Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

Bupa Submission – Senate Standing Committee on Community Affairs

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Executive Summary

Bupa welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs inquiry into the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025* (the Bill). The Bill gives effect to the Government's landmark reforms to allow the prescribing of Pharmaceutical Benefits Scheme (PBS) medication by authorised registered nurses (RNs). This means that, with the required training and under a prescribing agreement with an authorised health practitioner, RNs will be able to prescribe Schedule 2, 3, 4 and 8 medications.

Bupa is an international healthcare group which has been committed to a purpose of helping people live longer, healthier, happier lives and making a better world for more than 75 years.

Bupa Australia supports approximately 6.5 million customers through a broad range of health and care services including health insurance, aged care, dental, medical, optical and hearing services.

Bupa Health Insurance has one of the largest hospital networks in Australia, providing high-value cover to 4.5 million members. In the 12 months to September 2025, we paid out $6.7 billion in hospital and extras benefits to our Australian customers.

Bupa Health Services operates 32 medical centres (including three Urgent Care Clinics), 11 mental health clinics, over 170 dental clinics, and 49 optical and hearing stores. These health services are open to everyone, not just Bupa Health Insurance customers. We also partner with the Australian Government to deliver visa medical checks to migrants, and health services to Australian Defence Force (ADF) personnel and veterans.

Bupa Villages and Aged Care is one of Australia's largest aged care providers offering a wide range of residential aged care services. As a trusted care provider, we currently operate 57 residential aged care homes across four states, employing around 7,000 team members and caring for more than 5,500 residents.

We care about the health and wellbeing of Australians and believe that we can make a real difference to the lives of customers through our values, purpose and the way that we deliver personalised care.

Bupa supports the proposed Bill in principle. The reforms will make it easier for Australians to access medication, particularly those living in remote and regional communities. They will also reduce hospital and GP visits relieving pressure across acute and primary care, and free up capacity for GPs and other key health professionals to concentrate on patient care. The changes also bring Australia into line with comparable jurisdictions in the United Kingdom, Ireland and New Zealand. Evidence from these jurisdictions has demonstrated that expanding prescribing rights to RNs can have positive economic impact and contribute to improved preventative health outcomes.[1]

Whilst supportive of the proposed Bill, Bupa strongly believes that there must be appropriate safeguards in place to ensure the accurate prescribing of medication, especially Schedule 8 medications, due to the risk of addiction and dependence. Consideration must also be given to the financial and flow-on impacts of these reforms in hospital, primary care and aged care settings. For example, the employment costs of hiring RNs with prescribing rights will be understandably higher due to the additional training requirements required. RNs prescribing in a primary care setting could impact the viability of primary care if proper Medicare Benefits Schedule (MBS) arrangements are not in place. Expanding prescribing rights to RNs will also be more effective if there is a universal digital health record in place across the health system to minimise fragmentation of information.

In light of the above, Bupa makes the following recommendations.

[1] Sanne C Gielen et al, 'The effects of nurse prescribing: A systematic review' (2014) 51 (7) *International Journal of Nursing Studies,* 1048.

Recommendations

Recommendation 1: *The Commonwealth Government should work with State and Territory Governments to ensure consistency in RN prescribers administering, obtaining, possessing, prescribing, suppling and/or using Schedule 2, 3, 4 and 8 medicines across state-based drugs, poisons and controlled substances substantive and delegated legislation. This uniformity will ensure consistency and prevent confusion and unsafe prescribing by RN prescribers working across state boundaries.*

Recommendation 2: *S 84 AAN(4) of the Bill should be amended to include a requirement that restricts RN prescribing to a field of practice under the instruction of an authorised health practitioner.*

Recommendation 3: *The Commonwealth Government should introduce a funded Higher Qualification Allowance for RNs who hold prescribing rights. This allowance will incentivise prescribing rights training uptake by RNs and provide financial relief to the primary care practices, aged care services and hospitals that will face an increased wages bill because of the reforms.*

Recommendation 4: *The Commonwealth Government should incentivise uptake of clinical mentorship by enabling General Practitioners (GPs) and Nurse Practitioners to bill for time spent providing clinical mentorship.*

Recommendation 5: *The Commonwealth Government should provide RN Prescribers with MBS billing codes for professional attendance.*

Ensuring safe and appropriate prescribing of medication

Bupa supports the intent of the Bill and acknowledges that the amendments will provide Australians with greater access to critical medication. At the same time, we believe that further safeguards are required to ensure safe and appropriate prescribing of medication by RNs, and to meet community and consumer expectations. The *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber* (the Registration standard) came into effect on 30 September 2025. The Registration standard enables a qualified nurse prescriber to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines with an authorised health practitioner. To be endorsed and practice as a qualified nurse prescriber an RN must:

- Have at least 3 years (5,000 hours) of clinical experience) in the past 6 years
- Complete a Nursing and Midwifery Board of Australia (NMBA) endorsed course of study
- Complete a six-month period of clinical mentorship with an authorised health practitioner
- Only prescribe when there is an active prescribing arrangement in place with an authorised health practitioner (a registered medical practitioner or nurse practitioner)

Although the endorsement of registration will indicate that an RN prescriber will be qualified to prescribe Schedule 2, 3, 4 and 8 medicines, authorisation to prescribe will be subject to state and territory legislation. This has the potential to create inconsistencies in RN prescribers administering, obtaining, possessing, prescribing, supplying and/or using Schedule 2, 3, 4 and 8 medicines across state-based drugs, poisons and controlled substances substantive and delegated legislation. Differentiation in state-based legislation could lead to inconsistent or unsafe prescribing in border communities and where services are delivered by telehealth. Different state and territory requirements also create complexity in how different clinical systems that support medication management (such as GP Practice Management Systems, Hospital Electronic Medical Records) would need to be configured or developed to enable potential variations. It is important that the Commonwealth Government work with state and territory Governments to ensure uniformity in prescribing by RN prescribers working across state boundaries.

