



Australian Government

Department of Health, Disability and Ageing

Prescribed List Compliance Strategy

Safeguarding the Prescribed List



Copyright

© 2022 Commonwealth of Australia as represented by the Department of Health, Disability and Ageing.

This work is copyright. You may copy, print, download, display and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use in your organisation, but only if you or your organisation:

- a) do not use the copy or reproduce for any commercial purpose; and
- b) keep this copyright notice and all disclaimer notices as part of that copy or reproduction.

Apart from rights as permitted by the *Copyright Act 1968* (Cth) or allowed by this copyright notice, all other rights are reserved, including (but not limited to) all commercial rights.

Requests and inquiries concerning reproduction and other rights to use are to be sent to the Communication Branch, Department of Health, Disability and Ageing, GPO Box 9848, Canberra ACT 2601, or by e-mail to copyright@health.gov.au

This document is intended to give extra guidance to stakeholders about the approach we take to compliance, assurance and enforcement activities in support of the Prescribed List program. These functions are carried out according to statutory requirements and this strategy cannot override those requirements. It does not constitute legal advice.

Contents

Introduction	1
Prescribed List Compliance.....	2
Purpose	2
Principles of regulator best practice	3
Compliance priorities	3
How to comply with your obligations	4
Compliance Approach	5
Tiers of non-compliance	5
Responsive enforcement model.....	6
Identifying Non-Compliance	8
Tip off and complaints.....	8
Data Analysis	8
Referrals to and from other Agencies.....	9
Compliance Activities	9
Corrective actions.....	9
Legislative instruments	10
Our Responsibilities	11
Principles underpinning the compliance activities.....	11
Conduct and Values	12
Procedural Fairness	12
Privacy	12
How to Report Non-Compliance	13
Resources	13

Introduction

The Australian health system operates under a mixed model of private and public health care with private health insurance (PHI) and private hospitals playing an important role. Australians with PHI may choose to receive treatment as private patients in either private or public hospitals. For privately insured patients with appropriate health cover, private health insurers are required to pay set benefits for medical device and human tissue products when they are provided in prescribed circumstances.

The *Private Health Insurance (Medical Devices and Human Tissue Products) Rules* is a legislative instrument made under the *Private Health Insurance Act 2007*. The Schedule of the *Private Health Insurance (Medical Devices and Human Tissue Products) Rules* is known as the Prescribed List (PL).

The PL was established in 1985 and sets the minimum benefit private health insurers must pay to hospitals for a surgically implanted medical device or human tissue product received by a private patient in a privately insured episode of hospital treatment. Examples of medical devices and human tissue products are joint replacement devices – for hips and knees; cardiac implantable electronic devices – such as pacemakers; and human tissue items – like bone or bone fragments.

Increasing medical costs, increasing use of health services (particularly by older people and people with chronic disease) and declining participation rates (particularly by younger Australians) is challenging the affordability and long-term sustainability of the PHI sector. The Australian Government (the Government) recognises the important role that medical devices play in the health of Australian patients and the need to maintain a stable, sustainable and innovative medical device sector.

In 2023-24, nearly 3.3 million medical devices and human tissue products on the PL were supplied at a cost – to private health insurers – of about \$2.1 billion. Expenditure on medical devices and human tissue products accounts for 13.3% of PHI hospital benefits paid annually. The cost of medical devices and human tissue products on the PL has been identified as a factor in the rising cost of health insurance premiums for consumers.

The Government is committed to ensuring privately insured patients have access to safe, clinically appropriate and cost-effective medical devices and human tissue products, chosen by their clinicians. The Therapeutic Goods Administration (TGA) is responsible for regulating the quality, safety and performance of medical devices in Australia. The Minister for Health, Disability and Ageing, and the Department of Health, Disability and Ageing (the department) may take advice on the comparative clinical effectiveness and cost-effectiveness of medical devices and human tissue products from the Medical Devices and Human Tissue Advisory Committee (MDHTAC), before the devices are listed on the PL. The arrangements for including products on the PL help to ensure that benefits paid by private health insurers are relative to the clinical effectiveness of the device. It is an avenue for reimbursement, in that the benefit shown on the PL is the minimum amount payable by private health insurers for the medical devices and human tissue products.

