



**Health Legislation Amendment (Prescribing of
Pharmaceutical Benefits) Bill 2025**

Joint submission to the Senate Community Affairs Legislation Committee

January 2026

1. About our organisations

Palliative Care Nurses Australia (PCNA) is a member organisation that gives Australian nurses a voice in the national palliative care conversation. PCNA's vision is to promote excellence in palliative care nursing for our community, through leadership, representation and professional support. PCNA aims to:

- Foster the sustainability of the nursing workforce in palliative care
- Promote the professional development of nurses providing end of life care
- Provide opportunities for collaboration among members
- Facilitate knowledge, research, education and policy in palliative care
- Promote palliative care nursing in a changing environment
- Encourage participation in local, national and international palliative care nursing activities.

PCNA is a national workforce member of Palliative Care Australia.

Palliative Care Australia (PCA) is the national peak advocacy body for palliative care. PCA represents all those who work towards high-quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations (including PCNA) and the palliative care workforce, PCA aims to improve access to and promote palliative care.

2. The Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

Thank you for the opportunity to provide advice to the on the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2024.

As national palliative care organisations, Palliative Care Australia and Palliative Care Nurses Australia support the amendments proposed in the Bill. These are necessary to enable endorsed registered nurses to prescribe medications under the Pharmaceutical Benefits Scheme (PBS), in line with the requirements set out in the December 2024 [Endorsement for Scheduled Medicines – Designated Registered Nurse Prescriber](#).¹

This is a welcome legislative reform, which will improve equitable access to timely, safe and affordable medicines for people with life-limiting illnesses, particularly those receiving palliative care in community settings.

As Committee members may be aware, demand for palliative care is increasing rapidly in Australia, driven by factors including population ageing and the growing prevalence of life-limiting conditions. Annual growth in the number of people aged 85+ will triple by 2032,² and the number of people aged 65 and over is expected to double within the next 30 years.³ Deaths per year are anticipated to increase by 30% as soon as 2040,⁴ with an estimated 92% of all deaths in Australia caused by life-limiting illnesses that are potentially amenable to palliative care.⁵

A clearly defined and supported role for nurses in palliative and end-of-life care is essential to the health system's capacity to respond to the anticipated near-doubling of demand for palliative care by 2050.⁶ Nurses constitute the single largest professional group within the palliative care workforce, and enabling them to practice to their full scope, including pharmaceutical prescribing, delivers clear, direct and measurable benefits for patients.

The ability to prescribe pharmaceuticals under the PBS, consistent with the appropriate safeguards set out in the Bill and in the 2024 Endorsement Standard, is an important step toward improved access to equitable, quality and timely palliative care.

3. Better access to community and home-based care

In our shared view, the provisions in the Bill will enable improved access to community and home-based palliative care.

This is consistent with preferences of most Australians, up to 90% of whom would prefer to receive palliative care or end-of-life care at home, with appropriate supports.⁷

Palliative care nurses frequently support patients in their homes, aged care facilities and rural and remote communities where access to a General Practitioner may be delayed or unavailable. Timely prescribing of essential medications such as analgesia,

and symptom management drugs is critical to avoid unnecessary suffering and prevent avoidable hospital admissions; and will be enabled by the Bill.

4. Workforce efficiency and continuity of care

Enabling nurse prescribers to work to their full scope of practice, consistent with the provisions in the Bill, will reduce duplication and delays in care, support multidisciplinary teams and models, and alleviate pressure on overstretched medical services. Nurses are the most geographically distributed health professionals, they are highly trusted and they are often the first point of contact for patients with complex needs.

5. Alignment with National Medicines Policy and health equity goals

The amendments in the Bill are consistent with, and support the objectives of the National Medicines Policy, by promoting timely and equitable access to medicines. This will assist in addressing persistent systemic barriers to timely quality palliative care experienced by specific population groups including First Nations communities and people living in rural, regional and remote areas.

6. Implementation considerations

It is our shared view that the Bill, as drafted, in conjunction with the Endorsement Standard for registered nurse prescribers, establishes a robust framework that supports safe prescribing, enables a skilled and appropriately qualified nurse prescribing workforce, and incorporates the necessary safeguards for both patients and prescribers.

Education and governance

We support the requirements for advanced skills, education and training for endorsed nurse prescribers. The requirements for prescribing agreements are appropriate and necessary to ensure safe prescribing practice.

Our organisations also note the importance of ongoing professional development for endorsed registered nurse prescribers, alongside clear governance frameworks, to support the safe and effective implementation of nurse prescribing models, including in palliative care settings.

Scope of medicines prescribing

For palliative care, the list of PBS medicines available to nurse prescribers should include those commonly used for symptom control in end-of-life care.

Collaborative prescribing agreements

Flexibility in agreements is important to accommodate diverse care settings, including community-based palliative care teams and Aboriginal Community Controlled Health Organisations.

Monitoring and evaluation

A clear nationally consistent framework to monitor and evaluate the impacts of registered nurse prescribing, including effects on access and equity, will be essential. We support inclusion of endorsed nurse prescribers within Professional Services Review processes to ensure accountability and maintain public trust.

7. Concluding remarks

Thank you for the opportunity to provide advice on the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2024.

As proposed, the Bill represents a welcome and important legislative reform that will enable nurses to prescribe under the PBS. This reform has the potential to significantly improve timely access to essential medicines, reduce avoidable hospitalisations, and enhance quality of life for people with life-limiting illness.

Palliative Care Nurses Australia and Palliative Care Australia commend the Government for progressing this important initiative. We thank the Committee for its consideration of these matters, particularly, as they affect people who require palliative care.

Our organisations look forward to the implementation of the proposed changes.

References

¹ Nursing and Midwifery Board of Australia, December 2024, [Endorsement for Scheduled Medicines, Designed Registered Nurse Prescriber](#)

² ABS Population Projections, Table 1, Population projects, components of change and summary statistics, Australia, at: [Population Projections, Australia, 2022 \(base\) - 2071 | Australian Bureau of Statistics \(abs.gov.au\)](#).

³ ABS Life Expectancy 2020-22, published November 2023 at: [Life expectancy, 2020 - 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#)

⁴ Intergenerational report 2023, Australia's future to 2063 p6 at: <https://treasury.gov.au/sites/default/files/2023-08/p2023-435150.pdf>

⁵ PCA estimate derived from ABS 2023, *Deaths in Australia 2022 Supplementary Table 1*; using the maximal estimate established by [Rosenwax et al 2005](#) and replicated in AIHW 2024, *Palliative Care and Health Service Use for people with life-limiting conditions, Predictable Deaths Population*.

⁶ KPMG, May 2020. *Investing to save, the economics of increased investment in palliative care in Australia*, at: [KPMG-Final-Report-The-economics-of-palliative-care \(11\).pdf](#). p32 Figure 12, noting this increase is from a 2020 baseline

⁷ Agar M, Currow D, Shelby-James T, Plummer J, Sanderson C and Abernethy A (2008) *Preference for place of care and place of death in palliative care: are these different questions?* *Palliative Medicine* 2(7): 787-795, in KPMG May 2020. *Investing to save, the economics of increased investment in palliative care in Australia*, p23

Pinto, S, S Lopes, A de Sousa, M Delalibera and B Gomes, 2024, Patient and Family Preferences about place of end-of-life care and edeath: an umbrella review, *Journal of pin and symptom management* 67(5), May 2024, <https://doi.org/10.1016/j.jpainsymman.2024.01.014>