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Apolline Kohen
Committee Secretary
Senate Standing Committee on Community Affairs
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Dear Ms Kohen

Thank you for your correspondence of 4 December 2025 to the Hon Jeremy Rockliff MP, Premier of Tasmania, inviting a submission to the Senate Standing Committee on Community Affairs in relation to the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025* (the Bill). I am responding on behalf of the Tasmanian Government as Minister for Health, Mental Health and Wellbeing.

Tasmania is supportive of the Bill's intent to enable designated registered nurse prescribers to prescribe certain medications under the Pharmaceutical Benefits Scheme (PBS).

National and local reforms that support an expanded scope of practice are expected to increase people's access to healthcare in the community and relieve pressure on other primary healthcare providers and hospitals. This is particularly relevant to Tasmania, where we are experiencing increasing demand for health services due to factors such as having the oldest and fastest ageing population in Australia, a highly dispersed population, and high rates of chronic disease in the community.

Tasmania supported and provided input into the development of the *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber*, which came into effect in September 2025. Tasmania has also made changes to our State-based poisons regulations to allow designated registered nurse prescribers in Tasmania to prescribe in accordance with their endorsement. Starting in 2024, Tasmania has advanced multiple reforms to expand pharmacists' scope of practice, in recognition of the need to improve access to healthcare and reduce pressure on general practitioners and hospitals.

Tasmania is also progressing reforms to remove barriers to nurses working to their full scope of practice through the development of the *Nurse Practitioner Strategy 2025-2030*. This strategy will support a sustainable, effective and integrated Nurse Practitioner workforce model that responds to and meets the needs of the Tasmanian community now and in the future. It includes reforms to promote person-centred models of care, grow the Nurse Practitioner workforce, raise awareness of the Nurse Practitioner scope of practice, and plan for the sustainability of Nurse Practitioner roles.

Further considerations regarding relevant components of the Bill are outlined below.

Expansion of authorised prescribers under the PBS

Authorising designated registered nurse prescribers as prescribers under the PBS through the Bill will improve access to subsidised medicines. The availability of nurse prescribers may lessen demand on general practice.

While the Bill is clearly advantageous to Australia's health system, more is needed to address increased demand for healthcare and nationwide health workforce shortages. It is acknowledged that this can be pursued through several avenues; however, in considering further legislative opportunities and the need to ensure health equity and consistency of approach, I suggest that the Commonwealth should expand authorised prescribers under the PBS to include all professions currently endorsed to prescribe.

For example, the podiatry endorsement for the scheduled medicines registration standard has been in place for several years, yet podiatrists are not yet recognised as authorised prescribers under the PBS. The benefits of allowing podiatrists to be prescribers under the PBS are the same as for designated registered nurse prescribers. As such, it would be beneficial for the Commonwealth to introduce a similar Bill for podiatrists so they too will be able to prescribe under the PBS, noting any scripts currently prescribed by podiatrists are only able to be filled as private scripts.

It will also be necessary to plan for the future expansion of authorised PBS prescribers arising from the increased scope of practice for other health professions, such as physiotherapists, pharmacists, and paramedics, whose Boards are currently developing proposals for endorsements of scheduled medicines.

In addition, the Optometry Board of Australia is currently consulting on revisions to the optometry endorsement for the scheduled medicines registration standard that would expand the range of scheduled medicines prescribed by optometrists, including oral scheduled medicines. Currently, only topical-only medicines are included in the endorsement and subsidised by the PBS. As oral scheduled medicines prescribed by optometrists will not be automatically subsidised by the PBS, the Commonwealth will also need to enable PBS access for these medicines when prescribed by optometrists.

Other benefits of increasing PBS prescriber access

Once endorsements are in place, increasing PBS prescriber access for these additional professions would align with the policy direction of the recently executed updated National Competition Policy Federation Funding Agreement Schedule, which includes an output to remove barriers to health practitioners practicing to their full scope of practice. While PBS prescriber access is not specifically included as a Commonwealth action within the Schedule, it is nevertheless an integral component of facilitating increased competition in the Australian economy, as professions with an endorsement but without PBS prescribing rights will not represent good value for consumers and will therefore be less competitive and underutilised.

In addition, the Bill's explanatory memorandum notes the reform aligns with *Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report* and the *National Medicines Policy*. Expanding PBS prescribing authorisations for other professions to reflect the full scope of their endorsements would also be aligned with this work. Similar to the financial implications outlined in the Bill's financial impact statement, it is not anticipated that any financial impacts on the PBS would arise from further expansion to PBS prescribing authorisations, and cost should therefore not be a barrier to implementation.

To avoid the administrative burden of introducing multiple pieces of legislation, the Commonwealth may wish to explore automatically recognising professions with an endorsement for scheduled medicines as prescribers under the PBS. This would mean podiatry would be recognised immediately, while the other professions would be recognised as soon as their endorsements are in place.

Thank you again for the opportunity to provide a submission to the Senate Standing Committee on Community Affairs. I look forward to working with the Commonwealth and other states and territories to progress other scope of practice priority reforms, as agreed at the December 2025 Health Ministers' Meeting.

Yours sincerely

Hon Bridget Archer MP
Minister for Health, Mental Health and Wellbeing