

1993-94-95

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA  
HOUSE OF REPRESENTATIVES  
VOTES AND PROCEEDINGS

No. 136

THURSDAY, 11 MAY 1995

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1 The House met, at 9.30 a.m., pursuant to adjournment. The Speaker (the Honourable Stephen Martin) took the Chair, and read Prayers.

**2 MEMBERS' STATEMENTS**

Members' statements were made.

**3 GRIEVANCE DEBATE**

Pursuant to the resolution of the House of 10 May 1995, the order of the day having been read—

Question proposed—That grievances be noted.

Debate ensued.

Question—That grievances be noted—put and passed.

**4 PUBLIC WORKS—PARLIAMENTARY STANDING COMMITTEE—REPORTS—STATEMENT BY MEMBER**

Mr Hollis (Chairman) presented the following reports:

Public Works—Parliamentary Standing Committee—Reports—

Refurbishment of Australia House, London (4th report of 1995).

Construction of a new laboratory complex for CSIRO Division of Food Science and Technology, Werribee, Vic. (5th report of 1995).

Redevelopment of housing for service families at HMAS *Cerberus* (6th report of 1995).

Severally ordered to be printed.

Mr Hollis, by leave, made a statement in connection with the reports.

**5 PUBLIC ACCOUNTS—JOINT COMMITTEE—REPORT—STATEMENTS BY MEMBERS—MOTION TO TAKE NOTE OF PAPER**

Mr L. J. Scott (Chairman) presented the following report:

Public Accounts—Joint Committee—Report 336—Public business in the public interest: An inquiry into commercialisation in the Commonwealth public sector.

Ordered to be printed.

Mr L. J. Scott, Mr Somlyay, Mr Vaile and Mr Griffin, by leave, made statements in connection with the report.

Mr L. J. Scott, by leave, moved—That the House take note of the report.

Mr L. J. Scott was granted leave to continue his speech when the debate is resumed.

Debate adjourned, and the resumption of the debate made an order of the day for the next sitting.

**6 PUBLIC ACCOUNTS—JOINT COMMITTEE—FINANCE MINUTE—STATEMENT BY MEMBER**

Mr L. J. Scott (Chairman), by leave, presented the following paper:

Public Accounts—Joint Committee—Finance minute on Report 332—The Australian Government credit card.

Mr L. J. Scott, by leave, made a statement in connection with the paper.

**7 ABORIGINAL LAND RIGHTS (NORTHERN TERRITORY) AMENDMENT BILL (NO. 2) 1995**

The order of the day having been read for the resumption of the debate on the question—That the Bill be now read a second time—

Question—put and passed—Bill read a second time.

Leave granted for third reading to be moved forthwith.

On the motion of Mr O'Keefe (Parliamentary Secretary to the Minister for Transport), the Bill was read a third time.

**8 DECLARATION OF BILLS AS COGNATE BILLS**

Mr O'Keefe (Parliamentary Secretary to the Minister for Transport), by leave, declared that the Interstate Road Transport Amendment Bill 1995 and the Interstate Road Transport Charge Amendment Bill 1995 were cognate Bills.

**9 INTERSTATE ROAD TRANSPORT AMENDMENT BILL 1995**

The order of the day having been read for the second reading—Mr O'Keefe (Parliamentary Secretary to the Minister for Transport) moved—That the Bill be now read a second time.

Debate ensued.

Question—put and passed—Bill read a second time.

Leave granted for third reading to be moved forthwith.

On the motion of Mrs Crosio (Parliamentary Secretary to the Minister for Social Security), the Bill was read a third time.

**10 INTERSTATE ROAD TRANSPORT CHARGE AMENDMENT BILL 1995**

The order of the day having been read for the second reading—Mrs Crosio (Parliamentary Secretary to the Minister for Social Security) moved—That the Bill be now read a second time.

Question—put and passed—Bill read a second time.

Leave granted for third reading to be moved forthwith.

On the motion of Mrs Crosio, the Bill was read a third time.

## 11 MIGRATION LEGISLATION AMENDMENT BILL (NO. 5) 1995

The order of the day having been read for the second reading—Mrs Crosio (Parliamentary Secretary to the Minister for Social Security) moved—That the Bill be now read a second time.

Debate ensued.

Mr Williams addressing the House—

It being 3 p.m., the debate was interrupted in accordance with standing order 101A, and the resumption of the debate made an order of the day for a later hour this day.

## 12 QUESTIONS

Questions without notice being asked—

*Member ordered to withdraw:* At 3.41 p.m. the Member for Bendigo (Mr Reid) was ordered, under standing order 304A, to withdraw from the House for 1 hour for interjecting after a warning to Members had been given by the Chair, and he accordingly withdrew from the Chamber.

Questions without notice continued.

## 13 PAPERS

The following papers were presented:

Aboriginal and Torres Strait Islander Elections Review Panel—Report—Review of electoral systems, March 1995.

Advance to the Minister for Finance—

Statement for March 1995.

Supporting applications of issues from the Advance during March 1995.

Australia France Foundation—Report for 1993-94.

Australian Secret Intelligence Service—Commission of Inquiry—

Public report, 31 March 1995.

Letters from—

Hon Gordon J. Samuels AC QC and Michael H. Codd AC, Commissioners, to the Prime Minister, 31 March 1995.

Mr Barry Leader, Deputy Government Solicitor to Mr Peter Hohnen, Sly and Weigall, Solicitors, 19 April 1995.

Australian Telecommunications Authority (AUSTEL)—Third quarterly report on progress of Telstra's implementation of recommendations of AUSTEL's COT cases report, 2 February 1995.

Construction Industry Reform and Development Act—Construction Industry Development Agency—Report for period July-December 1994.

Department of Finance—Financial statements of Commonwealth authorities—Guidelines for reporting periods ending on and after 30 June 1995.

National Common Police Services—Australasian Police Ministers' Council—Report for 1993-94.

National landcare program—Department of Primary Industries and Energy—Report on the operations of the land and water elements for 1993-94.

Science and technology budget statement 1995-96.

**14 PAPERS—MOTION TO TAKE NOTE OF PAPERS**

Mr Beazley (Leader of the House) moved—That the House take note of the following papers:

Aboriginal and Torres Strait Islander Elections Review Panel—Report—Review of electoral systems, March 1995.

Advance to the Minister for Finance—

Statement for March 1995.

Supporting applications of issues from the Advance during March 1995.

Australian Secret Intelligence Service—Commission of Inquiry—

Public report, 31 March 1995.

Letters from—

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Mr Barry Leader, Deputy Government Solicitor to Mr Peter Hohnen, Sly and Weigall, Solicitors, 19 April 1995.

Construction Industry Reform and Development Act—Construction Industry Development Agency—Report for period July-December 1994.

Department of Finance—Financial statements of Commonwealth authorities—Guidelines for reporting periods ending on and after 30 June 1995.

