PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

Standing Committee on Community Affairs

Inquiry into the Universal access to reproductive healthcare

28 February 2023

PDR Number: IQ23-000005

MBS review process, details and recommendations

Spoken

Senator: Larissa Waters

Hansard page number: 51

Question:

Senator WATERS: That's good news. Thanks very much, Minister, for your time, and congratulations on that commitment and the rolling out of it. Can I move now to the department? Thanks again for your time. I have a vast number of questions here and not a vast amount of time. We have heard a lot of consistent evidence so far from witnesses about the need to expand items, on both PBS and MBS, from contraceptives and the need to list more of them, right through to expanding the scope of practice for nurses and midwives to include ultrasounds, IUD insertions and expanding access to MToP and SToP services and related consult procedures. Can I ask whether the department has been tasked with doing any work on costing extending MBS and PBS item numbers in the reproductive healthcare space?

Ms Rishniw: As you would appreciate, listing on PBS—if I could deal with PBS in the first instance—requires advice through the Pharmaceutical Benefits Advisory Committee, PBAC. It requires a submission from a pharmaceutical company process going through PBAC and then a determination based on their advice as to whether a drug should be listed on the PBS. Currently, there are 19 contraceptives that are listed on the PBS and another two emergency contraceptives—the morning-after pill, colloquially—listed on the PBS. There are some of the LACs. Implanon is listed on the PBS; there are a couple of hormonal IUDs listed as well. But it is a process that goes through PBAC and an assessment process there. In terms of MBS rebates and reproductive and sexual health items, there's a range of different items that might apply in sexual and reproductive health. As you would understand, the MBS rebate is a rebate to the patient. It's a rebate for particular services. One of the things that has been underway is, obviously, the Medicare benefits review; that's a rolling review of items. Those committees have looked at some of the sexual and reproductive health items in particular. That's the advice that then goes to the advisory committee that looks at

which items and what the government response to those should be. In terms of specific costings, it goes through that MBS review process.

Senator WATERS: I'm sorry to butt in. Before I lose that train of thought, can you let me know where that is at in terms of the review of those reproductive health relevant MBS items? It's gone through that MBS review process. Where is it now and what's the next step in the process to make those things both more affordable for doctors to provide and more affordable for patients to access?

Ms Rishniw: There's a continuous MBS review process. We'll go to specific details and recommendations of the MBS review panel so far on those items. If I can take those on notice, given the time, I might refer your questions around the scope of practice for nursing and midwifery to the Chief Nursing and Midwifery Officer in the first instance.

Answer:

The Medicare Benefits Schedule (MBS) Review Taskforce, which ran from 2015 to 2020 reviewed more than 5,700 items on the MBS including those related to sexual and reproductive health.

Individual recommendations and subsequent Government responses to Final Clinical Committee Reports can be accessed online at: www.health.gov.au/resources/collections/mbs-review-clinical-committee-reports and www.health.gov.au/resources/collections/mbs-review-government-responses.

The MBS Continuous Review builds on the work of the MBS Review Taskforce providing continued assurance that the MBS will support improved health outcomes for all Australians. It complements the health technology assessment (HTA) of the Medical Services Advisory Committee (MSAC) and provides clinician-led, independent advice to government that promotes high-value care for patients.

The MBS Review Advisory Committee (MRAC) was established as established as an independent clinician and consumer led non statutory committee, to support the work of the MBS Continuous Review. The MRAC is led by Conjoint Professor Anne Duggan (Chair) and Ms Jo Watson (Deputy Chair), and is comprised of multi-disciplinary and skills-based members with clinical, health system and research expertise, as well as allied health, nursing, and consumer representatives.

Through its reviews, the MRAC will examine how the MBS is used in practice and recommend improvements based on contemporary clinical evidence. It will also allow for continuous monitoring of previously implemented changes and assist with identification of priority areas where targeted research, investment or support is required, through the assessment of cross-speciality items, to maximise system benefits.

