Australian Government
Department of Health, Disability and Ageing

COST RECOVERY IMPLEMENTATION STATEMENT

Administration of the Prescribed List of Medical Devices and Human Tissue Products

1 July 2026 to 30 June 2027

Version 1.2

Charging for regulatory activity involves Government entities charging individuals or organisations in the non-government sector some or all of the minimum efficient costs of a specific Government activity. The Australian Government Cost Recovery Policy (CRP), along with the Australian Government Charging Framework (the Charging Framework), sets out the policy under which Government entities design, implement and review charging for regulatory activities. The Cost Recovery Implementation Statement (CRIS) is the public document to ensure the transparency and accountability for the level of the charging and to demonstrate that the purpose for charging, as decided by Government, is being achieved.

Contents

1. INTRODUCTION

1.1 Purpose

This CRIS provides information on how the Department of Health, Disability and Ageing (the Department) implements cost recovery charging for:

- applications to the Medical Devices and Human Tissue Advisory Committee (MDHTAC) for medical devices seeking to be listed on the Prescribed List of Medical Devices and Human Tissue Products (the Prescribed List)
- applicant-driven listing and list management activities for the Prescribed List.

It reports actual financial and non-financial performance information, outlines legislative changes and contains financial and demand forecasts for 2026-27 and three forward years. The Department will maintain the CRIS while the regulatory activity, or cost recovery for the activity, continues.

1.2 Description of the regulatory charging activity

1.2.1 What is the regulatory activity being cost recovered?

The Prescribed List details medical devices and human tissue products for which private health insurers must pay benefits, if they have been used for or implanted into patients with an appropriate private health insurance policy. The Prescribed List is a Schedule to the Private Health Insurance (Medical Devices and Human Tissue Products) Rules that supports privately insured patients to access safe, clinically effective and cost-effective medical devices.

The Department provides a range of evaluation, listing and management services for the Prescribed List that have been cost recovered since 2007. In 2015, the Australian Government Charging Framework (the Charging Framework) and the Cost Recovery Guidelines, now referred to as the Cost Recovery Policy, were introduced.

In 2023-24 new cost recovery arrangements, aligned with the Australian Government Charging Framework (the Charging Framework), were introduced for the Prescribed List. This included a new charging model and streamlined activities to reflect the efficient costs of providing evaluation, listing and management services to industry for the Prescribed List.

The MDHTAC provides recommendations and advice on the comparative clinical effectiveness and cost effectiveness of medical devices and human tissue products, and the benefits payable by private health insurers. The MDHTAC is supported by six Expert Clinical Advisory Groups (ECAGs).

Three 'tiers' of assessment provide streamlined pathways for the application and assessment of medical devices and human tissue products related directly to the level of health technology assessment (HTA) required for Prescribed List applications:

- Tier 1: Departmental Assessment Pathway
- Tier 2: Clinical / Focused HTA Assessment Pathway
  - Tier 2a: Clinical Assessment
  - Tier 2b: Clinical Assessment and Economic Assessment (simple, complex, other)
- Tier 3: Full HTA Pathway (Medical Services Advisory Committee [MSAC][1]).

In 2023-24, only the costs of services directly attributable to individual sponsors were recovered, through application fees for the tiered pathways.

[1] MSAC fees are not subject to cost recovery.

In 2024-25, the cost recovery arrangements were amended to include a combination of application fees and a levy to recover the cost of activities not directly attributed to an individual sponsor. Costs are not recovered for waivers and exemptions that are available under legislation in certain circumstances.

In July 2025, the Department commissioned an independent review to assess the extent to which the Prescribed List 2024–25 charging model aligns with the Charging Framework and to identify any risks or opportunities for improvement. The review found that the current Prescribed List charging model is aligned with the Charging Framework and identified opportunities to improve technical aspects of the current model, including developing an application volume forecasting methodology. The Department is currently considering the final report, including its findings and recommendations, in the context of arrangements from the 2027-28 financial year and onwards.

