



Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

THE SENATE

CHRIS HELMS – CEO ACNP



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Apolline Kohen
Committee Secretary
Senate Community Affairs Legislation Committee

By email: community.affairs.sen@aph.gov.au

Dear Apolline,

Thank you for the opportunity to respond to the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025*.

The Australian College of Nurse Practitioners (ACNP) is the leading national body representing Nurse Practitioners (NPs) and Advanced Practice Nurses. We drive the advancement of nursing practice, provide expert care, and strengthen consumer access to health services. Nurse Practitioners are also uniquely equipped to address unmet healthcare needs within communities and expand access to high-quality care, especially for underserved or marginalised populations.

In this submission, the ACNP highlights the following:

1. The ACNP supports reforms that improve timely, safe access to PBS medicines, particularly for rural, remote, and priority populations, provided reforms are implemented with clear safeguards and role integrity.
2. Registered Nurse Prescriber Pharmaceutical Benefit Scheme (PBS) access must remain bounded, protocolised, and differentiated from Nurse Practitioner prescribing, to support patient safety and preserve the NP workforce pipeline and advanced practice capacity.
3. Strong governance settings are required, including appropriate nursing expertise in oversight and review functions, to ensure nurse prescribing is assessed against contemporary nursing practice and models of care.

Background

Nurse Practitioners are regulated by the Nursing and Midwifery Board of Australia (NMBA) and work across diverse healthcare settings and specialty areas, ranging from metropolitan hospitals to remote primary healthcare clinics. Their practice spans a wide spectrum of specialties, including accident and emergency, primary healthcare, palliative care, and condition-specific areas such as diabetes and mental health.¹⁻⁵

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Research consistently demonstrates high levels of patient satisfaction with care delivered by NPs, which contributes to improved treatment adherence and better health outcomes.^{1,3,5-8} This success highlights the invaluable role of NPs within the Australian healthcare landscape and represents a significant step towards more effective and cost-efficient healthcare delivery.

The [Nurse Practitioner Workforce Plan](#)⁹, released by the Department of Health in May 2023, outlines strategies to remove systemic barriers to the NP clinical scope of practice. Eliminating legislative and operational barriers that lack a clinical basis, which corrects misalignment with federal and state legislation across the Commonwealth, is essential for consistency across jurisdictions and enabling NP scope of practice. National uniformity in legislation, which harmonises and enables NP practice across state and Commonwealth instruments is imperative for the safe, effective and timely diagnosis and treatment of diverse health conditions in our communities.

The ACNP strongly advocates for the recognition of the independent and collaborative role of NPs, and their capacity to lead healthcare teams across various contexts. This recognition is essential to advance the nursing workforce, support the modern nursing role, and dispel outdated perceptions.

ACNP Position

The ACNP notes the Bill introduces a new PBS prescriber category, authorised nurse prescribers — being eligible nurse prescribers approved by the Secretary. The ACNP recognises the intent to strengthen access to PBS-subsidised medicines, particularly in areas experiencing workforce shortages and service gaps.

The ACNP supports improved access to medicines where it is clinically safe, properly governed, and aligned with best practice models of care, noting that RN Prescribing is explicitly intended to operate in partnership with an authorised health practitioner under a prescribing agreement. Nurse prescribing reforms should complement—not replace—implementation of the Nurse Practitioner Workforce Plan and the removal of existing barriers to NP practice.

However, the ACNP notes that the practical operation of the Bill will depend heavily on future Ministerial determinations and approval conditions to define the practical boundaries of PBS access. In the ACNP's view, it is these delegated instruments that will determine whether the reform strengthens access while maintaining safety and role clarity — or whether it inadvertently creates downstream risks for consumers and the advanced practice nursing workforce.

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In summary, the ACNP:

- supports introduction of RN prescribing *in principle*
- does not support unrestricted PBS parity
- supports CTO + acute initiation model
- supports mandatory agreement ceiling
- supports PSR nursing oversight

Key Issues and Recommendations

1. Maintaining Nurse Practitioner role integrity and consumer safety

The ACNP supports expanded access to PBS medicines for registered nurse prescribers only where it does not blur the distinction between:

- Nurse Practitioners, who practice as advanced clinicians able to independently assess, diagnose, prescribe, and manage complex presentations within their scope; and
- RN Prescribers (authorised nurse prescribers), who prescribe under a partnered model, bounded by governance arrangements and prescribing agreements.

Recommendation 1: The Committee should require that delegated instruments and implementation guidance clearly articulate role distinction and prescribing boundaries to preserve NP scope integrity and prevent unintended substitution of RN prescriber roles for NP roles in service design.