Prescribed List Compliance

The Government, the public, and health professionals expect that medical device companies (sponsors), private hospitals and private health insurers understand and adhere to legislated rules and policy requirements that govern the settings of the PL.

These rules include listing criteria along with clinical and cost-effectiveness assessments for listing products (medical device and human tissue products) on the PL. This helps ensure that every product is considered in the same way, and that the recommendations for listing are consistent, fair and equitable, thus ensuring privately insured patients have access to clinically appropriate and cost-effective medical devices and human tissue products.

The department recognises that most stakeholders maintain high standards and adhere to their obligations. Measures that all stakeholders are responsible for include:

- educating themselves about the rules and requirements, using the range of services and resources provided by the department
- providing fair access to medical devices and human tissue products listed on the PL
- retaining oversight of regulatory requirements, approvals, benefit setting, usage and clinical effectiveness, and remediating any errors or anomalies
- contacting the department if they make or discover errors or anomalies with the listed medical devices and human tissue products

Extra responsibilities for medical device companies (sponsors) include:

- presenting medical devices for listing that have been included on the Australian Register of Therapeutic Goods (ARTG)
- ensuring that listing applications are for eligible medical devices
- provision of accurate information
- creating and retaining clinical, cost and administrative records as they relate to medical devices at the time of the application for listing, and throughout the time the product is listed.

Private health insurers also have the responsibility of ensuring that payments are processed in a timely way.

Purpose

The Prescribed List Compliance Strategy (the Strategy) identifies the principles which govern the department's compliance, assurance and enforcement functions, and the associated priorities in support of the PL. It aligns with the department's [Corporate Plan](#) and [Fraud and Corruption Control Plan](#).

The Strategy also sets out the compliance obligations in the context of the legislative instruments, and the steps the department may take where there are concerns about non-compliant activities.

The Strategy is applicable to all stakeholders participating in the PL (PL stakeholders) arrangements – such as hospitals and day clinics, clinicians, sponsors of medical device and human tissue products, and private health insurers.

Principles of regulator best practice

The Strategy guides the department to monitor and enforce compliance and assurance through these key principles.¹

- **Continuous improvement and building trust** – adopt a whole-of-system perspective, continuously improving our performance, capability and culture to build trust and confidence in the department's regulatory settings.
- **Risk based and data driven** – manage risks proportionately and maintain essential safeguards while minimising regulatory burden and leveraging data and digital technology to support those they regulate to comply and grow.
- **Collaboration and engagement** – be transparent and responsive communicators and engage with our stakeholders in a collaborative way.

The department is committed to a stewardship approach to the administration of the PL. The approach is designed to be fit-for-purpose, features periodic monitoring, and is implemented in a way that it safeguards the integrity of the PL while minimising the regulatory burden.

Compliance priorities

Four areas of priority that seek to safeguard the integrity of the PL are:

- Proactive analysis – using data to identify anomalous claiming behaviour
- Appropriate benefit claiming – ensuring stakeholders accurately claim and reimburse benefits as required
- Education – using education to clarify requirements and reiterate stakeholder responsibilities
- Conditions – identifying areas where conditions can assist in the correct usage of devices and minimise claiming anomalies

In taking actions to encourage, strengthen and enforce compliance with the PL system and in alignment with the department's compliance principles and legislative requirements, the department will always prioritise the interests of patients and the integrity of the private health benefits system. This includes **prioritising action to address types of non-compliant practices** that:

- distort the benefit settings
- create benchmark benefits for discontinued or dormant devices (such as product substitution)
- support fraudulent listing
- lead to unfair listing arrangements (for example, applying incorrect grouping)
- show repeated or wilful non-compliance
- retain device listings on the PL for products that are no longer active on the Australian Register of Therapeutic Goods (ARTG)
- make false or misleading claims
- reject or refuse legitimate benefit claims for devices listed on the PL
- process a benefit reimbursement for less than the PL benefit for the listed product
- result in undue delays in processing benefit reimbursement claims

¹ The Department of Health, Disability and Ageing is the regulator of listed devices on the PL through several mechanisms, including but not limited to the Therapeutic Goods Administration (TGA) and the Delegate of the PL.

- activities that don't adhere to the requirements of PL conditions of listing

The Strategy and supporting activities focus on providing guidance and information that is relevant, clear, concise and easily accessible to help regulated PL stakeholders understand their obligations and responsibilities, and to encourage voluntary compliance.