From 2024-25 onwards, cost recovered services for evaluation, listing and management services for the Prescribed List include:

- assessment and administration of applications (for new items and amended items)
- management of items already listed on the Prescribed List and relevant supporting infrastructure.

Assessment and administration of applications (for new items and amended items)

The regulatory charging activity for the assessment and administration of applications includes:

- management of applications by Department staff, including:
  - undertaking departmental assessments (Tier 1) and providing advice to applicants (sponsors)
  - liaising with applicants on the requirements and progress of the application
  - commissioning HTA for Tier 2 and Tier 3 applications where required
- provision of secretariat support by the Department to the MDHTAC and its sub-committees, including organising meetings and preparing papers
- assessment of applications as per MDHTAC and its sub-committees' listing criteria and making recommendations to the Minister or the Minister's delegate(s)
- reviewing the MDHTAC's recommendations.

The key output of this regulatory activity is the Prescribed List which is published three times per year in March, July and November.

These activities will be cost recovered by charging fees.

Management of items already listed on the Prescribed List and relevant supporting infrastructure

The regulatory charging activity for the ongoing management of items already listed on the Prescribed List includes:

- administration of the Prescribed List
- provision of advice to, and facilitating discussions with, sponsors and other stakeholders about Prescribed List arrangements
- maintenance and provision of advice on compliance, assurance and enforcement principles
- provision to support the effective administration of the Prescribed List compliance capability
- commissioning, coordinating and/or undertaking post-listing reviews where required
- updating the Private Health Insurance (Medical Devices and Human Tissue Products) Rules
- developing and maintaining IT systems to support the Prescribed List (enabling access for applicants, external assessors and departmental staff)

- updating guidance material and relevant legislation and
- providing and maintaining information for stakeholders about the Prescribed List processes and policy on the Department's website.

These activities are not attributable to a specific sponsor. From 2024-25 onwards, these costs will be recovered as an annual levy payable by sponsors in accordance with the number of medical devices listed on the Prescribed List. The cost recovery levy will be payable annually, in September, for each listed billing code on the Prescribed List. The cost recovery levy will not be applicable to items listed under Part B of the Prescribed List.

1.2.2 What policy outcomes will the activity achieve?

The regulatory activities contribute to achieving Outcome 2 (Program 2.4) outlined in the Health Portfolio Budget Statements.

Outcome 2: Individual Health Benefits

Ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in healthcare services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance.

Program 2.4: Private Health Insurance

Promote affordable, quality private health insurance and greater choice for consumers.

1.2.3 Why is charging appropriate for the regulatory activity?

Charging for evaluation, listing and management services for products on the Prescribed List is appropriate because:

- charging is an important means of improving the efficiency and equity with which Government services are provided
- the charging of fees and the levy sends price signals to individuals or groups about the cost or value of a Government activity
- the services are requested by an identifiable group of parties who cause regulatory effort for the listing of their products on the Prescribed List
- it supports the ongoing sustainability of the Prescribed List as a regulatory activity.

Cost recovery involves Government entities charging individuals or non-government organisations some or all of the efficient costs of a specific Government activity. This may include goods, services, regulation, or a combination of these. The Australian Government Charging Policy (Charging Policy) sets out the framework under which Government entities design, implement and review cost-recovered activities.

The Charging Framework applies to non-corporate and corporate Commonwealth entities as defined in the *Public Governance, Performance and Accountability Act 2013*. The Department is a non-corporate Commonwealth entity.

The policy statement for government charging, as stated in the Charging Policy, is:

> 'Where specific demand for a government activity is created by identifiable individuals or groups, they should be charged for it unless the Government has decided to fund that activity. Where it is appropriate for the Australian Government to participate in an activity, it should fully utilise and maintain public resources, through appropriate charging. The application of charging should not, however, adversely impact disadvantaged Australians.'

There are two types of cost recovery charges. The characteristics of a Government activity determine the type of cost recovery charge used.

Cost recovery fees will be charged where a direct relationship exists between the regulatory activity and the individual or organisation requesting that specific activity. All regulated entities are charged the same fee for the same activity. Under these circumstances, the activities performed, and their associated costs, are driven by a specific need and demand created by the applicant. For example, applications for new listings on the Prescribed List will be charged a cost recovery fee.