National Landcare program—Department of Primary Industries and Energy—Report on the operations of the land and water elements for 1993-94.

Science and technology budget statement 1995-96.

Debate adjourned (Mr Reith), and the resumption of each debate made an order of the day for the next sitting.

**15 CARE AUSTRALIA—FOLLOW-UP AUDIT—MINISTERIAL STATEMENT AND PAPER—PUBLICATION OF PAPER—MOTION TO TAKE NOTE OF PAPERS**

Mr Bilney (Minister for Development Co-operation and Pacific Island Affairs), by leave, made a ministerial statement on a follow-up audit of CARE Australia and presented the following papers:

Follow-up audit of CARE Australia—

Ministerial statement.

Report to AusAID, 9 May 1995.

Mr Bilney, by leave, moved—That this House authorises the publication of the report to AusAID on the follow-up audit of CARE Australia.

Question—put and passed.

Mr Downer, by leave, also made a statement in connection with the papers.

Mr Bevis (Parliamentary Secretary to the Minister for Defence) moved—That the House take note of the papers.

Debate adjourned (Mr Fischer—Leader of the National Party of Australia), and the resumption of the debate made an order of the day for the next sitting.

**16 DISCUSSION OF MATTER OF PUBLIC IMPORTANCE—BUDGET**

The House was informed that Mr Fischer (Leader of the National Party of Australia) had proposed that a definite matter of public importance be submitted to the House for discussion, namely, “The lack of integrity underpinning the 1995

Budget, the lack of transparency in the presentation of the Budget and the regressive impact that the taxation measures in the Budget will have on Australian families".

The proposed discussion having received the necessary support—

Mr Fischer addressed the House.

Discussion ensued.

Discussion concluded.

**17 SPECIAL ADJOURNMENT**

Dr Theophanous (Parliamentary Secretary to the Prime Minister) moved—That the House, at its rising, adjourn until Monday, 29 May 1995, at 12.30 p.m., unless the Speaker fixes an alternative day or hour of meeting.

Question—put and passed.

**18 TRANSPORT, COMMUNICATIONS AND INFRASTRUCTURE—STANDING COMMITTEE—PUBLICATION, PRINTING AND CIRCULATION OF PROPOSED REPORT**

Dr Theophanous (Parliamentary Secretary to the Prime Minister), by leave, moved—

- (1) That, if the House is not sitting when the Standing Committee on Transport, Communications and Infrastructure has completed its report on the Civil Aviation Legislation Amendment Bill 1995 and the Air Services Bill 1995, the committee may send the report to the Speaker, or, in the absence of the Speaker, to the Deputy Speaker and, in that event:
  - (a) the publication of the report is authorised by this resolution; and
  - (b) the Speaker or the Deputy Speaker, as the case may be, is authorised to give directions for the printing and circulation of the report.
- (2) That the foregoing provisions of this resolution so far as they are inconsistent with the standing orders, have effect notwithstanding anything contained in the standing orders.

Question—put and passed.

**19 AIRCRAFT NOISE LEVY COLLECTION BILL 1995**

Dr Theophanous (Parliamentary Secretary to the Prime Minister) presented a Bill for an Act relating to levy imposed by the *Aircraft Noise Levy Act 1995*.

Bill read a first time.

*Paper:* Dr Theophanous presented an explanatory memorandum to the following Bills:

Aircraft Noise Levy 1995; and

Aircraft Noise Levy Collection 1995.

Ordered—That the second reading be made an order of the day for the next sitting.

**20 AIRCRAFT NOISE LEVY BILL 1995**

Dr Theophanous (Parliamentary Secretary to the Prime Minister) presented a Bill for an Act to impose a levy on the landing of jet aircraft at certain airports.

Bill read a first time.

Ordered—That the second reading be made an order of the day for the next sitting.

## 21 POSTPONEMENT OF ORDER OF THE DAY

Ordered—That order of the day No. 6, government business, be postponed until a later hour this day.

## 22 CUSTOMS AND EXCISE LEGISLATION AMENDMENT BILL 1995

Mr Lindsay (Parliamentary Secretary to the Minister for Industry, Science and Technology), pursuant to notice, presented a Bill for an Act to amend legislation relating to Customs and Excise, and for related purposes.

Bill read a first time.

*Paper:* Mr Lindsay presented an explanatory memorandum to the Bill.

Ordered—That the second reading be made an order of the day for the next sitting.

## 23 TELECOMMUNICATIONS (CARRIER LICENCE FEES) AMENDMENT BILL 1995

Dr Theophanous (Parliamentary Secretary to the Prime Minister) presented a Bill for an Act to amend the *Telecommunications (Carrier Licence Fees) Act 1991*, and for related purposes.

Bill read a first time.

*Paper:* Dr Theophanous presented an explanatory memorandum to the Bill.

Ordered—That the second reading be made an order of the day for the next sitting.

## 24 STUDENT AND YOUTH ASSISTANCE AMENDMENT (YOUTH TRAINING ALLOWANCE) BILL 1995

Mr Free (Minister for Schools, Vocational Education and Training), pursuant to notice, presented a Bill for an Act to amend the *Student and Youth Assistance Act 1973*, and for related purposes.

Bill read a first time.

*Paper:* Mr Free presented an explanatory memorandum to the Bill.

Ordered—That the second reading be made an order of the day for the next sitting.

## 25 CERTAIN FAMILY LAW ISSUES—JOINT SELECT COMMITTEE—PROPOSED AMENDMENT OF RESOLUTION OF APPOINTMENT

Mrs Crosio (Parliamentary Secretary to the Minister for Social Security), for Mr Beazley (Leader of the House), pursuant to notice, moved—

- (1) That the resolution of appointment of the Joint Select Committee on Certain Family Law Issues be amended by omitting from paragraph (15) “30 June 1995” and substituting “31 October 1995”.
- (2) That a message be sent to the Senate acquainting it of this resolution and requesting that it concur and take action accordingly.

Question—put and passed.

**26 MESSAGE FROM THE SENATE—HEALTH LEGISLATION (PRIVATE HEALTH INSURANCE REFORM) AMENDMENT BILL 1994**

The following message from the Senate was reported:

Message No. 446

Mr Speaker,

The Senate returns to the House of Representatives the bill for “*An Act to amend the 'National Health Act 1953', the 'Health Insurance Act 1973' and the 'Health Insurance Commission Act 1973', and for related purposes*”, and acquaints the House that the Senate has agreed to the bill with the amendments indicated by the annexed schedule, in which amendments the Senate requests the concurrence of the House of Representatives.

MICHAEL BEAHAN  
President

The Senate

Canberra, 11 May 1995

Ordered—That the amendments be considered forthwith.