How to comply with your obligations

Meeting compliance requirements is the responsibility of PL stakeholders. Most non-compliance is inadvertent, and the department will work with stakeholders to resolve any issues, initially on an informal basis. You can help the department by:

- **Understanding your responsibilities** – we will provide a range of educational resources to help you meet your legal obligations by targeting our compliance activities to the type of non-compliance identified.
- **Being proactive** – let us know as soon as you discover that you have made an incorrect listing or application.
- **Notify us** – it is important that you tell us if you have any concerns about suspected non-compliant behaviour or actual non-compliance including fraud. Any information you can give assists us to act to ensure the integrity of PL settings. You can choose to remain anonymous.

PL stakeholders will be expected to remain informed and comply with the Legislation, Rules and Guide supporting the PL. Periodic reviews and amendments of the legislative instruments are undertaken to ensure the continued relevance and effectiveness of the PL program.

Further, the department will engage with medical technology and industry peak bodies, medical colleges and private health insurance industry peak bodies to support better PL compliance outcomes through program design, policy development and PL system improvements.

Compliance Approach

The department will monitor the behaviours of PL stakeholders and the operations of the PL for compliance with the established listing requirements.² This is to ensure that the regulated benefits and the use of the devices continue to meet the regulatory requirements and controls throughout the period the product is listed on the PL.

These monitoring activities include post-listing review processes, which include device utilisation reviews as well as other Health Technology Assessment (HTA) style reviews. Post-listing processes include:

- Reviewing and assessing reports of problems/concerns with the use of medical devices listed on the PL. For example, significant increases in volumes and expenditure, concerning utilisation patterns of devices.
- Checking evidence that medical devices continue to meet the requirements established at the point of listing – including a focus on comparative clinical effectiveness and cost effectiveness, out-of-pocket costs, approved usage, eligibility (scope and definition).
- Undertaking periodic reference pricing activities to maintain alignment between public prices and private benefits that underpins the PL settings.

The department will ensure resources and efforts are prioritised based on the seriousness and scale of compliance concerns. This allows for a responsive and proportionate approach to compliance utilising the range of tools and powers available to the department.

A range of compliance and enforcement tools will be employed to address suspected non-compliance, either individually or in combination, and to encourage compliance with the regulatory and legislative requirements.

Tiers of non-compliance

The degree of non-compliance will be assessed according to the risk posed to the intended outcomes of the PL and its program, with compliance attention given to key risk factors informed by the compliance principles:

- **The nature of the non-compliance** – whether the non-compliance is limited to an administrative contravention as opposed to a contravention that indicates risk to patient safety
- **The volume of non-compliance activities**
- Whether the PL stakeholder has **demonstrated previous non-compliances**
- Indicators of **deliberateness of the non-compliance**
- Whether the PL stakeholder indicates and demonstrates **a willingness to return to compliance**. This is particularly relevant in distinguishing between the more serious tiers of non-compliance (such as whether the PL stakeholder is taking a high adversarial approach or blatantly disregarding the need to return to compliance).

These tiers of non-compliance are not intended to be exhaustive, there is an inherent need to exercise professional judgement in assessing the tier of non-compliance on its merits. Table 1 outlines these tiers of non-compliance along with the likely indicators.

² Listing requirements are outlined in the [Private Health Insurance \(Medical Devices and Human Tissue Products\) Rules](#) and the [PL Guide](#).

Table 1: Tiers of non-compliance against the PL

Tier of non-compliance	Indicators
Voluntary compliance	<ul style="list-style-type: none"> PL stakeholder is compliant with the Act and MDHTP Rules Likely due to good understanding of the MDHTP Rules and PL Guide, good procedures to support compliance; and/or previous compliance review or enforcement response.
Minor non-compliance	<ul style="list-style-type: none"> Non-compliance is administrative in nature or does not indicate improper delivery of service Non-compliance identified is low in volume or value PL stakeholder has not had previous issues with compliance
Medium non-compliance	<ul style="list-style-type: none"> Non-compliance is not merely administrative in nature, and may indicate improper delivery of service Non-compliance identified is low to medium in volume or value Evidence suggests the non-compliance may be deliberate or intended PL stakeholder may have had previous issues with compliance
High non-compliance	<ul style="list-style-type: none"> Non-compliance is not merely administrative in nature, and likely indicates improper delivery of service Non-compliance identified is medium to high in volume or value Evidence suggests the non-compliance may be deliberate or intended PL stakeholder has had previous issues with compliance
Extreme non-compliance	<ul style="list-style-type: none"> Non-compliance indicates improper delivery of service Non-compliance identified is high in volume or value Evidence suggests the non-compliance is likely to be deliberate or intended PL stakeholder has had previous issues with compliance PL stakeholder has not demonstrated motivation to return to compliance in a timely manner