Cost recovery levy will be charged when the cost of the activity can be reasonably attributed to a broader group of organisations (or individuals) rather than a single entity. In these instances, the level of demand for Government activity or intervention is collectively driven by the industry rather than a single entity within it. For example, ongoing management of already-listed items on the Prescribed List will be funded through a levy payable by the medical devices industry.

1.2.4 Who will pay the regulatory charges?

Medical device companies and suppliers (collectively referred to as applicants or sponsors) who apply to list or vary medical device products on the Prescribed List will be charged fees for services provided.

Sponsors will also be required to pay for compliance, post-listing review activities, general administration and management of the Prescribed List through an annual cost recovery levy for each item listed on the Prescribed List.

The cost recovery fees and levy will not be applicable to human tissue products listed under Part B of the Prescribed List.

In certain circumstances, applicants may request that fees are waived if the application is seeking to list 'related medical devices' where an abridged clinical or economic assessment can be conducted.

2. POLICY AND STATUTORY AUTHORITY TO CHARGE (COST RECOVER)

2.1 Government policy approval to charge for this regulatory activity

2.1.1 When and what did the Government announce?

In February 2003, the Government decided some costs associated with clinical assessment and benefit setting processes related to the Prostheses List (now the Prescribed List) would be met by sponsors. Legislation to give effect to this decision commenced on 31 October 2005.

Cost recovery activities associated with the assessment and administration of applications for the listing of medical devices on the Prostheses List commenced in 2007, with fees updated in 2009.

In the 2021-22 Budget, the Government announced $22 million over four years for the Modernising and Improving the Private Health Insurance Prostheses List measure, which included changes to the cost recovery arrangements. The announcement followed extensive policy development work, including a number of reviews that consistently found a high variance in prices on the Prostheses List compared to prices paid in the public hospital system, with limited ability for market forces to exert downward pressure on prices to benefit consumers.

In the 2023-24 Budget, the Government announced revised cost recovery arrangements for the Prostheses List to reflect the reforms in accordance with the Charging Framework. The costs of undertaking regulatory activities associated with the new Prescribed List are recovered using a combination of cost recovery fees and a levy.

In May 2024, the Minister for Health and Aged Care announced that General Use Items (GUIs) will continue to be funded through the Prescribed List. GUIs were scheduled to be removed from the Prescribed List on 1 July 2024.

2.2 Statutory authority to charge

The statutory basis of this regulatory charging activity is outlined in the *Private Health Insurance Act 2007* (the Act) and the *Private Health Insurance (Medical Devices and Human Tissue Products Levy) Act 2007* (the Levy Act).

The *Private Health Insurance (Medical Devices and Human Tissue Products) Rules (No. 3) 2026* outline the cost recovery fees that may be charged for the purposes of section 72-15 of the Act. This includes fee amounts for activities undertaken to consider listing or variation applications relating to a medical device on the Prescribed List.

The *Private Health Insurance (Medical Devices and Human Tissue Products Levy) Regulations 2025* (the Regulations) prescribe the amount of cost recovery levy that may be charged for the purposes of section 4(3) of the Levy Act. The levy is charged annually to recover the cost of the ongoing management and general administration of the Prescribed List in a financial year. The Regulations also outline the Prescribed List items that may be exempted from the levy charge.

The *Private Health Insurance (Medical Devices and Human Tissue Products Levy) Rules 2025* outline the levy imposition day for each financial year starting 2024-25. For financial years 2025-26 and future financial years, the levy day will be 15 September.

The *Private Health Insurance (Levy Administration) Rules 2025* outline matters relating to the medical devices and human tissue products levy. The matters include who is responsible to pay the levy and the levy payment terms.

2.2.1 Legislative Instruments

Rules and Regulations apply to the fees and levy charges. Upcoming updates to legislative instruments are listed in Table 1 below with a summary of their purpose.

