The Pharmacy Guild of Australia

SUBMISSION

Inquiry: Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

21/01/2026

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ABOUT THE GUILD

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services. Community pharmacies are the most frequently accessed and most accessible health destination, with over 443 million individual patient visits annually and many pharmacies open after-hours, including on weekends.

Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals. In capital cities, 97% of people have access to at least one pharmacy within a 2.5km radius, while in the rest of Australia 74% of people are within 2.5km of a pharmacy.

The network of almost 6,000 equitably distributed community pharmacies plays a pivotal role in the delivery of the National Medicines Policy, by ensuring timely access to safe, effective, and affordable medicines under the Pharmaceutical Benefits Scheme (PBS) for all Australians. Quality Use of Medicines is an important pillar of Australian National Medicines Policy, with community pharmacy having a vital role in the prevention and treatment of communicable and chronic diseases.

The Guild welcomes the opportunity to respond to the Senate Community Affairs Legislation Committee inquiry on the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025. We support the intent of the bill and its focus on improving patient access to medicines under the PBS.

GUILD RESPONSE TO INQUIRY

The Guild supports all health practitioners being able to work to their full scope of practice. Enabling all health practitioners to work to their full scope improves timely access to care, enhances patient outcomes, and reduces pressure on other parts of the health system by minimising unnecessary referrals and delays. The Guild emphasises that a key component of scope of practice reforms is ensuring that all prescribers have the ability to prescribe pharmaceutical benefits, thereby guaranteeing equitable access for patients irrespective of which health practitioner they choose to see.

In addition to amending the *National Health Act 1953*, the *Health Insurance Act 1973* will also be amended to enable the Professional Services Review (PSR) Scheme to review the PBS prescribing by authorised nurse prescribers. This will ensure authorised nurse prescribers are subject to the same oversight as other kinds of PBS prescribers.

Recommendations

1. Amend subsection 88 of the National Health Act 1953 to authorise any health practitioner endorsed to prescribe scheduled medicines under the National Law to prescribe pharmaceutical benefits within their scope of practice.
2. Extend prescriber bag access to all authorised prescribers who may be involved in providing emergency care, guided by their scope of practice.
3. Set and publish clear criteria for medicines added to or removed from the Minister’s determination and require inclusive consultation before any change is made.
4. Publish the rationale for every addition or removal, including any practical impacts to prescribing or dispensing.

Health Legislation Amendments

Professional Services Review Scheme

Item 8 amends subsection 84(1) in the *National Health Act 1953* to insert the following definitions:

> *"authorised nurse prescriber, which will mean an eligible nurse prescriber in relation to whom an approval is in force under section 84AAN.*
>
> *eligible nurse prescriber, which has the meaning given by new section 84AAM (see item 11)."*

Item 3 amends subsection 81(1) in the *Health Insurance Act 1973*:

> *"(dc) an eligible nurse prescriber"*

The Guild welcomes PSR oversight and recommends that committee membership should include a diverse range of PBS prescribers, rather than being limited to general practitioners.

Pharmaceutical Benefits

Item 14 inserts subsection 88(1EAA) in the *National Health Act 1953*:

> *"Subject to this Part, an authorised nurse prescriber is authorised to write a prescription on or after 1 July 2026 for the supply of any pharmaceutical benefit determined from time to time by the Minister for the purposes of this subsection, by legislative instrument."*

The Guild believes that the PBS should remain prescriber-agnostic, ensuring patients are not financially disadvantaged based on their choice of health practitioner. Where PBAC recommends a medicine for PBS listing following assessment of its clinical effectiveness, safety and cost-effectiveness, all authorised prescribers should be able to prescribe the pharmaceutical benefit to patients eligible for PBS subsidy, provided it is within the prescriber's scope of practice.

To future proof the legislation, we recommend inserting an additional clause into subsection 88 that authorises any health practitioners with an endorsement to prescribe scheduled medicines under section 14 of the Health Practitioner Regulation National Law to write a prescription for the supply of any pharmaceutical benefits.

The Guild notes that registered nurses are trained as health generalists with knowledge across all body systems and health conditions. This is comparable to medical practitioners and pharmacists, unlike specialty disciplines such as dentistry, optometry or podiatry, which focus on specific body systems. The Guild therefore considers it reasonable for registered nurses to prescribe a broad range of pharmaceutical benefits to reflect their generalist training. While some nurses may specialise (e.g., palliative care, geriatrics, paediatrics, emergency care), as with medical specialists, prescribing should remain within their competency and scope of practice. Where safety concerns relate to specific medicines, controls should be implemented through the Poisons Standard and state and territory laws, such as Appendix D of the Poisons Standard.[1]

To maintain confidence in the system, the Guild recommends that any additions or removals to the legislative instrument referred to in Item 14 be guided by clear, published criteria and subject to transparent, inclusive consultation with a broad range of stakeholders, including pharmacists. All decisions should be accompanied by a published rationale and an assessment of any practical prescribing or dispensing implications, so that prescribers and patients can understand the basis for the changes and manage any impacts in practice.

Item 20 inserts new subsection 93AC in the *National Health Act 1953*:

> *"Except as prescribed by the regulations, an authorised nurse prescriber is authorised to supply such pharmaceutical benefits as the Minister, by legislative instrument, determines to persons who are entitled under this Part to receive those pharmaceutical benefits."*

[1] The Poisons Standard (the SUSMP) | Therapeutic Goods Administration (TGA)

[2] pbac-web-outcomes-05-2025.pdf

The Guild supports, in principle, allowing designated registered nurse prescribers access to PBS prescriber bag items, recognising the importance of these medicines being readily accessible in emergencies. In its May 2025 meeting, the PBAC reiterated the purpose of the Prescriber Bag is to provide medicines for emergency care[2]: a purpose supported by the Guild.

We believe that access to prescriber bag supplies should be expanded to all authorised prescribers providing emergency care, guided by their individual, self-determined, documented and authorised scope of practice. For example, the Guild expects that items such as adrenaline ampoules would be available to most prescribers for emergency use, whereas items such as salbutamol inhalers may fall outside the scope of some specialist health practitioner, such as optometrists or dentists.

Additional Considerations

With registered nurse prescribing expected to commence from July 2026, the Guild emphasises the need for implementation and systems readiness to ensure the arrangements operate effectively from day one. This should include timely establishment of prescriber identifiers and PBS online claiming capability, end-to-end functionality for ePrescribing and token workflows, and clear settings for authority processes where applicable. It also requires prescribing software to be updated to apply PBS restriction logic correctly, and pharmacy verification workflows to be streamlined to minimise avoidable call-backs, delays and patient inconvenience at the point of supply.

The Guild is not aware of any negative impacts on First Nations peoples resulting from this bill. The Guild supports measures that improve the timeliness and ability for patients to register for the Closing the Gap (CTG) PBS Co-payment Program, which helps to improve equity and access for Aboriginal and Torres Strait Islander peoples. We note that the CTG PBS Co-payment Program allows any PBS prescriber or eligible AHP to register a First Nations patient. The system should ensure that health practitioners with newly authorised PBS prescribing rights, through the implementation of this bill, are appropriately enabled and supported to register eligible patients to ensure pharmacists can dispense PBS prescriptions at the reduced CTG co-payment.

Furthermore, the Guild is not aware of any adverse financial impacts to the government arising from this bill. Any increase in PBS expenditure would reflect improved patient access to necessary treatments, which aligns with the intent of the PBS.