Responsive enforcement model

A responsive enforcement approach will be used, which describes a principles-based way in which the department (as the regulator) uses a hierarchy of enforcement interventions to respond to non-compliances in a proportionate manner – having considered the degree of non-compliance and the broader compliance behaviours of the industry.

Key principles underpinning the responsive enforcement approach include:

- using a hierarchy of interventions to influence PL stakeholder behaviour
- proportionality between identified non-compliance and the enforcement response.

This responsive enforcement approach is consistent with current compliance enforcement better practices, with a focus on increasing education about the PL program and the existence of the compliance monitoring function to support achievement of the compliance objectives.

Use of a responsive enforcement approach is accepted as better practice in most compliance and enforcement settings, as it has the benefits of:

- enabling compliance enforcement versatility
- being able to reach further with fewer resources
- targeting resources at more complex enforcement activity to more serious tiers of non-compliance
- incorporating both deterrent and more cooperative approaches to encourage compliance in a 'socially intelligent' way.

Against each of the tiers of non-compliance, particular enforcement activities will demonstrate a more proportionate and appropriate response. With reference to the enforcement responses available to the department, Table 2 outlines the PL compliance enforcement model.

Table 2: PL compliance enforcement model

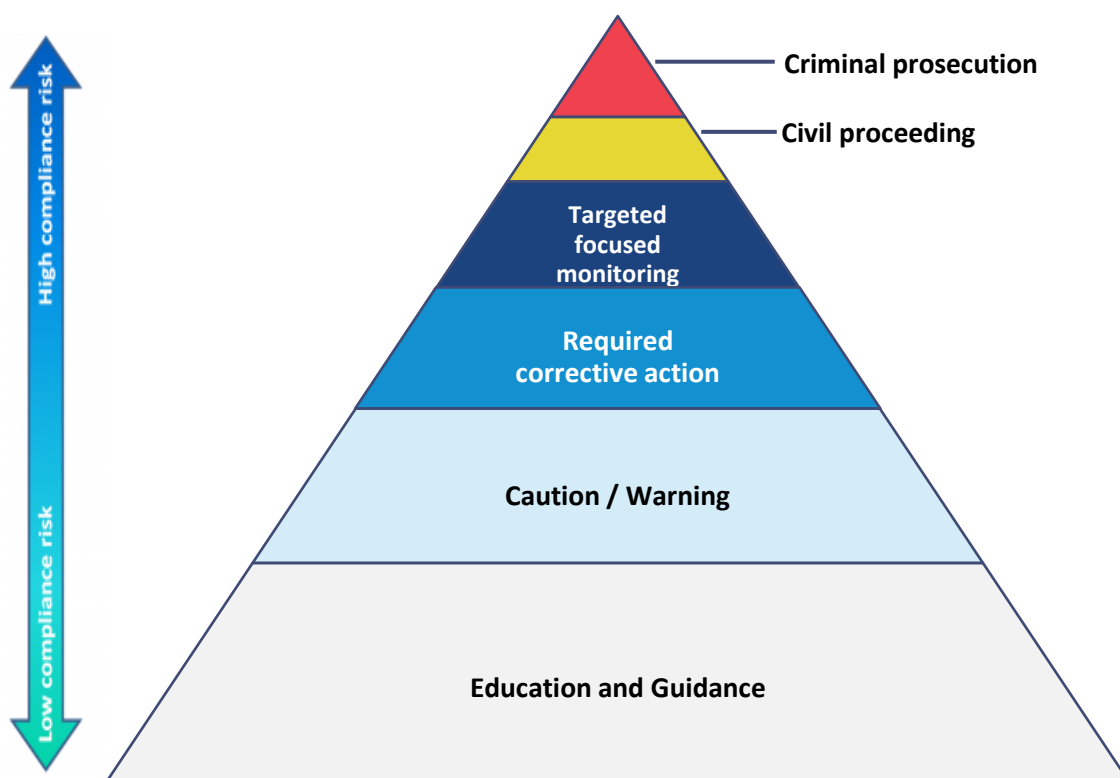
Tier of non-compliance	Type of PL compliance enforcement activity					
Voluntary compliance	Education and guidance					
Minor non-compliance		Caution / warning				
Medium non-compliance			Required corrective action	Targeted focused monitoring		
High non-compliance						
Extreme non-compliance			Civil proceeding	Criminal prosecution		