**SCHEDULE OF THE AMENDMENTS MADE BY THE SENATE**

No. 1—Clause 2, page 2, subclause (1), lines 2 and 3, omit the subclause, substitute the following subclause:

“(1) Sections 1, 2 and 3 commence on the date of Royal Assent or 1 April 1995, whichever is the later.”.

No. 2—Clause 2, page 2, subclause (2), line 4, omit the subclause, substitute the following subclause:

“(2) Section 4 and Schedule 1 commence on the date of Royal Assent or 1 April 1995, whichever is the later.”.

No. 3—Clause 2, page 2, subclause (3), line 5, omit “1 July 1995”, substitute “1 October 1995”.

No. 4—Schedule 1, page 3, heading to Schedule, at end of heading add “OR ROYAL ASSENT, WHICHEVER IS LATER”.

No. 5—Schedule 1, page 3, item 5, at end of item add the following definition:

“ ‘practitioner agreement’ means an agreement of the kind referred to in subsection 73BDAA(1);.”.

No. 6—Schedule 1, page 3, item 6, omit “paragraph (b)”, substitute “subparagraph (a)(ii) and paragraph (b)”.

No. 7—Schedule 1, page 4, item 10, proposed subsections 5A(1) and (2), omit the subsections, substitute the following subsections:

“ 5A.(1) A reference in this Act to an applicable benefits arrangement is a reference to an arrangement that a registered organization has entered into with some or all of the contributors to a health benefits fund conducted by the organization under which the contributors are covered (wholly or partly) for liability to pay fees and charges:

(a) in respect of:

(i) some or all hospital treatment provided to a patient by a hospital or a day hospital facility with which the organization has a hospital purchaser-provider agreement; and

- (ii) all professional services that are rendered to the patient by a medical practitioner while that hospital treatment is being provided, and that are professional services in respect of which a medicare benefit is payable; or
- (b) in respect of some or all professional services that are rendered to a patient by a medical practitioner while hospital treatment is provided to the patient in a hospital or a day hospital facility, and that are professional services in respect of which a medicare benefit is payable; and includes a reference to a basic table of the organization.

‘(2) For the avoidance of doubt, the application of subsection (1) is not affected by:

- (a) the existence or non-existence of a medical purchaser-provider agreement between the organization and a medical practitioner referred to in that subsection; or
- (b) the existence or non-existence of a hospital purchaser-provider agreement between the organization and a hospital or day hospital facility referred to in that subsection; or
- (c) the existence or non-existence of a practitioner agreement between a hospital or day hospital facility referred to in that subsection and a medical practitioner referred to in that subsection.”.

No. 8—Schedule 1, page 5, item 10, proposed subsection 5B(2), omit “1 April 1995”, substitute “the commencement of this section”.

No. 9—Schedule 1, page 6, item 17, proposed subsection 73AB(1), omit the subsection, substitute the following subsection:

“ ‘73AB.(1) It is a condition of registration of a registered organization that it must, in accordance with this section, give to the Department and the Council:

- (a) the information required under the Hospital Casemix Protocol; or
- (b) so much of that information as is in the organization’s possession or control;

except so far as the Secretary has agreed that the information need not be given.”.

No. 10—Schedule 1, page 6, item 17, proposed subsection 73AB(3), omit the subsection, substitute the following subsections:

“ ‘(3) The information must be provided:

- (a) not earlier than 3 months after the period under subsection (2) to which it relates; and
- (b) not later than one week after the end of that 3 months.

‘(3A) The information must relate to each patient, in relation to whom the organization was given information by a hospital or day hospital facility under a hospital purchaser-provider agreement in compliance with a requirement of a kind referred to in paragraph 73BD(2)(c), who was discharged by the hospital or day hospital facility during the period under subsection (2) to which the information relates.”.

No. 11—Schedule 1, page 6, item 17, after proposed section 73AB insert the following section:

**Registered health benefits organization not to discriminate**

“ ‘73ABA. It is a condition of registration of a registered organization that it must expressly undertake not to discriminate against an eligible contributor on the grounds of race, sex or sexuality.”.

No. 12—Schedule 1, page 6, after item 17 insert the following item:

**“17A. Section 73BA:**

Add at the end:

‘(2) In Schedule 1, unless the contrary intention appears:

“medical practitioner” includes:

- (a) an accredited dental practitioner; and
- (b) a dental practitioner approved by the Minister for the purposes of the definition of “professional service” in subsection 3(1) of the *Health Insurance Act 1973*; and
- (c) a person on whose behalf a medical practitioner (within the meaning of subsection 3(1) of the *Health Insurance Act 1973*), or a dental practitioner of a kind referred to in paragraph (a) or (b), renders a professional service.”.

No. 13—Schedule 1, page 9, item 29, proposed paragraph 73BD(2)(b), omit the paragraph, substitute the following paragraph:

- “(b) require the hospital or day hospital facility to render, in respect of an episode of hospital treatment, a single account covering:
  - (i) all hospital services and related services; and
  - (ii) all professional services (if any) to which a practitioner agreement with the hospital or day hospital facility applies;

but not covering any professional services to which no such practitioner agreement applies; and”.

No. 14—Schedule 1, page 9, item 29, proposed paragraph 73BD(2)(c), after “to the organization” insert “, within the time specified in subsection (5),”.

No. 15—Schedule 1, page 9, item 29, at end of proposed subsection 73BD(2) add the following word and paragraphs:

- “; and (d) require the hospital or day hospital facility, in accordance with subsection (6), to inform any eligible contributor in respect of whom hospital treatment is to be provided at the hospital or day hospital facility of the amounts that the eligible contributor will be liable to pay to the hospital or day hospital facility in respect of the hospital treatment; and
- (e) require the hospital or day facility to provide, in respect of an episode of hospital treatment, all reasonable assistance to the organization to enable the organization to verify:
  - (i) the essential variables for accurate casemix assignment; and
  - (ii) the payability of amounts by the organization under the agreement; and
  - (iii) the payability of other amounts by the organization relating to professional services rendered in connection with the hospital treatment.”.

No. 16—Schedule 1, page 9, item 29, proposed subsection 73BD(3), omit “and (2)(a)”, substitute “, (2)(a) and (2)(d) and subsection (6)”.

No. 17—Schedule 1, page 9, item 29, proposed paragraph 73BD(4)(b), omit the paragraph, substitute the following paragraph:

- “(b) the amount and structure of the payment is as set out in the agreement or may be worked out in accordance with the agreement.”.

No. 18—Schedule 1, page 9, item 29, at end of proposed section 73BD add the following subsections:

“ (5) Information referred to in paragraph (2)(c) must be given to the organization within 6 weeks after the patient to whom the information relates has been discharged from the hospital or day hospital facility in question.

‘(6) For the purposes of paragraph (2)(d), the eligible contributor must be informed:

(a) where practicable, at any time before the admission for the hospital treatment in question; or

(b) otherwise—as soon after the admission as the circumstances reasonably permit.”.

