National Health Amendment (Immunisation) Bill 2006

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National Health Amendment (Immunisation) Bill 2006

Date introduced: 21 June 2006
House: House of Representatives
Portfolio: Health and Ageing
Commencement: On Royal Assent

Purpose

The purpose of the National Health Amendment (Immunisation) Bill is to amend the National Health Act 1953 (the Act) to allow the provision of goods and services that are associated with, or incidental to the provision or administration of designated vaccines for preventable diseases.

These goods and services could not be provided under the Act following amendments to the Act made by the National Health Amendment (Immunisation Program) Act 2005.¹

Background

Basis of policy commitment
Immunise Australia

Australia has had a long standing commitment to mass childhood immunisation programs. However, in 1997 in response to continuing interest and significant concern about regular outbreaks of vaccine preventable diseases due to inadequate immunisation rates,² the government introduced a national, state and territory initiative, the Immunise Australia Program.

Under this program, government spending on vaccines has increased from $13 million in 1996 to $292 million in 2005-06.³

Immunise Australia has included a range of initiatives specifically focussed at increasing Australia’s childhood immunisation rates in order to reduce incidence and if possible, interrupt transmission of vaccine preventable diseases.

Under Immunise Australia, which includes a National Immunisation Program, roles and responsibilities of the Australian, state and territory governments that were developed under the 1993 National Immunisation Strategy have remained. The Australian Government provides funding to state and territory governments to purchase vaccines,
which the states and territories in turn provide free of charge to providers to administer to target populations.⁴

According to the Explanatory Memorandum for the National Health Amendment (Immunisation) Bill, a recent amendment to the Act under the National Health Amendment (Immunisation Program) Act 2005 did not give the Minister for Health and Ageing power to continue arrangements with states and territories for assistance in procuring goods and services related to vaccine provision. These include arrangements for example relating to vaccine storage and delivery.

This amendment also prevented the Australian Government from providing funding under the Act for essential pre- or post-vaccine requirements under current arrangements⁵ (for example, the pre vaccination test for Q fever vaccine).⁶

The National Health Amendment (Immunisation Program) Act 2005

The government introduced amendments to the Act under the National Health Amendment (Immunisation Program) Act 2005 (the Immunisation Act) following the 2005/06 Budget, which transferred responsibility for providing advice on funding for vaccines under the National Immunisation Program from Australian Technical Advisory Group on Immunisation (ATAGI) to the Pharmaceutical Benefits Advisory Committee (PBAC) which advises government on pharmaceuticals for listing on the Pharmaceutical Benefits Scheme. The ATAGI retained its responsibility for making recommendations on technical and scientific elements of the National Immunisation Program.⁷

In making this change, the government argued that the PBAC, which considers the clinical and cost effectiveness and safety of medicines compared to alternative treatments⁸ was a more logical body for making decisions about funding, noting that the PBAC was a world leader using rigorous evidence based assessments in developing funding recommendations.⁹

Position of significant interest groups/press commentary

There was some controversy surrounding changes introduced under the Immunisation Act. The Chairman of the ATAGI resigned, for example. This was reportedly because the government failed to consult with ATAGI about the changes.¹⁰

Additionally, the Opposition argued that the Immunisation Bill amounted to a political payback to ATAGI, as the Group’s recommendation in 2002 for funding of pneumococcal vaccine had led to political embarrassment for the government.¹¹

(ATAGI had recommended the pneumococcal vaccine for inclusion on the Australian Standard Vaccination Schedule in 2002, but the government decided not to include it in the National Immunisation Program, citing a worldwide shortage in vaccine supply. After considerable media attention, the government reversed its decision).¹²

Warning:
This Digest was prepared for debate. It reflects the legislation as introduced and does not canvass subsequent amendments.

This Digest does not have any official legal status. Other sources should be consulted to determine the subsequent official status of the Bill.
It appears these issues are not relevant in the context of this Bill.

This Bill has not attracted interest group or press commentary.

**Pros and cons**

The Bill continues an existing funding arrangement between the Australian Government and the states and territories which ensures that the national vaccination program is resourced.

It is unlikely that objections will be encountered to these funding arrangements, which allow the states to fund providers they consider appropriate to supply vaccines.

There may be some remote possibility that the Bill could trigger further debate about the financial pressures of health spending for state and territory budgets. It is more likely that such a debate would be activated by higher profile issues such as federal funding for hospitals, however.

**ALP/Australian Democrat/Greens/Family First policy position/commitments**

Labor, the Australian Democrats and the Greens have not commented publicly on the proposed change under this Bill. As there were no further comments from Labor regarding the ATAGI issue on the appointment in October 2005 of a reconstituted Group, it is most likely that the issue of ‘political payback’ will also not resurface.\(^{13}\)

**Financial implications**

The Bill will have no financial impact. It will allow current financial funding arrangement with states and territories to continue.\(^ {14}\)

**Main provisions**

**Schedule 1—Amendment of National Health Act 1953**

The following amendment proposed by the Bill relates to the *National Health Act 1953*.

**Item 1** repeals the existing section 9B of the Act and inserts a new section 9B, under which the Minister may arrange for the provision of designated vaccines and goods and services that are associated with, or incidental to the provision or administration of designated vaccines.

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Concluding comments

As noted above, it appears unlikely there will be controversy surrounding the passage of this Bill. It is a minor amendment that preserves current Australian government and state and territory financial arrangements for the continuation of activities such as vaccine storage and distribution.\(^{15}\)

Endnotes


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