Bupa understands that the Australian Medical Association (AMA) has recommended that the RN prescribers only prescribe medications within their scope of practice and under a specific prescribing

agreement with an authorised health practitioner.[2] Bupa supports this position and believes it could be better reflected in the wording of the Bill. Currently, health practitioners who can prescribe medication (including registered medical practitioners or nurse practitioners) have undertaken a significant amount of study in pharmaceutical science including pharmacology and pharmacokinetics. This is especially important when prescribing Schedule 8 medications, which have a high potential for misuse, abuse and dependence.

Bupa does not believe that the level of study provided for in the Registration standard is currently sufficient for the prescribing of Schedule 8 medications without significant supervision and support from a registered medical practitioner or nurse practitioner. As such, we would propose that the Bill be amended to increase the powers of the Minister under s84AAN when determining the conditions of approval of RN prescribers under the instrument. This would include placing an additional criterion that limits the RN prescriber to only prescribing medication relevant to the field that they are working in. For example, an RN prescriber working in end-of-life care at an aged care home may have criterion on their approval that enables the prescription of Schedule 8 medication as this is directly relevant to their work. A RN prescriber working in diabetes management at a GP clinic would be able to prescribe Schedule 4 diabetes medication but not Schedule 8 medication. These changes would support the safe prescribing of medications and enable RN prescribers to specialise in areas of care leading to further professional development.

Recommendation 1:
The Commonwealth Government should work with State and Territory Governments to ensure consistency in RN prescribers administering, obtaining, possessing, prescribing, suppling and/or using Schedule 2, 3, 4 and 8 medicines across state-based drugs, poisons and controlled substances substantive and delegated legislation. This uniformity will prevent confusion, inconsistencies and unsafe prescribing by RN prescribers working across state boundaries.

Recommendation 2:
S 84AAN(4) of the Bill should be amended to include a requirement that restricts RN prescribing to a field of practice under the instruction of an authorised health practitioner.

Supporting the financial sustainability of acute and primary care

The proposed Bill can improve productivity in the healthcare sector, though further support will be needed to ensure the effective implementation of these reforms. Healthcare providers and practitioners will need support to train, hire, and supervise RN prescribers and be assisted by effective billing arrangements if the benefits of this reform are to be realised. Without appropriate incentives and support mechanisms to encourage and enable training, uptake of the reforms is likely to be limited, as the operational demands and costs associated with training, hiring and supervising RN prescribers may be difficult for a sector already under viability pressures to absorb costs.

Evidence from comparable jurisdictions suggests that training related costs including course fees, study leave, and supervision can impact on uptake of prescribing rights by both by RNs and employers.[3] In New Zealand approximately 3% of RNs hold prescribing rights.[4] In the United Kingdom it is closer to 6%.[5] If these figures are replicated in Australia it could see between 12,500-25,000 RNs take up prescribing rights.[6] Employment costs of hiring RNs with prescribing rights will be understandably higher due to the additional training requirements. Most nursing Enterprise Bargaining Agreements (EBAs) provide Higher Qualification Allowances to nurses who have undertaken further study. This is usually in the form of a pro-rata payment on a base salary. These allowances are paid

[2] Australian Medical Association, 'Securing safeguards in RN prescriber registration standard' (Media Release, Australian Medical Association, 2 October 2025).
[3] Saeideh Babashahi et al. 'Costs, consequences and value for money in non-medical prescribing: a scoping review' (2023) 13 (5) *BMJ Open*.
[4] Te Kaunihera Tapuhi o Aotearoa, Quarterly Data Report (September 2025).
[5] Nursing and Midwifery Council, The NMC register UK mid-year update.(September 2025); Royal College of Nursing, Nurse Prescribing in the UK, (December 2014).
[6] Nursing and Midwifery Board of Australia, Nursing and Midwifery in 2024/25 (November 2025) based on 416,605 Registered Nurses in Australia.

as a percentage of base paid with rates of between 5-6% for post graduate study. For a third year RN this could mean a salary increase of approximately $4,000 per annum.[7]

RNs prescribing in a primary care setting could impact the viability of primary care if proper billing arrangements are not in place. Under the reforms, RNs with prescribing rights will require clinical mentorship and an ongoing partnership. This will impact the patient facing work and billing capacity of primary healthcare workers including GPs and NPs who can currently bill for prescribing under their own MBS items. RN prescribers do not have separate MBS billing codes and must be employed within a health practice, meaning they cannot bill Medicare independently. As a result, consultations conducted by RN prescribers cannot attract a specific Medicare rebate, which may reduce funding available to primary care practices. This arrangement could also create a risk of inappropriate billing if services are instead claimed under GP or other provider item numbers.

Recommendation 3:
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Recommendation 4:
The Commonwealth Government should incentivise uptake of clinical mentorship by enabling General Practitioners (GPs) and Nurse Practitioners to bill for time spent providing clinical mentorship.

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The Commonwealth Government should provide RN Prescribers with MBS billing codes for professional attendance.

[7] *Epworth HealthCare Nurses and Midwives Enterprise Agreement 2024*