No. 19—Schedule 1, page 9, item 29, at end of proposed section 73BD add the following subsection:

“ (7) Nothing in this section is to be taken as precluding natural persons from making arrangements for themselves, or for other natural persons wholly or partially dependent upon them, for the provision to them of hospital, medical or related services directly with hospitals.”.

No. 20—Schedule 1, page 9, item 29, after proposed section 73BD insert the following section:

**Extension of hospital purchaser-provider agreements to cover rendering of some professional services**

“ 73BDAA.(1) This section applies if:

(a) a hospital or a day hospital facility has entered into an agreement (the “practitioner agreement”) with a medical practitioner relating to the rendering of professional services by the medical practitioner at the hospital or day hospital facility; and

(b) under the practitioner agreement, the medical practitioner agrees, except to the extent (if any) provided in the agreement, to accept payment by the hospital or day hospital facility in satisfaction of any amount that would, apart from the agreement, be owed to the medical practitioner in relation to professional services to which the agreement applies; and

(c) the practitioner agreement requires the medical practitioner, in accordance with subsection (3), to inform any eligible contributor (see subsection (4)) in respect of whom such professional services are rendered of any amounts that the eligible contributor will be liable to pay to the medical practitioner in respect of the professional services.

‘(2) A hospital purchaser-provider agreement between a registered organization and the hospital or day hospital facility may include provisions to the effect that:

(a) except to the extent (if any) provided in the hospital purchaser-provider agreement, the hospital or day hospital facility agrees to accept payment by the organization in satisfaction of any amount that would, apart from the hospital purchaser-provider agreement, be owed to the hospital or day hospital facility, in relation to a professional service to which the practitioner agreement applies, by an eligible contributor (see subsection (4)); and

(b) the organization agrees to accept assignments under subsection 20A(2A) of the *Health Insurance Act 1973* of the medicare benefits payable in respect of the professional service.

‘(3) For the purposes of paragraph (1)(c), the eligible contributor must be informed:

- (a) where practicable, at any time before the professional service is rendered; or
- (b) otherwise—as soon after the professional service is rendered as the circumstances reasonably permit.

‘(4) For the purposes of paragraphs (1)(c) and (2)(a) and subsection (3), a person is an eligible contributor in relation to a professional service if:

- (a) the person is a contributor to a health benefits fund conducted by the organization; and
- (b) under the terms on which the person is a contributor, the person is covered (wholly or partly) in respect of the professional service.

‘(5) A reference in this section to a professional service is a reference to a professional service:

- (a) that is rendered to a patient by a medical practitioner while hospital treatment is provided to the patient in a hospital or a day hospital facility; and
- (b) in respect of which a medicare benefit is payable.

‘(6) In this section:

**“medical practitioner”** includes:

- (a) an accredited dental practitioner; and
- (b) a dental practitioner approved by the Minister for the purposes of the definition of “professional service” in subsection 3(1) of the *Health Insurance Act 1973*; and
- (c) a person on whose behalf a medical practitioner (within the meaning of subsection 3(1) of the *Health Insurance Act 1973*), or a dental practitioner of a kind referred to in paragraph (a) or (b), renders a professional service.”.

No. 21—Schedule 1, page 10, item 29, at end of proposed subsection 73BDA(2) add the following word and paragraph:

“; and (c) require the medical practitioner, in accordance with subsection (4A), to inform the eligible contributor in respect of whom the professional service is to be rendered of any amounts that the eligible contributor can reasonably be expected to pay to the medical practitioner in respect of the professional service.”.

No. 22—Schedule 1, page 10, item 29, proposed subsection 73BDA(4), omit “and (2)(b)”, substitute “, (2)(b) and (2)(c) and subsection (4A)”.

No. 23—Schedule 1, page 10, item 29, after proposed subsection 73BDA(4) insert the following subsection:

“ ‘(4A) For the purposes of paragraph (2)(c), the eligible contributor must be informed:

- (a) where practicable, at any time before the professional service is rendered; or

(b) otherwise—as soon after the professional service is rendered as the circumstances reasonably permit.”.

No. 24—Schedule 1, page 11, item 29, at end of proposed subsection 73BDA(6) add the following word and paragraph:

“; and (c) a person on whose behalf a medical practitioner (within the meaning of subsection 3(1) of the *Health Insurance Act 1973*), or a dental practitioner of a kind referred to in paragraph (a) or (b), renders a professional service.”.

No. 25—Schedule 1, page 11, item 29, at end of proposed subsection 73BDA add the following subsection:

“ ‘(7) Nothing in this section is to be taken as preventing natural persons from making arrangements for themselves, or for other natural persons wholly or partially dependent upon them, for the provision to them of medical or related services in a hospital, directly with a medical practitioner.”.

No. 26—Schedule 1, page 11, item 29, at end of item add the following sections:

**Certain documents not liable to duty etc.**

“ ‘73BDB. The following are not subject to any duty or charge under any law of a State or Territory, or any law of the Commonwealth that applies only in relation to a Territory:

- (a) a hospital purchaser-provider agreement, to the extent that the agreement provides for payments of a kind referred to in paragraph 73BD(1)(a) or 73BDAA(2)(a) or assignments of medicare benefits of a kind referred to in paragraph 73BDAA(2)(b);
- (b) a practitioner agreement, to the extent that the agreement provides for payments of a kind referred to in paragraph 73BDAA(1)(b);
- (c) a medical purchaser-provider agreement, to the extent that the agreement provides for payments of a kind referred to in paragraph 73BDA(1)(a) or assignments of medicare benefits of a kind referred to in paragraph 73BDA(1)(b).

**Application of the *Trade Practices Act 1974***

‘73BDC.(1) Subject to subsection (2), this Division does not affect the operation of the *Trade Practices Act 1974*.

‘(2) Nothing in this Division is to be taken as specifically authorising or approving any act or thing for the purposes of subsection 51(1) of the *Trade Practices Act 1974*.”.

No. 27—Schedule 1, page 11, item 29, after proposed section 73BDA insert the following section:

**Purchaser-Provider Panel**

“ ‘73BDD.(1) There is established a panel, known as the Purchaser-Provider Panel, to monitor the operation of this Division, and of hospital purchaser-provider agreements and medical purchaser-provider agreements, and to report to the Minister as provided by this section.

‘(2) The panel consists of members appointed by the Minister for periods not exceeding 2 years in accordance with this subsection:

- (a) the Complaints Commissioner (who shall chair the panel);
- (b) 2 members appointed by the Minister following consultation with the medical profession, including specialist practitioners;

- (c) 2 members appointed by the Minister following consultations with organizations concerned with the provision of services by private hospitals;
- (d) 2 members appointed by the Minister following consultations with registered organizations;
- (e) 2 members appointed by the Minister following consultations with organizations concerned with the provision of services by public hospitals;
- (f) 2 members appointed by the Minister following consultations with organizations representing consumers.

