

Regulations 1982 No. 4¹

Health Commission (Charges) Regulations² (Amendment)

I, MICHAEL JOHN RANDAL MACKELLAR, the Minister of State for Health, hereby make the following Regulations under the *Health Commission Ordinance* 1975.

Dated 10 March 1982.

MICHAEL MACKELLAR
Minister of State for Health

Interpretation

1. Regulation 2 of the Health Commission (Charges) Regulations is amended—

- (a) by inserting after the definition of “extensive care patient” the following definition:
 - “‘extensive invasive diagnostic procedure’ means a diagnostic procedure of more than 30 minutes duration that involves the insertion of an instrument into the body of the patient through cutaneous or mucous tissue or through a bodily orifice;”;
- (b) by inserting after the definition of “professional service” in sub-regulation (1) the following definition:
 - “‘short-stay patient’ means a person who was an in-patient at a hospital for a period less than 8 hours and who did not, during that period, undergo—
 - (a) a procedure performed under general anaesthetic in an operating theatre; or
 - (b) an extensive invasive diagnostic procedure;”;
- (c) by omitting “Health Insurance (Variation of Fees and Medical Services) (No. 17) Regulations” from the definition of “standard medical benefits table” in sub-regulation (1) and substituting “Health Insurance (Variation of Fees and Medical Services) (No. 22) Regulations”.

Hospital fees

2. Regulation 3 of the Health Commission (Charges) Regulations is amended—

- (a) by inserting in sub-regulation (1) “short-stay patients,” after “not being” (first occurring);
- (b) by inserting in sub-regulation (3) “a short-stay patient,” after “not being”;
- (c) by inserting in sub-regulation (3A) “(not being a short-stay patient)” after “patient”;
- (d) by inserting after sub-regulation (5) the following sub-regulations:

“(6) The prescribed charge for the purpose of sub-section 74 (2) of the Ordinance for the accommodation, in a hospital conducted by the Commission, of a short-stay patient (not being a disadvantaged person, an eligible pensioner or a patient to whom sub-regulation (6A) or (6B) applies) is \$40 per day.

“(6A) The prescribed charge for the purpose of sub-section 74 (2) of the Ordinance for the accommodation, in a hospital conducted by the Commission, of a short-stay patient (not being a non-eligible person) who, in the opinion of the Chief Medical Administrator of the hospital, has, or may have, a right to recover from another person, by way of compensation or damages, the cost of hospital accommodation is \$80 per day.

“(6B) The prescribed charge for the purpose of sub-section 74 (2) of the Ordinance for the accommodation, in a hospital conducted by the Commission, of a short-stay patient who is a non-eligible person is \$80 per day.”; and

- (e) by inserting after sub-regulation (10) the following sub-regulation:

“(11) For the purposes of sub-regulations (1) and (6), a person who is a disadvantaged person or an eligible pensioner and who, during a period of hospitalisation, received medical treatment from a person who was not employed by the Commission or acting at the request of the Commission shall, in respect of that period of hospitalisation, be deemed not to have been a disadvantaged person or an eligible pensioner.”.

Out-patient fees

3. Regulation 3A of the Health Commission (Charges) Regulations is amended

- (a) by omitting from sub-regulation (3) “sub-section” (first occurring) and substituting “sub-regulation”;
- (b) by omitting from sub-regulation (4) “which involves the taking of a specimen of body tissue, body fluid or body excrement” and substituting “(not being a service to which sub-regulation (6) or (7) applies)”;

- (c) by omitting sub-regulation (5) and substituting the following sub-regulations:

“(5) Where a professional service (not being a service specified in Part 1 of the standard medical benefits table or a service to which sub-regulation (4), (6) or (7) applies) is provided by the Commission to a person (not being a disadvantaged person or an eligible pensioner) as an out-patient at a hospital conducted by the Commission, the prescribed charge for the purpose of sub-section 74 (2) of the Ordinance for that service is \$15.

“(6) Where—

- (a) a professional service (not being a service specified in Part 1 of the standard medical benefits table) is provided by the Commission to a person (not being a non-eligible person) as an out-patient at a hospital conducted by the Commission; and
- (b) in the opinion of the Chief Medical Administrator of the hospital, the person has, or may have, a right to recover the cost of the service from another person by way of damages or compensation,

the prescribed charge, for the purpose of sub-section 74 (2) of the Ordinance, for that service is an amount equal to the fee specified in respect of that service in the standard medical benefits table in relation to the State of New South Wales.

“(7) Where a professional service (not being a service specified in Part 1 of the standard medical benefits table) is provided by the Commission to a non-eligible person as an out-patient at a hospital conducted by the Commission, the prescribed charge, for the purpose of sub-section 74 (2) of the Ordinance, for that service is an amount equal to the fee specified in respect of that service in the standard medical benefits table in relation to the State of New South Wales.

“(8) This regulation does not apply in relation to a professional service that is provided to a person as an out-patient at a hospital conducted by the Commission where—

- (a) the service is provided for the treatment or control of addiction to alcohol or a drug;
- (b) the service is provided at the request of a member of the Australian Federal Police acting in his capacity as such a member;
- (c) the service is provided in accordance with a request made, or a direction given under, or for the purposes of, a law in force in the Territory;
- (d) the service is a pathology service provided in connection with the taking from that person of blood for use in, or in connection with, the treatment of another person;

- (e) the service is a pathology service provided in the course of a programme of child health care conducted by the Commission; or
- (f) the service is provided in relation to the diagnosis, treatment or control of a disease specified in the definition of 'venereal disease' in section 4 of the *Venereal Diseases Ordinance 1956*."

Fees for medical services other than pathology services

4. Regulation 6A of the Health Commission (Charges) Regulations is amended by omitting paragraph (2) (e) and substituting the following paragraph:

- "(e) a professional service provided in the treatment or control of addiction to alcohol or a drug."

Fees for pathology services

5. Regulation 6B of the Health Commission (Charges) Regulations is amended—

- (a) by omitting from paragraph (3) (e) "or"; and
- (b) by adding at the end of sub-regulation (3) the following word and paragraph:
"or (g) a professional service provided in the treatment, or control, of addiction to alcohol or a drug."

Fees for pathology services for non-eligible persons, &c.

6. Regulation 6C of the Health Commission (Charges) Regulations is amended by omitting from paragraph (2) (e) "3A (4)" and substituting "3A (6) or (7)".

NOTES

1. Notified in the *Commonwealth of Australia Gazette* on 23 March 1982.
2. Regulations 1975 No. 13 as amended by 1976 No. 18; 1977 Nos. 11, 15, 24 and 28; 1978 Nos. 7, 8, 15, 17, 18 and 19; 1979 Nos. 5, 14, 17 and 23; 1980 Nos. 3, 8, 9, 13, 16 and 17; 1981 Nos. 10, 11, 15, 16 and 25.