Table 1. Legislative instruments specifying details of the cost recovery fees and levy

Title of legislative instrument	Purpose
Private Health Insurance (Medical Devices and Human Tissue Products) Rules (No. 3) 2026	Specifies the amount to be charged for cost recovery fees.
Private Health Insurance (Medical Devices and Human Tissue Products Levy) Regulations 2025	Specifies the amount to be charged for the cost recovery levy.

3. CHARGING (COST RECOVERY) MODEL

3.1 Outputs and business processes of the activity

The cost recovery charge categories are:

- standard application assessment fee
- clinical assessment fee
- economic assessment fee
- full HTA pathway fee
- Prescribed List levy.

Activity descriptions are detailed in Table 2, with cost breakdowns in Tables 3 and 4.

Table 2. Charge categories and business processes

Charge Category	Description
Standard application fee	Assessment pathway: • Tier 1 • Tier 2a • Tier 2b (simple, complex, and other) • Tier 3 Activities include: • departmental assessment for each medical device listed in an application • administrative processing of the request following application submission through the Health Products Portal (HPP) • departmental preparation of relevant legislative instruments and documentation • departmental invoicing for each medical device listed in an application for cost recovery.

Clinical assessment fee	Assessment pathway:
	• Tier 2a
	• Tier 2b (simple, complex and other).
	Activities include:
	• clinical and expert advice sought to assess the clinical aspects for each medical device listed under the application
	• administrative processing of the request following application submission through HPP
	• departmental preparation of relevant legislative instruments and documentation
	• departmental invoicing for application cost recovery, and
	• application assessment and recommendation by HTA committees:
	  ○ MDHTAC
	  ○ ECAGs.

Economic assessment fee	Assessment pathway: • Tier 2b (simple, complex and other) Activities include: • development of an economic assessment • liaison between sponsor and the Department to inform the development of the economic assessment for each medical device listed under an application • HTA and expert advice (supplier costs) • administrative processing of the request following application submission through HPP • departmental preparation of relevant legislative instruments and documentation

Charge Category	Description
	• departmental invoicing for application cost recovery.

Full HTA pathway fee*	Assessment pathway:
	• Tier 3
	Activities include:
	• administrative processing of the request following application submission through HPP
	• clinical and expert advice sought to assess clinical aspects for each medical device listed under the application
	• liaison between internal areas of the Department throughout the MSAC application process:
	  ○ Department decision
	  ○ departmental preparation of relevant legislative instruments and documentation
	  ○ departmental invoicing for application cost recovery, and
	  ○ application assessment and recommendation by ECAGs and the MDHTAC.
	* Note that currently no part of this fee includes the costs of services provided as part of the MSAC application process. This fee relates only to the services provided in relation to the administration and assessment of the application relating to the Prescribed List.

Prescribed List Levy	Applies to all applicable listed items to recover costs which cannot be attributed to an individual sponsor. Activities in-scope for inclusion: • Prescribed List administration • IT system costs • compliance reviews • post listing reviews • list management services

3.2 Costs of the regulatory activity

Fees and charges are determined by the Department using an activity-based costing methodology agreed with the Department of Finance. Indexation is applied annually, to reflect the current minimum efficient costs of delivering the services and charges. This approach is consistent with the Charging Framework. Cost Recovery fees are payable for each device included within the application.

A review of fees and charges is undertaken on an annual basis, which consists of assessing the cost of the regulatory activities and applying indexation.

For 2026-27, the result of the review is an average increase in fees of 3% in line with indexation. The increase in cost is reflective of current market prices.

From 1 July 2026, the levy will decrease by 10% from $355 to $320 per device. This reflects a forecast reduction in IT expenditure associated with the HPP IT system.

The outcomes of the independent review of the Prescribed List charging model will be shared with stakeholders in the context of cost recovery arrangements from the 2027-28 financial year and onwards.

In line with the Charging Policy, the following costs[2] are included in the activity based charging model:

Direct costs: Direct costs include staff salaries (including on-costs for superannuation and leave) for those directly involved in the activity, committee costs, IT support costs for the HPP, and other supplier costs (e.g. contractors, consultants and legal).

