



Factsheet: Deferred Sunsetting of Nurse Practitioner and Midwife Determinations Maintains Access to PBS

Last updated: 17 November 2020

What are the changes?

The legislative instruments that enable Nurse Practitioners and eligible Midwives to prescribe medicines under the Pharmaceutical Benefits Scheme (PBS), which were due to sunset on 1 October 2020, have been extended for two more years, until 1 October 2022.

The *Legislation Act 2003* requires that many legislative instruments are automatically repealed 10 years after registration. The automatic sunsetting arrangements were introduced by the Government to ensure that legislative instruments are regularly reviewed and only remain operative if they continue to be relevant.

The following instruments, due to sunset on 1 October 2020, have been extended to 1 October 2022:

- the *National Health (Collaborative arrangements for midwives) Determination 2010*;
- the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*; and
- the *National Health (Eligible midwives) Determination 2010*.

The Certificate of Deferral and Explanatory Statement are available [at the Federal Register of Legislation](#).

The deferral ensures that Nurse Practitioners and eligible Midwives continue to have prescribing rights under the PBS until replacement legislative instruments are made.

Please note: The collaborative arrangements that Nurse Practitioners and eligible Midwives are required to maintain in order to provide services using Medicare Benefits Schedule (MBS) item numbers are not affected by the decision to defer the sunsetting arrangements of the Determinations. These arrangements have been included in primary legislation since 2011 – originally in the *Health Insurance Regulations 1975*, which has since been remade as the *Health Insurance Regulations 2018*.

The 24-month deferral of the Determinations, until 1 October 2022, will allow sufficient time for consideration by Government of relevant recommendations of the Medicare Benefits Schedule (MBS) Review Taskforce. The deferral will avoid the need to remake the Determinations in their current form for the short period of time before they are repealed and replacement instruments are made.



The Government established the MBS Review Taskforce (the Taskforce) in 2015 to review more than 5,700 MBS items. In 2018 the Taskforce formed the Nurse Practitioner Reference Group and the Participating Midwife Reference Group to make recommendations to the Taskforce on the relevant MBS items. The Taskforce completed its work on 30 June 2020, and recommendations have been provided to the Government for consideration.

Additional information on the MBS Review is available [from the MBS Review Taskforce](#).

Where can I find more information?

The full item descriptors and information on other changes to the MBS can be found on the MBS Online website at [MBS Online](#). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an [AskMBS email advice service](#) for providers seeking advice on interpretation of the MBS items and rules, and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the MBS, email askMBS@health.gov.au.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

The data file for software vendors is expected to become available on 1 October 2020 and can be accessed via the MBS Online website under the [Downloads](#) page.

Changes are subject to the passage of legislation and may differ to final version.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.