

**HEALTH ADMINISTRATION (MEDICARE) AMENDMENT
ACT 1994 No. 2**

NEW SOUTH WALES



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**HEALTH ADMINISTRATION (MEDICARE) AMENDMENT
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Act No. 2, 1994

An Act to amend the Health Administration Act 1982 to adopt the Medicare Principles and Commitments set out in the Health Insurance Act 1973 of the Commonwealth. [Assented to 2 May 1994]

The Legislature of New South Wales enacts:**Short title**

1. This Act may be cited as the Health Administration (Medicare) Amendment Act 1994.

Commencement

2. This Act commences on the date of assent.

Amendment of Health Administration Act 1982 No. 135

3. The Health Administration Act 1982 is amended by inserting after Part 3 the following Part:

PART 4—MEDICARE PRINCIPLES AND COMMITMENTS**Medicare Principles and Commitments**

35. (1) The Medicare Principles and Commitments are established as guidelines for the delivery of public hospital services to eligible persons in New South Wales.

(2) The Medicare Principles and Commitments are as follows:

MEDICARE PRINCIPLES**The Commonwealth and the States are committed to the following principles in the provision of public hospital services:**

Explanatory Note: The Principles focus on the provision of public hospital services to eligible persons, but operate in an environment where eligible persons have the right to choose private health care in public and private hospitals supported by private health insurance.

*Choices of services***Principle 1: Eligible persons must be given the choice to receive public hospital services free of charge as public patients**

Explanatory Note 1: Hospital services include in-patient, out-patient, emergency services (including primary care where appropriate) and day patient services consistent with currently acceptable medical and health service standards.

Explanatory Note 2: At the time of admission to a hospital, or as soon as practicable after that, an eligible person will be required to elect or confirm whether he or she wishes to be treated as a public or private patient.

Universality of services

Principle 2: Access to public hospital services is to be on the basis of clinical need

Explanatory Note 1: None of the following factors are to be a determinant of an eligible person's priority for receiving hospital services:

- whether or not an eligible person has health insurance;
- an eligible person's financial status or place of residence;
- whether or not an eligible person intends to elect, or elects, to be treated as a public or private patient.

Explanatory Note 2: This principle applies equally to waiting times for elective surgery.

Equity in service provision

Principle 3: To the maximum practicable extent, a State will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location

Explanatory Note: This principle does not require a local hospital to be equipped to provide eligible persons with every hospital service they may need.

Explanatory Note 2: In rural and remote areas, a State should ensure provision of reasonable public access to a basic range of hospital services which are in accord with clinical practices.

COMMITMENTS

In order to achieve Principles 1 to 3, the Commonwealth and States make the following Commitments regarding public hospital services for eligible persons:

Information about service provision

Commitment 1: The Commonwealth and a State must make available information on the public hospital services eligible persons can expect receive as public patients

Explanatory Note 1: The State development of a Public Patients' Hospital Charter in consultation with the Commonwealth will be a vehicle for the public dissemination of this information.

Explanatory Note 2: The Charter will set out the public hospital services available to public patients.

Efficiency and quality in service provision

Commitment 2: The Commonwealth and the States are committed to making improvements in the efficiency, effectiveness and quality of hospital service delivery

Explanatory Note: This includes a commitment to quality improvement, outcome measurement, management efficiency and effort to integrate the delivery of hospital and other health and health-related community services.

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(3) Nothing in this Part gives rise to, or can be taken into account in, any civil cause of action, and, without limiting the generality of the foregoing, nothing in this Part operates to create in any person legal rights not in existence before the enactment of this Part.

(4) In this Part, “**eligible person**” and “**public patient**” have the same meanings as they have in the Health Insurance Act 1973 of the Commonwealth.

*[Ministers second reading speech made in—
Legislative Assembly on 27 October 1993
Legislative Council on 13 April 1994]*