Indirect costs: Indirect costs include overheads for staff directly involved in performing the activities using the Department of Finance's approved costing methodology. These costs include overhead costs such as staff training and development, human resources, organisational services, technical support (e.g. legal), desktop ICT services and property operating expenses.

An activity-based costing methodology has been applied to allocate costs to activities and outputs using volume-based cost drivers. This method enables more informed analysis of the efficiency of outputs and business processes. Costs were estimated on the following basis:

- the regulatory activities to be delivered were identified in consultation with relevant staff
- MDHTAC and ECAG costs were estimated based on the number of members and meetings, and include remuneration of members, travel allowances, accommodation, flights and catering as applicable
- the number of application submissions per year was calculated based on the average number of past application submissions
- supplier costs were determined based on signed contracts, and
- staff costs/overheads include salaries and rates provided by the Department of Finance.

Table 3. Unit cost per activity by Tier for 2026-27

Assessment Pathway (tier)	Direct costs	Indirect costs	Total unit cost
Standard Application Fee	$1,225	$295	$1,520
Clinical Assessment Fee	$4,049	$292	$4,341
Economic Assessment - Simple	$12,329	$155	$12,484
Economic Assessment - Complex	$23,932	$155	$24,087
Economic Assessment - Other	$35,535	$155	$35,690
Full HTA (MSAC) Pathway Assessment Fee	$2,842	$383	$3,225
Prescribed List levy	$285	$36	$322

Table 4 outlines the cost recovery fees payable for an application in each tier.

Details of the invoicing processes are provided to sponsors via the draft Prescribed List of Medical Devices and Human Tissue Products Guide and the Department's website.

[2] Definitions of direct and indirect costs are from the CRP.

Table 4. Fees payable for each fee category by tier of application

Assessment Pathway (Tier)	Initial fee	Additional fee	Additional fee	Total fee per application
Tier 1	Standard Application Fee $1,520	N/A	N/A	$ 1,520
Tier 2a	Standard Application Fee $1,520	Clinical Assessment Fee: $4,340	N/A	$ 5,860
Tier 2b	Standard Application Fee $1,520	Clinical Assessment Fee: $4,340	Economic Evaluation fee: $12,480 (Simple) $24,090 (Complex) $35,690 (Other)	$18,340 (Simple) $29,950 (Complex) $41,550 (Other)
Tier 3	Standard Application Fee $1,520	Full HTA (MSAC) Pathway Assessment fee: $3,230	N/A	$ 4,750

3.3 Design of the regulatory charge

Table 5 provides the estimated volumes, costs and revenue from the regulatory charging activities for 2026-27. It includes the estimated cost recovery charges from 1 July 2026 to 30 June 2027, subject to legislative instrument updates. Volume estimates relate to the number of devices assessed by tier (as an application submitted via the HPP may be for multiple devices).

The Private Health Insurance (Medical Devices and Human Tissue Products) Rules provide for waivers in certain circumstances. Applicants may request fees to be waived if the application is seeking to list 'related medical devices' where an abridged clinical or economic assessment can be conducted. Further information can be sought from the Draft Prescribed List Guide. Fee waiver requests are considered as part of the departmental assessment process for Prescribed List applications.

Listing applications, or variation applications, relating to human tissue products for listing under Part B of the Prescribed List are exempt from cost recovery charges.

Table 5. Estimated volumes and revenue for 2026-27

Assessment Pathway	Type	Unit cost	Unit price	Estimated volume	Estimated total cost	Estimated total revenue
Standard Application Fee	Fee	$1,520	$1,520	1,501	$2,281,046	$2,281,520
Clinical Assessment Fee	Fee	$4,341	$4,340	585	$2,539,438	$2,538,900
Economic Assessment - Simple	Fee	$12,484	$12,480	10	$124,840	$124,800