The PL compliance enforcement model demonstrates versatility and incorporates both deterrent and more cooperative approaches to support and encourage compliance.

The above enforcement model results in the following **PL compliance** enforcement pyramid (Figure 1). The rungs represent not only the potential escalation between different enforcement mechanisms (starting at the base, and moving up to the apex), but also the indicative response mechanisms – with most activities at the wide base and becoming less used as we move up the narrow rungs of the apex.

The preference is to start and have most of the actions at the bottom of the pyramid. This starting point is presumptive and will be overridden if the risk or conduct being responded to is disproportionately egregious, or in the case the lower strategies fail. In these cases, responses further up the pyramid will be preferred.

Figure 1: PL compliance enforcement pyramid



Identifying Non-Compliance

Information about suspected non-compliance is received from a range of sources including tip-offs or complaints, data analysis and referrals from other stakeholders and agencies.

Tip off and complaints

When a complaint is received, it is reviewed and assessed. Any recommendations are notified to the relevant parties. Depending on the outcome of the assessment there may be recommendations for corrective actions and compliance activities.

Data analysis

Data analysis will be used to identify anomalous or suboptimal utilisation patterns that may indicate compliance risks and non-compliant behaviour, providing a more proactive and independently driven approach to identifying compliance risks.

It will be carried out by the PL Compliance team using a variety of sources of available data to analyse and verify ongoing device usage and benefits claimed. Areas to target for analysis could be identified through engagement with stakeholders, sudden changes in the usage of particular devices or stakeholders and devices related to issues reported to the PL Compliance area.

Referrals to and from other agencies

From time to time, medical devices may be suspended or cancelled from the ARTG. This may be voluntary or because of regulatory action from TGA, for a range of reasons including manufacturer recalls, reported safety issues, counterfeit medical devices and reported adverse clinical events. The PL Delegate may seek input from the TGA on the extent of the issues and reasons for their action.

It is the sponsor's responsibility to advise the PL Administration Section (PLAS) and complete the administrative requirements for removal from the PL as soon as a sponsor's device is no longer included on the ARTG.

Where the department identifies behaviour³ for a device listed on the PL that suggests there are anti-competitive practices related to the use and application of the PL, it may make a referral to the relevant regulators, such as Australian Prudential Regulation Authority (APRA) and the Australian Competition and Consumer Commission (ACCC).

Compliance Activities

The Prescribed List program has a range of options aimed at promoting compliance. These can span from provision of education and guidance to facilitate compliance, through to various legal avenues including civil and criminal responses to identified non-compliance.

Compliance actions are strategies put in place to ensure PL stakeholders address identified non-compliance with the listing requirements.

The department recognises that non-compliance can be inadvertent and works with PL stakeholders to resolve issues and promote compliant practices. Compliance activities are targeted to the type of non-compliance identified. This allows for a responsive, proportionate and a risk-based approach to addressing compliance concerns.

The types of compliance actions required will depend on the nature of the non-compliance, its severity and frequency, and the PL stakeholder's willingness to comply and to address the issues. Where a PL stakeholder is willing to comply and needs minimal support, the level of compliance monitoring or compliance action needed is LOW. However, where there is an unwillingness to comply and/or a PL stakeholder needs significant support to comply, the level of compliance monitoring and action will be HIGH.

Corrective actions

The first step after identifying non-compliance is, in most instances, to give the PL stakeholder an opportunity to respond and outline how they propose to address the non-compliance. The PL stakeholder will be contacted in writing and/or by phone to discuss the issues and options to address the non-compliance. In this instance, the PL stakeholder is encouraged to reflect on how they are complying with the rules and requirements for the PL and make changes if required. They may also be requested to review records and voluntarily review and re-assess any non-compliant activity that they identify.

