



## Primary Health Care 10 Year Plan – New and amended Medicare Benefits Schedule Listings

The Australian Government is committed to ensuring all Australians are able to access timely and affordable, high quality healthcare by funding medical services that are proven to be clinically effective, safe and cost effective.

The Government acts on the best advice to continue to add and amend listings on the Medicare Benefits Schedule (MBS) to improve access to medical services for all Australians.

Since 2012–13, the Australian Government's commitment to the MBS has increased by 61%, growing from \$19.5 billion to more than \$31.3 billion in the 2022–23 Budget.

Over the past decade, significant developments in delivering a sustainable and clinically-relevant MBS include removing barriers to accessing health care through telehealth, investment in genomic tests to support personalised medicine and MBS reviews leading to improvements across all clinical areas covered by the MBS.

In response to recommendations from the independent Medical Services Advisory Committee (MSAC), the Government is investing \$170.6 million to introduce the following new services and amendments to the MBS:

- \$81.2 million for genetic testing to determine carrier status of cystic fibrosis (CF), spinal muscular atrophy (SMA) and fragile X syndrome (FXS) in people who are planning pregnancy or who are already pregnant and their reproductive partners
- \$32.6 million for positron emission tomography (PET) for initial staging for patients diagnosed with rare and uncommon cancers
- \$14.8 million for new and amended items for obstetrics and gynaecology – amending one magnetic resonance imaging (MRI) item and introducing one new MRI item and six new ultrasound items to help improve the health outcomes of pregnant women and help ensure the birth of healthy babies at term
- \$14 million for an amendment to the current MRI of the liver item to include all cancer types that have potentially spread to the liver

- \$6.6 million for abdominoplasty for surgical repair of rectus diastasis (separation of the large abdominal muscles) following pregnancy
- \$400,000 for cryoablation for biopsy-confirmed renal cell carcinoma
- review and reprogramming of neurostimulators for chronic pain by videoconference
- supporting patient access to PET services during radiopharmaceutical supply disruptions, ensuring continuity of treatment
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- New items for remote programming and monitoring for deep brain stimulation and cardiac internal loop recorders
- \$2.7 million for vascular services – varicose veins minor amendments - six amended items for the treatment of varicose veins to enable co-claiming with some other venography items
- cardiac services – new items for Transcatheter Aortic Valve Implantation (TAVI) in low risk populations and CEP embolic net insertion, and
- new and amended items for melanoma excision – seven new items to remove confusion around the claims for melanoma excision and support consistent Medicare rebates.

In response to recommendations of the clinician-led MBS Review Taskforce, MBS item amendments include:

- otolaryngology, head and neck surgery - changes that benefit providers, with an MBS claiming system that better describes surgeons' practice and reflects clinical evidence; and patients, through new MBS items for a complete medical service rather than variable combinations, ensuring consistent Medicare rebates
- paediatric surgery – including increased fees for items that repair inguinal hernias in children less than 12 months old, to reflect the complexity of these procedures
- thoracic surgery – changes that restrict inappropriate co-claiming and create new MBS items
- acupuncture – changes that ensure acupuncture items align with contemporary clinical practice and prevent inappropriate claims, and

- cleft and craniofacial services - removing the age limit of 22 for the Cleft Lip and Cleft Palate Scheme, opening the scheme up to all patients with hereditary cleft and craniofacial conditions so they can access treatment all their life.

### **Why is this important?**

The MBS is a critical element of the Australian health system and continues to evolve to meet societal challenges such as the growing burden of chronic disease, an ageing population, workforce pressures and inequities in health outcomes and access.

The Medical Services Advisory Committee is responsible for assessing the safety, effectiveness and value-for-money of medical services and technologies proposed for public funding.

The Australian Government introduced a continuous review mechanism in 2021 for the MBS, reinforcing the commitment to providing Australians with affordable access to universal health care, a key pillar of Australia's Long Term National Health Plan.

The Government is committed to achieving appropriate use of the MBS to optimise its role within Australia's healthcare system.

### **Who will benefit?**

Australian women will benefit from these changes to the MBS, including those over 50 who are at high risk of developing breast cancer, women who experience separation of the large abdominal muscles following pregnancy, and around 8,600 women each year who have difficult pregnancies.

The additions and changes to the MBS will benefit many thousands of Australians who live with a wide variety of health issues, including cleft lips and cleft palates, varicose veins, kidney cancer, and all cancers that have spread to the liver.

Many of the amendments will combine and revise items where they form part of a single complete medical service, reducing the administrative burden, and items that are no longer best practice will be deleted, supporting clinicians in providing medical services that align with contemporary best practice guidelines.

### **How much will this cost?**

The Australian Government will invest \$170.6 million over four years, 2022–23 to 2025–26.