Assessment Pathway	Type	Unit cost	Unit price	Estimated volume	Estimated total cost	Estimated total revenue
Economic Assessment - Complex	Fee	$24,087	$24,090	8	$192,694	$192,720
Economic Assessment - Other	Fee	$35,690	$35,690	2	$71,379	$71,380
Full HTA (MSAC) Pathway Assessment Fee	Fee	$3,225	$3,230	15	$48,380	$48,450
Prescribed levy	Levy	$322	$320	10,152	$3,264,469	$3,248,640
Prescribed Levy exemptions	Part B	$322	$-	581	$186,826	$-
Non-recoverable activities					$96,866	$-
Total					**$8,805,938**	**$8,506,410**

4. RISK ASSESSMENT

Consistent with the requirements of the Charging Framework, a Charging Risk Assessment was conducted following consultation on the draft 2026-27 CRIS. The overall risk rating was 'low' due to the decrease in the estimated revenue and levy amount.

5. STAKEHOLDER ENGAGEMENT

In accordance with the Charging Framework, the CRIS is reviewed and updated at least annually. The annual review for the 2026-27 financial year resulted in indexation of fees and a reduction in the levy.

Consultation on the draft 2026-27 CRIS was undertaken from 18 May to 8 June 2026. A summary of stakeholder feedback received, and responses from the Department, is at **Attachment A**.

6. FINANCIAL PERFORMANCE

6.1 Financial Estimates

The forecast expenses and estimated revenue of the Prescribed List cost recovery arrangements for the 2026-27 financial year and three forward years are in Table 6.

There is an ongoing net deficit, which is supplemented by Government appropriation to the Department for the under recovery. Forward projections demonstrate the difference between expenses and revenue increases every year.

A new financial estimates table will be provided if there is any change to the underlying charging model.

Table 6. Financial estimates for Prescribed List cost recovery activities

Financial estimates	2026-27 $'000	2027-28 $'000	2028-29 $'000	2029-30 $'000
Total revenue	$8,506	$8,743	$8,907	$9,138
Total expenses	$8,806	$9,026	$9,225	$9,437
Balance (revenue - expense)	-$300	-$283	-$317	-$299
Cumulative balance	-$8,388	-$8,670	-$8,988	-$9,286
Balance management strategy explanation	The Department's balance management strategy is to aim for alignment between revenue and expenses. This will be considered alongside the findings of the independent review of the Prescribed List charging model.			

6.2 Financial Outcomes

The forecast financial performance as published in the CRIS will be compared with the actual financial performance for each financial year. Any variance greater than 5 per cent will be identified and explained.

The aim of comparing the actual financial results with forecasted financial estimates over a 5-year period is to ensure that the degree of alignment of under-recovery of costs is as agreed by Government as part of the Department's financial balance management strategy.

Table 7. Financial performance for cost recovered activities

Financial Outcomes	2022-23 $'000	2023-24 $'000	2024-25 $'000	2025-26 $'000
Estimates				
Revenue (X)	$4,750	$4,780	$6,228	$8,757
Expenses (Y)	$4,751	$7,527	$7,802	$9,108
Balance (X-Y)	-$1	-$2,747	-$1,574	-$351
Actuals				
Revenue (X)	$4,583	$1,315	$5,202	
Expenses (Y)	$4,613	$6,462	$7,792	
Balance (X-Y)	-$30	-$5,147	-$2,590	
Cumulative balance	$2,116	-$5,147*	-$7,737	-$8,088
Material variance explanation	In 2024-25, revenue was $2.59 million less than actual expenses. This is primarily due to a Government decision not to include compliance and post-listing review costs in the levy for 2024-25 only; fewer applications received than expected; and delays in raising invoices for clinical assessments from the January 2025 intake which were instead raised in 2025-26.			
Balance management strategy explanation	***Note: The cumulative balance has been reset from 2023-24 in line with the commencement of the reforms.**			

7. NON-FINANCIAL PERFORMANCE

In line with the Department's Performance Measurement and Reporting Framework, the key performance indicators for Prescribed List activity are:

- amending and publishing of the *Private Health Insurance (Medical Devices and Human Tissue Products) Rules* three times per year
- amending and publishing of the Private Health Insurance (Medical Devices and Human Tissue Products Levy) Regulations each year
- supporting the MDHTAC to implement the Prescribed List arrangements, and
- updating the Prescribed List to enable access to devices, including cardiac ablation catheters for atrial fibrillation for privately insured patients.