2. PBS access for authorised nurse prescribers must be bounded (no NP parity)

The ACNP does not support full PBS parity between authorised nurse prescribers (RN Prescribers) and Nurse Practitioners. While both workforces are essential to improving access to care, PBS subsidy access represents public financing authority and must align with the intended clinical governance model, scope expectations, and education pathway of the prescriber group. PBS access should align with the prescriber's intended level of independent diagnostic responsibility and the governance safeguards embedded in the model of care.

The ACNP recommends that PBS access for authorised nurse prescribers be explicitly limited to medicines that align with established primary care clinical practice guidance for common conditions. In particular, medicines should be aligned with:

- the CARPA Standard Treatment Manual (Remote Primary Health Care Manuals), and
- the Queensland Primary Clinical Care Manual (PCCM)

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These resources reflect contemporary, evidence-based treatment pathways and are widely used to guide safe prescribing in rural and remote contexts.

Recommendation 2: PBS access for authorised nurse prescribers should be restricted to a defined and protocolised list of pharmaceutical benefits aligned with the CARPA Standard Treatment Manual and the Queensland Primary Clinical Care Manual, supporting safe treatment of common conditions and reducing scope drift.

3. “Continuing Therapy Only” should be applied for chronic disease medicines

To support continuity of care while preventing unintended escalation of prescribing risk, the ACNP recommends that for chronic disease management, authorised nurse prescribers should be limited to:

- prescribing under Continuing Therapy Only (CTO) arrangements for stable chronic conditions managed under protocolised care; and
- initiation authority limited to medicines for acute illnesses within the defined formulary.

Continuing Therapy Only refers to continuation of an established stable therapy, rather than initiation of long-term treatment. This approach supports uninterrupted access to essential medicines for consumers, particularly in rural and remote settings, while maintaining safe governance and clear role delineation between prescriber pathways.

Recommendation 3: As a minimum, the Ministerial PBS determinations should apply Continuing Therapy Only restrictions to chronic disease medicines prescribed by authorised nurse prescribers, with initiation authority limited to acute medicines aligned with treatment pathways in the CARPA Standard Treatment Manual and the Queensland Primary Clinical Care Manual.

4. The “prescribing agreement ceiling” safeguard must be mandatory

The ACNP notes the Bill contemplates approval conditions that *may* require that authorised nurse prescribers cannot prescribe a PBS benefit that their agreement prescriber could not prescribe.

This safeguard is foundational to the partnered prescribing model and should operate as a mandatory minimum requirement, rather than discretionary.

Recommendation 4: Approval criteria and conditions *must* mandate that authorised nurse prescribers cannot prescribe PBS medicines beyond the authority of the PBS prescriber with whom they hold a prescribing agreement.



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5. Prescriber bag provisions require strong constraints and governance

The ACNP supports improving access to medicines, particularly for aged care, remote and urgent care contexts. However, prescriber bag arrangements carry specific governance and risk considerations.

Recommendation 5: Prescriber bag arrangements for authorised nurse prescribers should be limited to a conservative list of medicines aligned with acute care protocols, with maximum quantities and mandatory audit requirements to support safe and appropriate use, particularly for appropriately governed remote, urgent care, and aged care settings.

6. Oversight and review must include nursing expertise (PSR governance concern)

The Bill extends Professional Services Review (PSR) functions to authorised nurse prescribers. The ACNP supports PBS integrity mechanisms. However, for PSR processes to remain clinically credible and procedurally fair when assessing nurse prescribing, nursing expertise must be embedded within decision-making and benchmarking processes.

Without adequate nursing representation and expertise, there is a risk that nurse prescribing is assessed against medicalised norms rather than contemporary nursing practice frameworks and models of care, potentially undermining confidence and uptake of the reform.

Recommendation 6: The Committee must require that PSR processes for nurse prescriber matters include mandatory nursing representation on PSR panels when reviewing nurse prescriber practice and revising the standing Nurse Prescribing Clinical Advisory Panel to include matters relating to registered nurse prescribing.

The ACNP supports reforms that strengthen access to PBS medicines in Australia, particularly in aged care and rural and remote communities and in areas of unmet need. The ACNP also supports the development of safe and appropriately governed designated RN prescribing models.

However, the ACNP emphasises that PBS access for authorised nurse prescribers must remain bounded, clearly differentiated from Nurse Practitioner prescribing, and supported by safeguards that prevent scope drift and maintain public confidence. Without these safeguards, there is a risk that the reforms may unintentionally drive scope drift, inconsistent prescribing practice, and reduced confidence in nurse prescribing pathways, undermining consumer safety and long-term NP workforce sustainability.



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Thank you for the opportunity to participate in this important review. We welcome further engagement and are available to provide additional clarification as required.

Yours sincerely,

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