³ Behaviour includes communications (verbal or written), marketing and commercial practices that are misleading (real or perceived) from the intent of the PL.

If the PL stakeholder demonstrates an understanding of the problem and a willingness to act, this approach can deliver positive results, and no further compliance action may be required.

The department will undertake assurance, assessments, and desktop activities. The process is usually commenced with a request for information from the PL stakeholder to assist in determining whether the rules and requirements for that listing are met. Where it is identified that there is a breach of the regulatory requirements, the department will seek corrective action to be undertaken by the stakeholder. If the PL stakeholder does not respond accordingly the department may take further action such as applying conditions to the listing, focused monitoring, or in extreme circumstances, delisting the device or product from the PL.

While the focus is to work with stakeholders to reduce the need for serious compliance action, in some circumstances compliance objectives cannot be met through education or by assisting stakeholders to comply. This might be where the PL stakeholder:

- has a history, or there is evidence of, systemic non-compliance
- is acting in a fraudulent way
- has failed to provide complete, true and accurate information and/or documents
- has failed to respond to attempts to address compliance issues
- is unable to address their non-compliance.

In these circumstances the action taken will be proportionate to the risk and consequence of behaviours exhibited and be aligned with any legislative requirements. Where the risk and consequence of non-compliance is considered high or extreme, civil proceedings and prosecution may be undertaken.

Legislative instruments

Participating PL stakeholders should make themselves familiar with legal instruments⁴ relevant to the PL, including but not limited to:

1. **PL Legislation:** Private Health Insurance Act 2007 (the Act)

The Act governs private health insurance and private health insurers in Australia. It ensures that the operations of private health insurers are carried out in the best interests of Australians paying for private health insurance and authorises the Minister to make determinations and policies on how private health insurance is delivered to Australians and establishes the legal framework for the Prescribed List.

2. **PL Legislation:** Private Health Insurance (Medical Devices and Human Tissue Products) Rules (the Rules)

Subordinate legislation to the Act, the Rules are made under Chapter 3 of the Act and are administered by the department and set out:

- the benefits that private health insurers must pay to hospitals for listed devices or products
- the criteria and requirements to list a device or product on the Prescribed List
- tables of itemised devices and products that form the Prescribed List (Schedule 1)

3. **TGA legislation:** The *Therapeutic Goods Act*⁵, Medical Device Regulations and other instruments set out the requirements for conformity assessment, inclusion of medical devices

⁴ Copies of the legislation can be obtained from the Commonwealth of Australia Law website, available from < [Federal Register of Legislation - Home Page](#) >.

⁵ The *Therapeutic Goods Act 1989* sets out the legal requirements for the import, export, manufacture and supply of therapeutic goods (including devices) in Australia.

in the Australian Register of Therapeutic Goods (ARTG), and compliance with the essential principles. It also addresses advertising, labelling, and product appearance.

- Part 5-1 of the Act provides the regulatory framework in relation to advertisements about therapeutic goods in the public domain. The *Therapeutic Goods Advertising Code*⁶ prescribes the minimum requirements for the lawful advertising of therapeutic goods to Australian consumers. It ensures the marketing and advertising of therapeutic goods (including devices) is carried out in a way that promotes the quality use of the product, is socially responsible and does not mislead or deceive the consumer.
4. **Consumer law:** The Australian Consumer Law (ACL) in Schedule 2 of the *Competition and Consumer Act 2010* (Cth) is likely to apply. Specifically, section 18(1) of the ACL provides that a “person must not, in trade or commerce, engage in conduct that is misleading or deceptive or is likely to mislead or deceive.” As providing information in connection with the listed device on the PL, any misleading or deceptive conduct in relation to trade or commerce will invoke the application of the ACL. Suspected non-compliances or in breach of the Australian Consumer Law (ACL) in *Section 18 of the Competition and Consumer Act 2010* may be referred on to the Australian Competition and Consumer Commission (ACCC).
- The ACL confers the ability for the department to seek remedies for loss or damage arising from a PL stakeholders deceptive or misleading conduct.
 - Section 232 of the ACL states that a court may grant an injunction (restraint).
 - Section 236 of the ACL states that a person may make a claim to recover the amount of loss or damage suffered. There is a six year limit on such a claim.
 - Sections 237 and 242 of the ACL states that the court may make such orders as it deems appropriate.
5. The *Criminal Code Act 1995* (Cth) (the Criminal Code) may apply to prosecute a PL stakeholder that has provided misleading or false information to the department under s 137.1 of the *Criminal Code*.
- Under s 137.1, a PL stakeholder commits an offence if they give false or misleading information (or omits any matter or thing without which the information is misleading) to a Commonwealth entity (being the Department).
 - Under s 137.1(2), the PL stakeholder has the evidential burden of proving that the information is not false or misleading in a material particular.

