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*Submission to the Senate Community Affairs Legislation Committee*

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**Submission to the Senate Community Affairs Legislation Committee**
**Inquiry into the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025**

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## Executive Summary

This submission supports the intent of the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025*, which seeks to expand Pharmaceutical Benefits Scheme (PBS) prescribing to endorsed registered nurses. The Bill reflects contemporary health policy objectives to improve access to medicines, better utilise the health workforce, and modernise primary care delivery.

However, the Bill also highlights a broader systems issue inherent in incremental or profession-specific reform. By extending PBS access to one cohort of endorsed prescribers while leaving existing endorsed prescribers outside the PBS framework, the legislation risks perpetuating structural inconsistencies rather than resolving them.

Podiatrists and podiatric surgeons—who have safely prescribed scheduled medicines for 40 years under regulatory frameworks—remain excluded from PBS access. Their exclusion serves as a practical example of how incomplete system reform can entrench inequity, reduce efficiency, and undermine policy coherence.

This submission therefore uses podiatry as a case study to illustrate the importance of addressing prescribing reform at a system level and recommends that PBS eligibility be aligned with endorsement and scope of practice under the National Law, rather than profession-specific inclusion.

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## 1. Purpose of the Bill and Broader Reform Context

The *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025* aims to improve access to PBS medicines by enabling endorsed registered nurses to prescribe under the PBS. This initiative aligns with broader workforce reform agendas focused on improving access, reducing pressure on general practice, and enabling health professionals to work to full scope (Butler, 2025).

While the policy intent is clear, the Bill adopts a profession-specific approach that does not address existing structural inconsistencies within the PBS prescriber framework.

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## 2. Incremental Reform and System Design Risks

Incremental legislative reform that focuses on individual professions can unintentionally perpetuate system inefficiencies. When reforms are layered onto existing frameworks without resolving underlying inconsistencies, inequities may be reinforced rather than corrected.

The continued exclusion of podiatrists from PBS prescribing, despite equivalent endorsement and regulatory oversight, illustrates this risk. Rather than representing an isolated policy gap,

podiatry highlights a broader misalignment between medicines regulation, professional endorsement, and PBS eligibility.

**3. Podiatry as a Case Study in System Inconsistency**

Podiatrists and podiatric surgeons have been authorised to prescribe scheduled medicines for several decades under state and territory medicines and poisons legislation. Under the National Registration and Accreditation Scheme, endorsed podiatrists meet defined educational, clinical, and governance standards and are regulated by the Podiatry Board of Australia (Department of Health Victoria, n.d.).

Despite this, podiatrists are excluded from PBS access. This exclusion persisting despite repeated request for inclusion and the situation does not reflect safety, education, or regulatory concerns, but rather a historical policy setting that has not been revisited as prescribing frameworks have evolved (Hope & King, n.d.).

As a result, patients receiving care from podiatrists face different access arrangements to PBS medicines compared with patients treated by other endorsed prescribers for identical conditions.

**4. System-Level Consequences of Partial Reform**

The ongoing exclusion of podiatrists from PBS access produces consequences that extend beyond the profession itself and illustrate the impact of incomplete reform:

- Fragmented care pathways requiring secondary consultations solely for PBS access
- Increased administrative and clinical burden on general practice
- Delays in treatment for high-risk conditions
- Higher out-of-pocket costs for patients
- Gaps in national prescribing data and oversight

These outcomes are inconsistent with the objectives of workforce reform and efficient system design (Department of Health and Aged Care, 2025).

**5. Ethical and Policy Considerations**

From a policy perspective, selective inclusion of endorsed prescribers raises issues of equity and consistency. Patients are treated differently based on the profession of their clinician rather than the clinician's regulatory status or scope of practice.

Ethically, this approach conflicts with principles of justice and fairness, particularly where equivalent standards of competence and accountability apply.

Addressing such inconsistencies at the point of legislative reform provides an opportunity to correct legacy issues rather than embedding them further.

**6. Financial and Implementation Considerations**

The Bill's Explanatory Memorandum indicates that extending PBS access to endorsed nurse practitioners is expected to have minimal financial impact, given their relatively small numbers within the PBS prescriber population.

A system-based approach that includes all endorsed prescribers—such as podiatrists—would similarly be expected to have limited cost implications, particularly given the targeted and condition-specific nature of podiatric prescribing (Australian Podiatry Association, 2025).

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**7. Legislative Alignment and Future-Proofing**

Aligning PBS eligibility with National Board endorsement would improve consistency across health legislation, reduce the need for profession-specific amendments, and future-proof the PBS framework as scopes of practice evolve.

Such an approach would ensure that reforms address system issues comprehensively, rather than incrementally addressing individual professional groups.

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**8. Recommendations**

This submission recommends that the Senate Committee consider:

1. In addition to considering the specific issue of nurse prescribing recognise that the current Bill provides an opportunity to address systemic inconsistencies in PBS prescribing eligibility.

2. Aligning PBS prescriber status with endorsement and scope of practice under the National Law, rather than profession-specific inclusion.

3. Ensuring that existing endorsed prescribers, including podiatrists and podiatric surgeons, are incorporated into the PBS framework.

4. Adopting a system-based approach to prescribing reform to avoid perpetuating legacy inequities.

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**9. Request to Appear Before the Committee**

The author respectfully requests the opportunity to appear before the Committee to provide further evidence on the system-level impacts of partial prescribing reform and the policy implications of profession-based PBS eligibility.

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