



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

HEALTH LEGISLATION
AMENDMENT (MIDWIVES AND
NURSE PRACTITIONERS) BILL 2009

Second Reading

SPEECH

Wednesday, 24 June 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date Wednesday, 24 June 2009
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Questioner
Speaker Roxon, Nicola, MP

Source House
Proof No
Responder
Question No.

Ms ROXON (Gellibrand—Minister for Health and Ageing) (9.08 am)—I move:

That this bill be now read a second time.

The Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 will amend the Health Insurance Act 1973 and the National Health Act 1953 to support greater choice and access to health services for Australians.

I am very proud to be introducing this bill, one of the centrepieces of the Rudd government's workforce and primary healthcare reform agenda.

The bill is a landmark change for Australia's nurses and midwives. It will facilitate access by patients of appropriately qualified and experienced midwives and nurse practitioners to the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme. Under this reform, nurse practitioners and midwives will be able to request certain diagnostic imaging and pathology services for which Medicare benefits may be paid, as well as make appropriate referrals.

In short, this bill removes barriers to the provision of care and will lead to improved access to services for the community. It is a long overdue recognition of our highly skilled and capable nursing and midwifery workforce.

In my travels around our nation's health system as minister, this issue has been constantly raised with me by the nurses and midwives that I meet. It did not make sense to them that they were denied access to the PBS and MBS, and the government agrees with them.

The bill will commence on royal assent, with amendments relating to Medicare benefits and pharmaceutical benefits to commence the day after royal assent, and the new Medicare benefits and pharmaceutical benefits arrangements made available from 1 November 2010.

The amendments that are a consequence of the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 will commence on 1 July 2010.

The successful implementation of the bill will also require professional indemnity cover to be available to the midwives wishing to access the new arrangements. This cover has not been available for midwives since 2002.

It will be delivered by the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and associated Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009, which are being introduced also today.

These bills will mean that eligible midwives working in collaborative arrangements with obstetricians or GP obstetricians will be able to access the new government supported professional indemnity scheme.

Maternity reform

This bill is a key plank of the government's \$120.5 million maternity reform package announced in this year's budget. This package will improve choices for Australian women to access high-quality, safe maternity care, as well as provide support for the maternity services workforce.

It is a critical step towards delivering the government's election commitment to develop a national plan for maternity services across Australia and, of course, to improve choice for women.

The reform initiatives supported by this legislation represent significant steps forward in maternity care in Australia within a strong framework of quality and safety for mothers and babies.

These arrangements support models of care with an enhanced role for midwives. These will develop in a way that involves collaborative teamwork with other members of the maternity care team, most notably obstetricians and GP obstetricians.

By making better use of the maternity services workforce, new arrangements are also expected to provide greater access to maternity care closer to home, thereby reducing family disruption.

The maternity reform package responds to the maternity services review, which canvassed a diverse range of views through an extensive consultation process.

The review heard from a wide range of stakeholders with over 900 submissions received—many from women sharing their individual experiences.

Nearly all of these women expressed frustration at the limited options available to them, and called for midwifery models of care that provide continuity of care over the spectrum of antenatal, birthing and postnatal services.

Many professional groups participating in the review also acknowledged the need for change, with general consensus about the importance of collaborative, multidisciplinary maternity care.

The government has listened to the collective voice of Australia's mothers, and we have listened to the considered views put forward by the midwifery workforce.

Granting access to the PBS and MBS for midwives will expand maternity care options for Australian women without risking the professional relationships that are essential in providing safe, high-quality maternity care.

At this stage, the Commonwealth is not proposing to extend the new arrangements for midwives to include homebirths. Medicare benefits and PBS prescribing will not be approved for deliveries outside clinical settings, and the Commonwealth supported professional indemnity cover will not respond to claims relating to homebirths.

These arrangements will be subject to agreement with the states and territories on a national maternity services plan that will be asked to make complementary commitments and investments particularly around the provision of birthing centres and rural maternity units.

Nurse practitioner reform

Let me turn now to nurse practitioner reform as well. Internationally, the role of nurse practitioners has been successful in improving access to primary care services.

This bill boosts the role of nurse practitioners and enacts the government's 2009-2010 nurse practitioner workforce budget measure which provides for access to appropriate items under the Medicare Benefits Schedule, as well as rights to refer to specialists and consultant physicians and the authority to prescribe certain Pharmaceutical Benefits Scheme subsidised medicines subject to state and territory legislation.

Greater use of nurse practitioners will help improve overall capacity and productivity and increase the efficiency, effectiveness and responsiveness of the health workforce.

Nurse practitioners already provide advanced services and have prescribing rights in the majority of states and territories and have been performing this role for some time.

The arrangements enabled by this bill will better facilitate access to primary care services.

We believe that nurse practitioners are well placed to play a key role as part of the team of health professionals providing collaborative care to the community, and this bill will enable the removal of the barriers that until now have prevented nurse practitioners from fully utilising their skills.

This is good news particularly for rural and regional health services, which are still struggling with the legacy of the previous government's decade-long neglect of our health workforce and where shortages are still chronic in many places.

