipients, delivered by suitably qualified providers.

The amendments will provide for healthcare providers to more efficiently participate in such programs, avoiding the need for manual processes and ongoing checks that would otherwise be required to determine eligibility. The use of healthcare recipient identifiers will ensure that information about the care received through the program is accurately matched to the individual. In supporting the administration of programs that will facilitate the delivery of health services, the instrument positively affects the right to health.

The *Aged Care Legislation Consequential Amendments Regulations 2025* also provide for additional types of identifying information of a healthcare recipient, including the recipient's birth mother's name, date of birth and healthcare identifier. Currently, most individuals are assigned a healthcare identifier upon Medicare registration. The result is that health services delivered to a child prior to that time may not be matched with the child's health records, or duplicate, but incomplete, records may be created for a child. The use of this additional information will facilitate early assignment of identifiers to newborns and accurate and comprehensive matching of health information to healthcare recipients from birth.

The Right to Privacy

Protection against arbitrary or unlawful interference with privacy is contained in Article 17 of the ICCPR. Article 17 provides that no one shall be subjected to arbitrary or unlawful interference with their privacy, family, home or correspondence, nor to unlawful attacks on their honour or reputation, and that everyone has the right to the protection of the law against such interference or attacks.

The right to privacy includes respect for informational privacy, including in respect of storing, using and sharing private information and the right to control the dissemination of personal and private information. The right to privacy also includes the right to the protection of one's personal data. The right to privacy under Article 17 can be permissibly limited to achieve a legitimate objective and where the limitations are lawful and not arbitrary. The term 'unlawful' in Article 17 of the ICCPR means that no interference can take place except as authorised under domestic law.

Safeguards under the Act will apply to the additional authorisations for the use of healthcare identifiers under these amendments. The Act includes requirements for entities that hold healthcare identifiers to take reasonable steps to protect them from misuse and loss and unauthorised access, modification or disclosure. Significant penalties apply for unauthorised use and disclosure of healthcare identifiers.

The amendments engage the right to privacy, as a health facilitation program will be authorised to collect, use and disclose healthcare identifiers for purposes related to the administration of and reporting on the program. To participate in such programs currently, providers and healthcare recipients could be expected to disclose certain personal information to allow the operator of a program to register and manage their participation. The effect of these amendments will be that healthcare identifiers can also be used with that information, ensuring that information about the care provided through the program is accurately matched to the individual healthcare recipient. In this way, the limits on the right to privacy are considered to support the legitimate objective of streamlining and supporting the delivery of adequate and appropriate health services.

As noted above, the amendments also expand the range of identifying information that may be collected, used and disclosed for the purposes of assigning a healthcare identifier. Pursuant to subsection 7(3) of the Healthcare Identifiers Act, the types of information set out in the Act and the Regulations are identifying information of a healthcare recipient, if the service operator requires it for the purpose of performing the service operator's functions under the Act in relation to the healthcare recipient. In this case, the use of identifying information about a healthcare recipient's birth mother where relevant to facilitate the assignment of a healthcare identifier to a newborn serves the legitimate purpose of ensuring the accurate matching of an individual to information about the healthcare they have received.

The amendments further provide for requirements which must be satisfied when an authorised entity requests that the Healthcare Identifiers service operator disclose a healthcare identifier to the entity. These include that the identity of the responsible officer, and any organisation maintenance officer for a healthcare support service provider must have been verified and information about those officers provided to the Healthcare Identifiers service operator. Further, an authorised entity, when making a request for the service operator to

disclose a healthcare identifier, must provide sufficient information for the service operator to be able to identify the individual making the request. These are existing requirements applicable to disclosures of healthcare identifiers by the service operator, which are being extended to the new entities authorised to handle healthcare identifiers under amendments to the Healthcare Identifiers Act as a result of the *Aged Care and Other Legislation Act 2025*. While these requirements represent limits on the right to privacy, this is balanced against the importance of ensuring that healthcare identifiers are only disclosed to authorised and known entities and individuals.

The limitations on the right to privacy under the instrument are reasonable, necessary and proportionate as they appropriately balance the competing objectives of facilitating the delivery of adequate and appropriate healthcare with an individual's right to privacy.

Conclusion

The proposed amendments are compatible with human rights because they promote better health outcomes for Australians by enabling efficient and effective access to health services by trusted providers. They also ensure effective checks are in place in relation to the entities seeking to collect healthcare identifiers from the Healthcare Identifiers service operator. They further support the accurate matching of information about healthcare to the correct healthcare recipient. The instrument engages the right to privacy for the legitimate objective of promoting better access to health services and to the extent that the right to privacy is limited, this is reasonable, necessary and proportionate in the circumstances.

**The Hon Mark Butler MP
Minister for Health and Ageing**