Reviews conducted by the MRAC are based upon identified priority areas and include thematic assessments of the MBS that examine methods of service delivery supporting multidisciplinary care between providers. Stakeholders are also invited to submit requests for review. The MRAC is currently undertaking a post-implementation review of telehealth service items implemented on 1 January 2022. Through this review, several items and their corresponding telehealth items will be considered that relate to sexual and reproductive health. The results of this post-implementation review and MRAC's final report, including any recommendations, will be published on its website at: www.health.gov.au/committees-and-groups/medicare-benefits-schedule-mbs-review-advisory-committee-mrac.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

Standing Committee on Community Affairs

Inquiry into the Universal access to reproductive healthcare

28 February 2023

PDR Number: IQ23-000007

Estimates around costings for the PBAC process

Spoken

Senator: Larissa Waters

Hansard page number: 51

Question:

Senator WATERS: Okay. A witness earlier today speculated that, in her 25 years of practice, a new one had not been added, so I'll be interested in your response, when you can check that.

Ms Rishniw: Yes, certainly. I find it hard to believe that it's been 25 years, particularly given things like Implanon would have been listed fairly recently. I'll come back to you on those, with dates.

Senator WATERS: I know that I can't ask for your opinion, but what is the barrier to pharmaceutical companies applying for their product to be listed on the PBS? Is it some astronomical amount of money that they need to spend? I'm trying to understand why some of the more modern contraceptives that are more suitable for some people are not on the PBS. What's stopping those pharmaceutical companies applying for those?

Ms Rishniw: Without speculating as to the reasons why any individual company would choose to go through the PBS process or not, the costs are not prohibitive. You'll notice that the PBS listings of drugs is far and wide. In some cases, companies choose not to list on the PBS because PBAC, the advisory committee, suggests an efficient price. It actually sets a price that the Australian government is prepared to pay and subsidise for those drugs. In some cases, pharmaceutical companies choose not to go through a PBS listing because they want to charge a different amount; they want to be able to set their own prices. In some cases, it may be that they don't think the market is big enough. The reasons will vary. PBAC does a rigorous process. I can get you the estimates around costings for the PBAC process, but they're in no way prohibitive for pharmaceutical companies.

Answer:

Pharmaceutical companies are private businesses that make their own decisions about the pricing of their medicines and whether they will market them exclusively on the private market or apply for subsidy through the Pharmaceutical Benefits Scheme (PBS). The Government cannot compel pharmaceutical companies to apply for PBS subsidies for their medicines.

Cost recovery activities and fees associated with the evaluation of submissions and the listing of medicines, vaccines and other products or services on the Pharmaceutical Benefits Scheme (PBS) and National Immunisation Program (NIP) Schedule have been in effect since 1 January 2010.

The legislated fees and charges for PBS/NIP related cost recovery are determined consistent with the Australian Government Charging Framework and Cost Recovery Guidelines. These documents require that cost recovery fees must reflect the minimum efficient cost of providing the services which are cost recovered, in this case PBS/NIP evaluation and listing services. Cost recovery fees receive annual indexation to ensure that they remain reflective of contemporary minimum efficient costs.

The application fees are tiered in order of complexity of application and directly correspond to the departmental resources required to process the application. Application fees, as well as detailed information on PBS/NIP cost recovery administrative processes can be found on the PBS website at: www.pbs.gov.au/info/industry/listing/elements/fees-and-charges.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

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Inquiry into the Universal access to reproductive healthcare

28 February 2023

PDR Number: IQ23-000010

Federal health hospital funding and reproductive health services

Spoken

Hansard page number: 55

Senator: Larissa Waters

Question:

Senator WATERS: Just one final question on this point: is there anything stopping the Commonwealth making it a condition of federal hospital funding that reproductive health services be provided? Is there any barrier?