Our Responsibilities

Principles underpinning the compliance activities

Principles underpinning the approach to guide compliance activities in relation to Prescribed List are:

- **Risk based decision making** – Risks are identified, evaluated, and monitored. Risks are assessed on their likelihood and potential consequences. Compliance activities are implemented to control risks.
- **Adopt a proportionate approach to non-compliance** – If a non-compliance is identified, the information available will be assessed and a reasonable response will be implemented based on the severity of the issues identified and the PL stakeholder's willingness to comply.

⁶ The 2021 Code has been prepared with an overarching objective of greater ease of reading for easier application of the advertising rules, while still meeting the requirements for a legal instrument prepared under the *Therapeutic Goods Act 1989*.

- **Impartiality/fairness** – Focus on being impartial and objective, ensuring that if any non-compliance is identified, an opportunity to respond will be provided.
- **Act consistently** – Ensure a consistent approach, including how procedures and actions are applied.
- **Transparency** – Communicating with PL stakeholders to provide a clear understanding of the approach to compliance.
- **Accountability** – Compliance activities are consistent with the service delivery obligations, including all referenced standards and guidelines. Decisions are appropriately and accurately documented and escalated/referred as needed.
- **Respond in a timely manner** – All compliance cases and compliance activities will be undertaken in a timely way, noting that timing is dependent on the type of assessment, the complexity of issues identified and responses.

Conduct and Values

The department upholds and complies with the APS Code of Conduct and APS Values that are set out in the *Public Service Act 1999*. Regardless of the reason you are contacted by our staff, you can always expect:

- to be treated with respect
- to be given quality information
- fair and transparent service
- genuine consultation
- efficiency in the conduct of our processes.

Procedural Fairness

Where a matter escalates to a point of an administrative law decision, the department will ensure procedural fairness by:

- avoiding actual and perceived conflicts of interest and act in an impartial and objective manner
- affording a person or organisation a reasonable opportunity to be heard and/or respond to the case before making an adverse decision affecting their interests.

This supports decisions that are fair, reasonable and made without bias.

Privacy

Your personal information will be handled in a way that protects your privacy in line with the *Privacy Act 1988 (Cth)* (Privacy Act). This includes the *Australian Privacy Principles* (APPs) and the *Australian Government Agencies Privacy Code*. The department's [Privacy Policy](#) can be found on our website.

In addition, the *Private Health Insurance Act 2007* contains a range of secrecy provisions that further protect your sensitive information that may be used when undertaking our compliance and enforcement activities.

The data and information sharing provisions allow for a strong evidence base that underpins decisions and supports PL assessment, listing activities, post-listing reviews, compliance activities and continuous improvement activities.

The department is committed to ensuring strong security and privacy protections about data and information sharing arrangements.

How to Report Non-Compliance

The department is committed to preventing fraud and other non-compliant practices that pose risks to the PL settings. Specific concerns relating to the PL settings or stakeholder behaviour or a PL device can be sent to the email: prescribedlist.compliance@health.gov.au

Additional information and resources

Other relevant resources include:

- [Overview of the Prescribed List](#)
- [The Prescribed List](#)
- [Regulation and compliance](#)
- [The Prescribed List reforms](#)
- [Prescribed List Guide](#)
- [Post-listing review framework](#)
- For the legislation relevant to medical devices and human tissue products, refer to the [Federal Register of Legislation](#):
 - [Private Health Insurance Act 2007](#)
 - [Private Health Insurance \(Medical Devices and Human Tissue Products\) Rules](#)
- [Overview of Private health insurance](#)
- [Australian Register of Therapeutic Goods \(ARTG\)](#)
- [Medicare Benefits Schedule Online](#)

Health.gov.au

All information in this publication is correct as of July 2025.