‘(3) The performance of the functions of the panel is not affected by a vacancy or vacancies in the membership of the panel.

‘(4) Members of the panel may be reappointed after a term of appointment has expired.

‘(5) Any statistics, information or data provided to the panel in the course of its activities by a registered organization, hospital, medical practitioner, or agency of the Commonwealth shall not be in a form in which the personal or medical particulars of a patient or patients can be identified or inferred.

‘(6) For the purposes of the *Privacy Act 1988*, the panel is to be taken to have obtained that information only for the purposes of discharging its functions.

‘(7) Unless both parties to a hospital or medical purchaser-provider agreement give their consent in writing, no agreements or provisions of an agreement may be required by the panel to be furnished to it.

‘(8) Subject to subsection (9), no later than 1 October each year the panel shall provide to the Minister a written report on the operation of this Division, and of hospital purchaser-provider agreements and medical purchaser-provider agreements, during the immediately preceding financial year and such reports may contain any recommendations the panel thinks fit to make.

‘(9) The Minister must cause a copy of each report received from the panel under subsection (8) to be presented to each House of the Parliament within 15 sitting days of that House after receiving it.

‘(10) The panel will be disbanded no later than 30 June 1997.”.

No. 28—Schedule 1, page 12, item 40, omit the item, substitute the following item:

**“40. Sections 73F and 73G:**

Repeal the sections, substitute:

**The Private Patients’ Hospital Charter**

‘73F.(1) The Minister may, by notice published in the *Gazette*, issue a statement, to be called the Private Patients’ Hospital Charter, that:

- (a) informs people of what they could, as contributors, reasonably require from registered organizations, medical practitioners, hospitals and day hospital facilities; and
- (b) advises people of matters to consider in making decisions about becoming contributors to such funds.

‘(2) The Private Patients’ Hospital Charter is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*.

### **Liability for disclosure of information**

‘73G.(1) No action (whether criminal or civil) lies against a person for breach of a duty of confidence, or breach of a similar obligation, in relation to the disclosure of information under a hospital purchaser-provider agreement in compliance with a requirement of a kind referred to in paragraph 73BD(2)(c) or (e).

‘(2) No action (whether criminal or civil) lies against a hospital or a day hospital facility, or a person acting on behalf of a hospital or a day hospital facility, for breach of a duty of confidence, or breach of a similar obligation, in relation to the disclosure of information if the disclosure is reasonably necessary in connection with:

- (a) making a payment under an applicable benefits arrangement or assessing whether or not to make such a payment; or
- (b) any other matter relating to the operation of an applicable benefits arrangement.

‘(3) This section has effect despite:

- (a) any law (whether written or unwritten) of the Commonwealth, a State or a Territory; and
- (b) any contract, arrangement or understanding; to the contrary.’.”.

No. 29—Schedule 1, page 12, after item 44 insert the following item:

#### **“44A. After paragraph 82G(k):**

Insert:

- ‘(l) to distribute copies of the Private Patients’ Hospital Charter issued under section 73F to registered organizations for distribution and display by the organizations;
- (la) to make copies of the Charter available to members of the public on request at each of its offices accessible to the public;
- (lb) where appropriate, to publicise the existence and availability of the Charter in its brochures and other documents, concerning health insurance, made available to the public;’.”.

No. 30—Schedule 1, page 12, after item 44 insert the following item:

#### **“44B. After section 132:**

Insert the following Division:

#### ***‘Division 5—Aggregate Billing Advisory Committee’***

‘132A.(1) The Minister is to establish an Aggregate Billing Advisory Committee.

‘(2) The Committee is to consist of the following members:

- (a) the Secretary to the Department (who shall chair the Committee);
- (b) a member nominated by each of the following:
  - (i) the Australian Medical Association;
  - (ii) the Australian Private Hospitals Association;
  - (iii) the Australian Catholic Hospitals Association;

- (iv) the Australian Hospitals Association;
- (v) the Australian Health Insurance Association;
- (vi) the Council of Procedural Specialists;
- (c) a member jointly nominated by the Australian Consumers' Association and the Consumers' Health Forum;
- (d) 2 other members nominated by the Minister, only one of whom may be an employee of the Department.

‘(3) If the person referred to in paragraph (2)(b) is not available to serve as a member, that person may nominate a person to be a member of the Committee in his or her place.

‘(4) The Minister is to determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person who is a member of the Committee. Any such remuneration or allowances are to be paid out of monies appropriated by the Parliament for the purpose.

‘(5) The functions of the Committee are:

- (a) to investigate the most appropriate way of moving to a system of aggregate billing for an episode of hospital treatment (covering all hospital services and related services including medical services); and
- (b) to recommend to the Minister the most appropriate method of achieving aggregate billing by 1 July 1998.

‘(6) The recommendation referred to in paragraph (5)(b):

- (a) must be made not later than 1 January 1997; and
- (b) must be tabled in each House of the Parliament within 15 sitting days of that House of being received by the Minister.

‘(7) Following tabling of the recommendation the Minister may determine that the Committee is no longer required and may terminate the membership of the persons referred to in subsection (2).’.”.

No. 31—Schedule 1, page 14, after item 50 insert the following item:

**“50A. After paragraph (c) of Schedule 1:**

Insert:

‘(ca) The organization will not refuse or fail to enter into a hospital purchaser-provider agreement with a hospital or a day hospital facility solely because of one or more of the following:

- (i) the number of beds that the hospital or day hospital facility has;
- (ii) the range of hospital treatments that the hospital or day hospital facility provides;
- (iii) the fact that a particular person, or a person of a particular kind, owns or has an interest in the hospital or day hospital facility;
- (iv) the fact that a particular person, or a person of a particular kind, does not own or have an interest in the hospital or day hospital facility.’.”.

No. 32—Schedule 1, page 14, item 53, proposed paragraph (ea), omit the paragraph, substitute the following paragraph:

“(ea) The amount of benefit payable by the organization in respect of a professional service that:

- (i) is rendered to a patient while hospital treatment is provided to the patient in a hospital or a day hospital facility; and

- (ii) is a professional service in respect of which a medicare benefit is payable;

must be an amount at least equal to:

- (iii) if the medical expenses incurred in respect of the service are greater than or equal to the Schedule fee (within the meaning of Part II of the *Health Insurance Act 1973*) in respect of the service—25% of that Schedule fee; or
- (iv) if medical expenses incurred in respect of the service are less than that Schedule fee—the amount (if any) by which the medical expenses exceed 75% of that Schedule fee;

but, if the service is rendered by or on behalf of a medical practitioner with whom the organization does not have a medical purchaser-provider agreement that applies to that service, the amount of benefit payable must not exceed the amount referred to in subparagraph (iii) or (iv) (whichever is applicable).”.