8. KEY FORWARD DATES AND EVENTS

Table 8. Key forward dates and events

Date	Activity
01/07/2026	Publish final 2026-27 CRIS
30/11/2026	Update with 2025-2026 actual financial and non-financial results

9. CRIS APPROVAL AND CHANGE REGISTER

Table 9. CRIS approval and change register

Date of change	CRIS change	Approver	Basis for change
25/06/2026	Approval of 2026-27 CRIS	First Assistant Secretary, Private Hospital Strategy Branch	Annual CRIS updates and response to stakeholder consultation feedback
15/05/2026	Approval of draft 2026-27 CRIS for stakeholder consultation	First Assistant Secretary, Private Hospital Strategy Branch	Annual CRIS consultation including revised estimates
30/11/2025	Update with 2024-2025 actual financial and non-financial results	First Assistant Secretary, Technology Assessment and Access Division	Updated for 2024-25 actual results
01/07/2025	Approval of 2025-26 CRIS	First Assistant Secretary, Technology Assessment and Access Division	Annual CRIS update and response to stakeholder consultation feedback
16/05/2025	Approval of draft 2025-26 CRIS for stakeholder consultation	First Assistant Secretary, Technology Assessment and Access Division	Annual CRIS consultation including revised estimates
15/01/2025	Update of 2024-25 CRIS to report 2023-24 financial performance data, advise of the 2024-	Minister for Health and Aged Care	Updated for 2023-24 financial results and revised cost recovery levy arrangements

Date of change	CRIS change	Approver	Basis for change
	25 levy amount and updates to Attachment A		
28/06/2024	Approval of 2024-25 CRIS	First Assistant Secretary, Technology Assessment and Access Division	Respond to stakeholder consultation feedback
06/05/2024	Approval of draft 2024-25 CRIS for stakeholder consultation	First Assistant Secretary, Technology Assessment and Access Division	Annual CRIS consultation including revised estimates
30/11/2023	Update of CRIS with 2022-23 financial performance data	First Assistant Secretary, Technology Assessment and Access Division	Updated for 2022-23 financial results
30/06/2023	Approval of CRIS for 2023-24	Minister for Health and Aged Care	Approval of revised cost recovery arrangements

ATTACHMENT A – SUMMARY OF STAKEHOLDER CONSULTATION FEEDBACK ON THE DRAFT 2026-27 CRIS AND DEPARTMENT RESPONSES

Public consultation for the 2026-27 Draft CRIS was undertaken from 18 May to 8 June 2026. One response was received. A summary of stakeholder feedback, and the responses from the Department, is provided below.

Stakeholder feedback	Department response
Costs and pricing	
Stakeholder feedback welcomed the reduction in the levy and the decrease in cost recovery revenue overall. It was noted that cost recovery remains significantly higher than in 2023–24 before the PL reforms.	The Department notes that prior to 2023-24, Prescribed List (PL) fees had not increased since 2009. As part of the PL reforms implemented in 2023-24, fees and charges were revised to be consistent with the Australian Government Charging Framework, including the application of annual indexation.
Service levels and communication	
Stakeholder feedback noted the significant increase in cost recovery since 2023–24 has not been accompanied by a corresponding commitment to improved service levels. It was also noted that communication relating to applications remains variable. Clear, two-way communication was requested on major issues, such as group definitions and evidence levels.	The Department acknowledges stakeholder feedback on sponsors' communications experience and service levels. The Department is committed to ongoing engaging with sponsors and their representatives on key issues, and to improving communication on individual applications.
Scope of fee waivers	
Stakeholder feedback noted that current guidance on fee waivers is limited in scope and may not adequately address simpler administrative applications that are classified as higher tiers and raised concerns about the proportionality of fees relative to the level of assessment required.	The Department does not automatically refer all Tier 2 applications for clinical assessment. Where sufficient information and evidence are provided, and the Department has adequate knowledge to assess the application, it may not be referred for clinical assessment. In these circumstances, a clinical assessment fee would not apply.