The Commonwealth's reforms are designed to complement and boost the work performed by our doctors and specialists as part of a collaborative, team based environment. Our reforms are not about challenging vested interests. Improving patient outcomes was, is and always will be the government's No. 1 priority.

Who can access the new arrangements

The Health Insurance Act and the National Health Act will be amended to provide access to the new arrangements.

Under the Health Insurance Act, a 'participating nurse practitioner' or 'participating midwife' will be able to request or provide certain Medicare services.

An 'authorised nurse practitioner' or 'authorised midwife' will be authorised to prescribe certain medicines under the Pharmaceutical Benefits Scheme.

Nurse practitioners and midwives will need to meet eligibility requirements to access the new arrangements.

The core criterion for the new Medicare and Pharmaceutical Benefits Scheme arrangements is that the nurse practitioner or midwife is an 'eligible nurse practitioner' or 'eligible midwife'.

This will also be a core requirement for midwives to access the new government supported professional indemnity schemes, which will be established under the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and associated Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009.

To meet the core requirement of being an 'eligible midwife', the bill requires registration as a midwife and, in addition, that requirements specified in delegated legislation must be met.

Additional requirements are likely to be based on having appropriate advanced qualifications, experience and/or competencies.

The further eligibility requirements for midwives, and for nurse practitioners if additional requirements to those provided for under state law are considered appropriate, will be determined in close consultation with relevant stakeholders.

The government recognises that with the increasing burden of chronic and complex disease it is increasingly important to ensure that health care is coordinated.

At the same time, it is important that the system enables patients to see the right health care professional for their health care needs at the right time.

Nurse practitioners and midwives wishing to provide treatment or prescribe under the new Medicare and Pharmaceutical Benefits Scheme arrangements will need to demonstrate that they have collaborative arrangements in place, including appropriate referral pathways with hospitals and doctors to ensure that patients receive coordinated care and the appropriate expertise and treatment as the clinical need arises.

The new Medicare arrangements

The bill will support the inclusion of participating nurse practitioners and participating midwives under the Medicare Benefits Schedule.

In order for participating nurse practitioners and participating midwives to provide a comprehensive service to their patients, the bill will enable these groups to request diagnostic imaging and pathology services appropriate to their scope of practice for which Medicare benefits may be paid.

In addition to the changes made by the bill, new Medicare items for services provided by participating nurse practitioners and participating midwives working collaboratively with doctors will be created.

For participating midwives, this will include antenatal, birthing and postnatal care and collaborative care arrangements between these midwives and obstetricians or GP obstetricians.

Participating nurse practitioners will be limited to providing services within their authorised scope of practice and level of experience and competency.

The details of these Medicare items will be finalised in consultation with professions and specified in delegated legislation.

The new Pharmaceutical Benefits Scheme arrangements

The bill will amend the National Health Act to support the inclusion of authorised nurse practitioners and authorised midwives under the Pharmaceutical Benefits Scheme.

The reforms will enable patients to access certain Pharmaceutical Benefits Scheme medicines prescribed by authorised nurse practitioners and authorised midwives.

These nurse practitioners and midwives can only prescribe certain medicines under the Pharmaceutical Benefits Scheme within the scope of their practice and in accordance with the state and territory legislation under which they work.

The Pharmaceutical Benefits Advisory Committee will be consulted in relation to the range of medicines that each group can prescribe and the circumstances under which the medicines can be prescribed.

Advice will also be sought from clinical experts and health professionals practising in the relevant clinical fields.

These changes provide a rational and consistent basis in supporting midwives and nurse practitioners to work in their fields of expertise and, most importantly, provide much more convenience to patients.

Nurse practitioners already have prescribing rights under state and territory arrangements and have been performing this role for some time. The government will be encouraging nationally consistent prescribing approaches across Australia. Of course, the cost implications for patients change significantly with the introduction and passing of this legislation.

The bill also contains a number of consequential amendments to the Health Insurance Act and the National Health Act to ensure that regulatory provisions in those acts apply appropriately to participating and authorised midwives and nurse practitioners. For example, a number of offence provisions have been adjusted; part IIB, dealing with prohibited practices in relation to pathology services and diagnostic imaging services, has been applied; and also the Professional Services Review Scheme and Medicare Participation Review Committee processes have been applied.

Conclusion

In summary, the bill will facilitate significant changes to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme and demonstrate that this government is willing to adapt and strengthen working systems to better meet the needs of Australians, without putting at risk our strong record of safety and quality.

The Rudd government is implementing these reforms for a simple reason. We want to expand the level of health services, and access to health services, in the community. It supports our efforts to improve primary health care services, especially in rural and regional areas.

It takes us another step towards building a multidisciplinary, highly skilled and complementary health workforce.

It will improve the overall capacity, efficiency and productivity of Australia's health workforce. It is also a sensible and practical response to helping address the workforce shortages that this government inherited. But most importantly it will improve access and choice for Australians, particularly Australian mothers.

This government is a firm and passionate advocate for Australia's nurses and midwives. We think they are the backbone of our health workforce. This is long overdue recognition and I commend the bill to the House.

Debate (on motion by **Mr Wood**) adjourned.