No. 33—Schedule 1, page 15, item 57, at end of item add the following paragraphs:

“(hb) The organization will, at the request of a contributor to a health benefits fund conducted by it, give to a hospital, day hospital facility or medical practitioner such information that the organization has that will enable or assist:

- (i) the hospital or day hospital facility to comply, in relation to the contributor, with any requirements of the kind referred to in paragraph 73BD(2)(d) that are included in a hospital purchaser-provider agreement between the organization and the hospital or day hospital facility; or
- (ii) the medical practitioner to comply, in relation to the contributor, with any requirements of the kind referred to in paragraph 73BDAA(1)(c) that are included in a practitioner agreement between the medical practitioner and a hospital or day hospital facility; or
- (iii) the medical practitioner to comply, in relation to the contributor, with any requirements of the kind referred to in paragraph 73BDA(2)(c) that are included in a medical purchaser-provider agreement between the organization and the medical practitioner;

as the case requires.

(hc) The organization will:

- (i) make copies of the Private Patients’ Hospital Charter issued under section 73F available to contributors to any health benefits funds conducted by it; and
- (ii) at each of its business premises accessible to the public, make copies of the Charter available to members of the public on request; and
- (iii) at each such premises, display at least one copy of the Charter; and
- (iv) where appropriate, publicise the existence and availability of the Charter in its brochures and other documents, concerning health insurance, made available to the public.”.

No. 34—Schedule 1, page 19, item 67, omit “paragraph (b)”, substitute “subparagraph (a)(ii) and paragraph (b)”.

No. 35—Schedule 1, page 19, item 68, omit “paragraph (b)”, substitute “subparagraph (a)(ii) and paragraph (b)’.

No. 36—Schedule 1, page 19, after item 68 insert the following item:

**“68A. Section 14:**

Add at the end:

‘(2) Subsection (1) does not apply if:

- (a) the rendering of the professional service is covered by a medical purchaser-provider agreement; and
- (b) the amount payable under the agreement for the professional service is not determined on a fee for service basis.’.

No. 37—Schedule 1, page 19, item 69, proposed paragraph 20A(2A)(c), omit the paragraph, substitute the following paragraph:

“(c) either:

- (i) the organization has a medical purchaser-provider agreement with the medical practitioner by whom or on whose behalf the professional service was rendered; or
- (ii) the organization has a hospital purchaser-provider agreement with the hospital or day hospital facility, and the hospital or day hospital facility has a practitioner agreement, with the medical practitioner by whom or on whose behalf the professional service was rendered, that applies to the professional service; and”.

No. 38—Schedule 1, page 19, item 69, at end of item add the following subsection:

“ ‘(2B) Despite subsection (4), in subsection (2A):

“medical practitioner” includes:

- (a) an accredited dental practitioner; and
- (b) a dental practitioner approved by the Minister for the purposes of the definition of “professional service” in subsection 3(1); and
- (c) a person on whose behalf a medical practitioner (within the meaning of subsection 3(1)), or a dental practitioner of a kind referred to in paragraph (a) or (b), renders a professional service.”.

No. 39—Schedule 1, page 19, after item 69 insert the following item:

**“69A. Section 23EA:**

(a) Before ‘The Minister may’ in subsection (1), insert ‘Subject to subsection (4)’.

(b) After subsection (3) insert the following subsection:

‘(3A) For the purposes of this Act and the *National Health Act 1953*, a declared private hospital must provide data specified in the Hospital Casemix Protocol:

(a) in a patient identifiable state, to a registered private health insurance organization which has an applicable benefits agreement with the patient; and

(b) in a patient de-identified state to a data bureau established, no later than 1 January 1996, by statute, for the purpose of receiving and disseminating such data; and

(c) the role and responsibilities of the data bureau shall be defined by statute after appropriate consultations with registered organizations, hospitals and medical practitioners, and with due reference to the data requirements of the Hospital Casemix Protocol.'.”.

No. 40—Schedule 2, page 21, heading to Schedule, omit “1 JULY 1995”, substitute “1 OCTOBER 1995”.

No. 41—Schedule 2, page 22, item 10, definition of “employee health benefits scheme”, omit “but does not include an arrangement that the Minister determines in writing not to be an employee health benefits scheme;”, substitute:

“but does not include:

(f) an arrangement that is the subject of an agreement to which Part VIB of the *Industrial Relations Act 1988* applies, being an agreement:

- that has been certified by, or the implementation of which has been approved by, the Australian Industrial Relations Commission under that Part before 1 January 1995; and
- a copy of which has been given to the Minister; or

(g) an arrangement that the Minister determines in writing not to be an employee health benefits scheme;”.

No. 42—Schedule 2, page 22, item 11, at end of item add the following subsection:

“(7) The Minister must not make a determination under paragraph (g) of the definition of “employee health benefits scheme” in subsection (4) in relation to an arrangement that is the subject of an agreement to which Part VIB of the *Industrial Relations Act 1988* applies.”.

No. 43—Schedule 2, page 24, after item 33 insert the following item:

**“33A. Section 73BA:**

Add at the end:

“(3) Determinations made under paragraph (bga) of the conditions set out in Schedule 1 are disallowable instruments for the purposes of section 46A of the *Acts Interpretation Act 1901*.”.

No. 44—Schedule 2, page 25, heading to item 41, after “73BD(3)(a)” insert “, 73BDAA(4)(a)”.

No. 45—Schedule 2, page 26, after item 61 insert the following item:

**“61A. After section 73D:**

Insert:

***‘Division 5A—Removal of hospitals etc. from non-contracted benefits***

**Definitions**

‘73E. In this Division, unless the contrary intention appears:

“determination” means a determination under section 73EA;

“treatment” means:

- hospital treatment, and related services, provided by or on behalf of a hospital or day hospital facility; and
- any professional service rendered to a patient while that hospital treatment is provided to the patient at the hospital or day hospital facility.

**Determinations relating to non-contracted benefits in respect of particular treatments at particular hospitals etc.**

‘73EA.(1) A registered organization, a State, a Territory or the National Health and Medical Research Council may apply in writing to the Minister for a determination relating to episodes of treatment of a particular kind provided at a hospital or day hospital facility specified in the application.

‘(2) If the Minister is satisfied that the standard of treatment of that kind provided at that hospital or day hospital facility is unacceptable, the Minister may, by written notice given to the hospital or day hospital facility, determine that subparagraph (ii) of the condition set out in paragraph (bf) of Schedule 1 no longer applies in respect of episodes of treatment of that kind provided at that hospital or day hospital facility.

‘(3) The determination must be made in accordance with the guidelines issued under section 73EB.

‘(4) The Minister must:

- (a) cause copies of the determination to be given to each registered organization; and
- (b) cause a copy of the determination to be published in the *Gazette*.

‘(5) If the Minister decides not to make a determination, he or she must notify in writing the registered organization that applied for the determination, and the hospital or day hospital facility in question, accordingly.