Ms Rishniw: I need to take that on notice because it would depend on the hospital funding agreement requirements. There are a range of questions around constitutionality and what we can put in agreements for specific funding to states and territories, and requirements under federal financial relations. Can I take that on notice, because it isn't my area of expertise, and come back to you on notice?

Senator WATERS: Yes; thanks very much.

Answer:

The Commonwealth's primary funding contribution for state and territory public hospital services is made through the National Health Reform Agreement (NHRA).

Under the NHRA, the state and territory governments have committed to provide eligible patients with the choice to receive public hospital services free of charge, on the basis of clinical need and within a clinically appropriate period.

Most reproductive health services are considered public hospital services, and thus are already required to be provided by the states and territories under the NHRA.

This existing requirement of the NHRA is applied to the states and territories on a system-wide level. This means there is no specific requirement that any individual hospital or Local Hospital Network must provide any particular hospital service, only that the state-or-territory public hospital system as a whole is able to deliver public hospital services to Medicare-eligible patients as they are required.

Under the NHRA, state and territory governments are the managers of their public hospital systems. This management role includes determining the availability, types, range, and location of public health and hospital services, including reproductive health services.

The Government is in ongoing discussion with states and territories regarding public hospital activity, demand, and performance. The Australian Government remains committed to contributing to the cost of reproductive health services provided by states and territories in public hospitals under the NHRA.

It is possible that the Commonwealth could, in a future addendum to the NHRA, make specific requirements of the states and territories for the provision of reproductive health services as a condition for receiving Commonwealth funding. The primary consideration is the agreement of all the states and territories – the NHRA is a multilateral agreement between all governments, and can only be amended with unanimous approval. Other considerations include each state or territory's management of their public hospital systems, workforce demand and capacity, applicable legislation which relates to reproductive services, and health practitioners' codes and guidelines.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

Standing Committee on Community Affairs

Inquiry into universal access to reproductive healthcare

28 April 2023

PDR Number: IQ23-000033

Access to oral contraceptives

Written

Senator: Tammy Tyrrell

Question:

1. Does the TGA hold a view over whether access to oral contraceptives should be easier to access — for example if a person wanted a repeat script, should a pharmacist, midwife or nurse practitioner be able to prescribe this?

Answer:

Medicines are classified into Schedules in the Poisons Standard according to the risk of harm and the level of access control required to protect public health and safety. Scheduling decisions are made by a senior medical officer of the TGA acting as a delegate of the Secretary of the Department of Health and Aged Care (the delegate).

Many oral contraceptive substances are included in Schedule 4 of the Poisons Standard, which classifies these substances as Prescription Only medicines. Under the Scheduling Policy Framework, which sets out the national policy for applying access restrictions on all 'poisons', Schedule 4 substances are generally intended to be prescribed by a medical or dental practitioner.

The implementation and enforcement of the controls in the Poisons Standard are matters for state and territory governments, which decide whether to give effect to the recommended controls in the Poisons Standard. States and territories may depart from the Poisons Standard and implement independent controls on certain substances within their jurisdiction, including permitting healthcare practitioners other than medical or dental practitioners to prescribe medicines in Schedule 4 of the Poisons Standard.

Applications to amend the Poisons Standards to move several oral contraceptive medicines from Schedule 4 to Schedule 3 (Pharmacist Only medicine) were considered in 2021.

The delegate's final decision was to make no change to the scheduling of these substances because access under a prescription of a treating medical practitioner remained appropriate. The decision including reasons for the decision is available at: www.tga.gov.au/resources/publication/scheduling-decisions-final/notice-final-decisions-amend-or-not-amend-current-poisons-standard-acms-34-joint-acms-accs-28-accs-31.

Any member of the public can submit an application to the TGA with suitable evidence to propose the scheduling of substances in the Poisons Standard be reconsidered. The TGA can also propose changes to the scheduling of substances if it becomes aware of sufficient evidence and justification to support a change in accordance with the Scheduling Policy Framework and because the benefits outweigh the risks.