

**Statement of Public Interest**  
**Legislative Council: Standing Order 143**  
**Health Legislation Amendment (Miscellaneous) Bill 2025**



**Statement 1: Need: Why is the policy needed based on factual evidence and stakeholder input?**

The Health Legislation Amendment (Miscellaneous) Bill 2025 (Bill) proposes miscellaneous amendments to NSW Health legislation to ensure Health legislation remains current.

The Bill proposes amendments to the Health Services Act 1997 to:

- require each Local Health District board to have at least one Aboriginal Member,
- allow the Health Secretary to charge a fee to private providers that book non-emergency patient transport services.

The Bill proposes amendments to the Private Health Facilities Act 2007 to:

- allow a private health facility prescribed by the regulations to be staffed by midwives instead of nurses,
- allow additional people prescribed by the regulations to be appointed to the medical advisory committee for a private health facility.

The Bill amends the Drug and Alcohol Treatment Act 2007 to:

- allow a person to be appointed as an official visitor if the person is a psychologist or has other qualifications prescribed by the regulations.
- require one official visitor who is a medical practitioner, psychologist or person with prescribed qualifications, and one other suitably qualified or interested person to attend visits to drug and alcohol treatment centres.

The Bill amends the Human Tissue Act 1983 to allow the senior available next of kin of a person to delegate their ability to consent to ante-mortem procedures to another person.

The Bill amends the Health Practitioner Regulation (Adoption of National Law) Act 2009 and its Regulation to replace the terminology 'professional services room' with 'medication storage and preparation room'.

The Bill amends the Mental Health Act 2007 to clarify that the Secretary may impose conditions when appointing a person as an accredited person.

The Bill has been prepared in consultation with key stakeholders.

**Statement 2: Objectives: What is the policy's objective couched in terms of the public interest?**

The objective of the Bill is to make minor changes to various Health Acts to ensure that legislation remains fit for purpose, clear and up to date. The specific objectives are set out below.

The objectives of the amendments to the Health Services Act are to:

- support delivery of health services and help improve health outcomes for Aboriginal persons by ensuring representation of Aboriginal persons on Local Health District boards,
- Improve the efficient use of non-emergency patient transport services by private operators and discourage inappropriate bookings and late notice or on scene cancellations.

The objective of the amendments to the Private Health Facilities Act is to ensure that there is flexibility to vary the ordinary nursing and medical advisory committee requirements for certain private health facilities.

The objective of the amendments to the Drug and Alcohol Treatment Act is to align the requirements for qualifications of official visitors and visits by official visitors with the Mental Health Act, in recognition that official visitors under these Acts carry out very similar functions.

The objective of the amendments to the Human Tissue Act is to ensure that a senior available next of kin can delegate their approval for ante-mortem interventions, as can occur with organ donation.

The objectives of the amendments to the Health Practitioner Regulation (Adoption of National Law) Act and the Mental Health Act are to clarify how the legislation is intended to operate and update outdated terminology.

**Statement 3: Options: What alternative policies and mechanisms were considered in advance of the bill?**

In relation to the amendments to the Health Services Act regarding non-emergency patient transport services, NSW Health considered alternative mechanisms to introducing a booking and cancellation fee. These alternatives included transitioning out of delivering patient transport services for transports between private premises, seeking amendments to the health services levy and charging a fee to private providers for the delivery of patient transport services.

However, these options were not pursued as they were not financially feasible, would risk costs being passed on to patients, or risk strain being placed on emergency ambulance services. NSW Health chose a demand management approach comprising a notional booking and conditional cancellation as the preferred option.

The remaining changes in the Bill can only be achieved through legislative amendment.

**Statement 4: Analysis: What were the pros/cons and benefits/costs of each option considered?**

NSW Health considered alternative mechanisms to introducing a booking and cancellation fee including transitioning out of delivering patient transport services for transports between private premises, seeking amendments to the health services levy and charging a fee to private providers for the delivery of patient transport services.

The option to transition out of delivering patient transport services for transports between private premises carried a risk that private providers would rely on emergency ambulance transports for these transports instead, placing strain on those services.

The option to amend the health services levy was deemed not appropriate. The health insurance levy is already considered adequately based on high level estimates of costs

attributable to patients with private health insurance that were not concession card holders. Many patients accessing private transports may not hold health insurance.

The decision to charge a booking and cancellation fee was considered the best available option. Whereas the proposal carried a risk that private providers could pass on booking and cancellation fees for non-emergency ambulance services to patients, the booking fee is planned to be a nominal fee that is small in comparison to the true cost of the service. Further, a cancellation fee would only be charged for late notice, or on-scene, cancellations.

If the remaining minor amendments to the Bill are not made, then the legislation will not remain fit for purpose, current or consistent. The consolidation of the amendments in the one Bill is the most effective and efficient way to ensure NSW Parliament can consider the amendments.

**Statement 5: Pathway: What are the timetable and steps for the policy's rollout and who will administer it?**

The amendments to the Health Services Act to require each Local Health District board to have at least one Aboriginal Member will commence on a day to be set by proclamation. This commencement timeframe will allow for appropriate time for Local Health Districts to undertake any necessary appointment processes.

The amendments to the Health Services Act to allow the Health Secretary to charge a booking and cancellation fee for non-emergency ambulance services will commence on 1 July 2025. This will allow time for impacted private providers to be informed of the changes, and for NSW Health to develop the necessary billing processes and procedures to support the changes.

The amendments to the Human Tissue Act will commence four months after the date of assent. This will allow sufficient time for NSW Health to develop and update training, forms and policies.

The remaining amendments will commence on assent.

NSW Health will be generally responsible for administering each of the changes.

**Statement 6: Consultation: Were the views of affected stakeholders sought and considered in making the policy?**

The following key stakeholders were consulted during the development of the proposals:

- Medical Services Committee
- Australian Medical Association (NSW)
- NSW Nurses and Midwives' Association
- Health Services Union
- Department of Communities and Justice
- Department of Aboriginal Affairs
- Local Health Districts
- Principal Official Visitor under the Drug and Alcohol Treatment Act
- Aboriginal Health and Medical Research Council
- Aged care facilities and private facilities
- Ageing Australia
- Australian Private Hospitals Association
- NSW Organ and Tissue Donation Service

- South Coast Women's Health and Wellbeing Aboriginal Corporation (Waminda)
- Dementia Australia
- Council for Intellectual Disability
- People with Disability Australia
- Mental Health Carers NSW
- Mental Health Coordinating Council
- BEING Mental Health Consumers Ltd