**Guidelines for making determinations**

‘73EB.(1) The Minister must issue written guidelines setting out the grounds for deciding whether the standard of treatment of a particular kind provided at a hospital or day hospital facility is unacceptable.

‘(2) The guidelines may also specify matters to which the Minister must have regard in considering whether any such grounds, or particular grounds, exist.

‘(3) Guidelines issued under this section are disallowable instruments for the purposes of section 46A of the *Acts Interpretation Act 1901*.

**Effect of determinations**

‘73EC.(1) A registered organization is not obliged under an applicable benefits arrangement to pay a benefit in relation to the provision of an episode of treatment if:

- (a) at all times during which the episode of treatment was being provided, a determination was in force in respect of episodes of treatment of that kind; and
- (b) the episode of treatment in question was provided at the hospital or day hospital facility to which the determination applied; and
- (c) the benefit would, but for this subsection, be a benefit of a kind referred to in subparagraph (ii) of the condition set out in paragraph (bf) of Schedule 1.

‘(2) Subsection (1) has effect despite:

- (a) subparagraph (ii) of the condition set out in paragraph (bf) of Schedule 1; and
- (b) the applicable benefits arrangement in question.

‘(3) This section does not affect the payability of benefits by a registered organization in respect of episodes of treatment provided in a hospital or day hospital facility with which the registered organization has a hospital purchaser-provider agreement.

#### **Revocation of determinations**

‘73ED.(1) A hospital or day hospital facility to which a determination applies in respect of a particular kind of episodes of treatment may apply in writing to the Minister for the determination to be revoked.

‘(2) If the Minister is satisfied that there are no longer grounds on which he or she could reasonably find, in accordance with the guidelines issued under section 73EB, that the standard of treatment of that kind provided by that hospital or day hospital facility is unacceptable, the Minister must, by written notice given to the hospital or day hospital facility, revoke the determination.

‘(3) The Minister must not revoke the determination without having first:

- (a) caused each registered organization to be notified that he or she is considering whether to revoke the determination; and
- (b) caused to be published in the *Gazette* a notice to the effect that he or she is considering whether to revoke the determination.

‘(4) If the Minister revokes the determination, he or she must:

- (a) cause copies of the notice of revocation to be given to each registered organization; and
- (b) cause a copy of the notice of revocation to be published in the *Gazette*.

‘(5) If the Minister decides not to revoke the determination, he or she must notify in writing the hospital or day hospital facility that applied for the revocation, and each registered organization, accordingly.

#### **Date of effect of revocation**

‘73EE.(1) Subject to subsection (2), a revocation of a determination has effect:

- (a) on the day specified in the notice of revocation as the day on which it is to have effect; or
- (b) if no such day is specified in the notice—on the day on which a copy of the notice is published in the *Gazette*.

‘(2) If, apart from this subsection, the revocation would have effect within 12 months after the day on which the determination was made, the revocation is taken to come into effect 12 months after that day.’.

No. 46—Schedule 2, page 27, item 69, at end of proposed paragraph 82G(ba) add “, being information of a kind determined in writing by the Minister for the purposes of this paragraph”.

No. 47—Schedule 2, page 27, after item 69 insert the following item:

#### **“69A. Section 82G:**

Add at the end:

‘(2) Determinations under paragraph (1)(ba) are disallowable instruments for the purposes of section 46A of the *Acts Interpretation Act 1901*.’.

No. 48—Schedule 2, page 30, item 91, proposed subsection 82ZQ(1) after definition of “**Complaints Commissioner**” insert the following definition:

“ ‘medical practitioner’ includes:

- (a) an accredited dental practitioner; and

- (b) a dental practitioner approved by the Minister for the purposes of the definition of 'professional service' in subsection 3(1) of the *Health Insurance Act 1973*; and
- (c) a person on whose behalf a medical practitioner (within the meaning of subsection 3(1) of the *Health Insurance Act 1973*), or a dental practitioner of a kind referred to in paragraph (a) or (b), renders a professional service;".

No. 49—Schedule 2, page 30, item 91, proposed subsection 82ZQ(1), definition of "**private health insurance arrangement**", after paragraph (b) insert the following paragraph:

“(ba) a practitioner agreement;".

No. 50—Schedule 2, page 31, item 91, proposed paragraph 82ZRC(d), after “recommendations to” insert “the Minister or”.

No. 51—Schedule 2, page 31, item 91, after proposed paragraph 82ZRC(d) insert the following paragraphs:

- “(da) to make copies of the Private Patients' Hospital Charter issued under section 73F available to members of the public on request at every office of the Complaints Commissioner accessible to the public;
- (db) where appropriate, to publicise the existence and availability of the Charter in its brochures and other documents, concerning health insurance, made available to the public;".

No. 52—Schedule 2, page 32, item 91, after proposed section 82ZSB insert the following section:

**Complaints Commissioner may refer matters to the Trade Practices Commission**

“82ZSBA.(1) If, in the Complaints Commissioner's opinion, a complaint raises a matter that could be dealt with more effectively or conveniently by the Trade Practices Commission, the Complaints Commissioner must, subject to subsection (2), refer the matter to the Trade Practices Commission.

‘(2) The Complaints Commissioner must not refer the matter to the Trade Practices Commission unless the complainant agrees to the referral.

‘(3) If the Complaints Commissioner refers the matter to the Trade Practices Commission, he or she must:

- (a) give written notice to the complainant stating that the matter has been so referred; and
- (b) give to the Trade Practices Commission any information or documents that relate to the complaint and that are in the Complaints Commissioner's possession or under his or her control.

‘(4) The Trade Practices Commission may hold an investigation into the matter and, if it decides to do so, it must, within 30 working days after the referral, report to the Complaints Commissioner on:

- (a) the conduct of the investigation; and
- (b) any findings that it has made as a result of the investigation.

‘(5) If the Trade Practices Commission decides not to hold an investigation into the matter, it must, within 30 working days after the referral, give to the Complaints Commissioner a written notice informing the Complaints Commissioner of its decision and of the reasons for its decision.

‘(6) In this section:

“**working day**” means a day that is not a Saturday or Sunday or a public holiday in any State or Territory.”.

No. 53—Schedule 2, page 35, item 91, after proposed section 82ZTB insert the following sections:

**Complaints Commissioner free to consult Purchaser-Provider Panel**

“‘82ZTBA. The Complaints Commissioner may, in the course of investigating complaints and preparing reports or recommendations for the Minister, consult with the Purchaser-Provider Panel.

**Complaints Commissioner to consult with Trade Practices Commission**

‘82ZTBB. Where, in the opinion of the Complaints Commissioner, there is *prima facie* evidence of conduct of the nature of a restrictive trade practice within the meaning of the *Trade Practices Act 1974*, the Complaints Commissioner must consult with the Trade Practices Commission and have regard to the advice of the Trade Practices Commission on the matter before reporting on it.”.

No. 54—Schedule 2, page 38, after item 91 insert the following item:

**“91A. After subsection 105AB(4A):**

Insert:

‘(4B) An application may be made to the Tribunal for review of:

- (a) a decision of the Minister to make, or not to make, a determination under section 73EA; or
- (b) a decision of the Minister to revoke, or not to revoke, such a determination under section 73ED.’.”

No. 55—Schedule 2, page 39, item 94, before proposed paragraph (bf) insert the following paragraphs:

- “(bea) Each applicable benefits arrangement of the organization must provide for benefits to be payable in respect of all kinds of hospital treatment that are one or more of the following:
  - (i) palliative care;
  - (ii) rehabilitation;
  - (iii) psychiatric care.
- (beb) Subject to the condition set out in paragraph (d), the levels of benefits payable in respect of those kinds of hospital treatment must equal or exceed the respective levels of benefits determined for the purposes of paragraph (bga) in respect of those kinds of hospital treatment.”.

No. 56—Schedule 2, page 39, item 94, proposed subparagraphs (bf)(i) and (ii), omit the subparagraphs, substitute the following subparagraphs:

- “(i) benefits that are payable in respect of such an episode of hospital treatment, provided in a hospital or day hospital facility with which the organization does not have a hospital purchaser-provider agreement covering episodes of hospital treatment of that kind, in situations of emergency; and

(ii) benefits that are payable in respect of such an episode of hospital treatment, provided in a hospital or day hospital facility with which the organization does not have a hospital purchaser-provider agreement covering episodes of hospital treatment of that kind, otherwise than in situations of emergency.”.

No. 57—Schedule 2, page 39, item 94, proposed paragraph (bg), omit the paragraph, substitute the following paragraphs:

“(bg) Subject to the condition set out in paragraph (d), the level of benefit payable in respect of an episode of hospital treatment under subparagraph (i) of the condition set out in paragraph (bf) must equal or exceed:

- (i) the average level of benefit payable by the organization in respect of an episode of hospital treatment of that kind in the hospitals or day hospital facilities with which the organization has hospital purchaser-provider agreements; or
- (ii) the level of benefit that would have been payable if subparagraph (ii) of that condition had applied in respect of the episode of hospital treatment;

whichever is higher.

(bga) Subject to the condition set out in paragraph (d), the level of benefit payable in respect of an episode of hospital treatment under subparagraph (ii) of the condition set out in paragraph (bf) must equal or exceed:

- (i) the level of benefit determined in writing by the Minister for the purposes of this paragraph in respect of episodes of hospital treatment of that kind; or
- (ii) if more than one level of benefit has been so determined in respect of episodes of hospital treatment of that kind (see paragraph (bgb))—whichever of those levels of benefit is applicable to the circumstances in which the episode of hospital treatment was provided.

(bgb) A determination for the purposes of paragraph (bga) may specify different levels of benefit in respect of the same kind of episode of hospital treatment, each such level of benefit being applicable to the circumstances specified in the determination to be applicable to that level of benefit.”.

No. 58—Schedule 2, page 39, item 94, proposed paragraph (bh), omit the paragraph.

No. 59—Schedule 2, page 39, item 94, proposed paragraph (bi), omit “paragraphs (bf) and (bg)”, substitute “paragraphs (bf), (bg), (bga) and (bgb)”.

No. 60—Schedule 2, page 40, item 99, omit the item, substitute the following items:

**“99. Paragraphs (ha) and (hb) of Schedule 1:**

Omit ‘a health benefits fund’, substitute ‘the health benefits fund’.

**99A. Subparagraph (hc)(i) of Schedule 1:**

Omit ‘any health benefits funds’, substitute ‘the health benefits fund’.”.

No. 61—Schedule 3, page 42, before item 1 insert the following items:

**“1A. Subsection 67(4) (definition of ‘employee health benefits scheme’):**

Omit all the words from and including ‘but does not include:’, substitute ‘but does not include an arrangement that the Minister determines in writing not to be an employee health benefits scheme;’.

**1B. Subsection 67(7):**

Omit ‘paragraph (g) of ’.”.

No. 62—Schedule 3, page 42, at end of Schedule add the following item:

**“2. Saving provision**

A determination of the Minister under paragraph (g) of the definition of ‘employee health benefits scheme’ in subsection 67(4) of the *National Health Act 1953* that was in force immediately before the commencement of item 1A of this Schedule continues in force after that commencement as if it had been made under that definition as amended by that item.”.

No. 63—Schedule 4, page 43, item 11, proposed paragraph 73BD(1)(b), omit “episodic” (first occurring), substitute “episodes of”.

On the motion of Dr Theophanous (Parliamentary Secretary to the Minister for Human Services and Health), the amendments were agreed to, after debate.

**27 MIGRATION LEGISLATION AMENDMENT BILL (NO. 5) 1995**

The order of the day having been read for the resumption of the debate on the question—That the Bill be now read a second time—

Debate resumed.

Question—put and passed—Bill read a second time.

*Message from the Governor-General:* Message No. 266, dated 10 May 1995, from His Excellency the Governor-General was announced recommending an appropriation for the purposes of the Bill.

Leave granted for third reading to be moved forthwith.

On the motion of Mrs Crosio (Parliamentary Secretary to the Minister for Social Security), the Bill was read a third time.

**28 MESSAGES FROM THE SENATE**

Messages from the Senate were reported returning the following Bills without amendment:

11 May 1995—Message—

No. 447—Private Health Insurance Complaints Levy 1994 (*without requests*).

No. 448—Child Support Legislation Amendment 1994.

**29 APPROPRIATION BILL (NO. 1) 1995-96—BUDGET DEBATE**

The order of the day having been read for the resumption of the debate on the question—That the Bill be now read a second time—

Debate resumed.

Debate adjourned (Mr Beazley—Minister for Finance), and the resumption of the debate made an order of the day for the next sitting.

**30 ADJOURNMENT**

Mr Beazley (Minister for Finance) moved—That the House do now adjourn.  
Question—put and passed.

And then the House, at 7.58 p.m., adjourned until Monday, 29 May 1995, at 12.30 p.m., in accordance with the resolution agreed to this day.

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**PAPERS**

The following papers were deemed to have been presented on 11 May 1995:  
Australian Meat and Live-stock Corporation Act—Order No. MQ61/95.  
Housing Assistance Act—Determination No. HAA 2/95.  
National Crime Authority Act—Direction, 30 April 1995.

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**ATTENDANCE**

All Members attended (at some time during the sitting) except Mr Baldwin, Mr Beddall, Mr Connolly, Mr Duffy, Mr Holding, Mr Katter, Mr Lavarch, Dr Lawrence, Ms McHugh, Mr Punch and Mr Sciacca.

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**L. M. BARLIN**

Clerk of the House of Representatives