

Regulations 1976 No. 18

Regulations under the *Health Commission Ordinance 1975*.*

I, RALPH JAMES DUNNET HUNT, the Minister of State for Health, hereby make the following Regulations under the *Health Commission Ordinance 1975*.

Dated this twenty-ninth day of September, 1976.

RALPH J. HUNT
Minister of State for Health.

AMENDMENTS OF THE HEALTH COMMISSION (CHARGES) REGULATIONS†

1. These Regulations shall come into operation on 1 October 1976. Commence-
ment.
 2. Regulation 2 of the Health Commission (Charges) Regulations is amended— Definitions.
 - (a) by omitting the definition of “hospital patient”; and
 - (b) by omitting the definition of “private patient” and substituting the following definitions:—
 - “ ‘private patient’ means—
 - (a) a patient who is a privately insured person; or
 - (b) a patient, not being a privately insured person, in respect of whose treatment in a hospital services are not rendered solely by, or on behalf of, the Commission;
 ‘privately insured person’ means a person who is, by virtue of section 3 of the *Health Insurance Act 1973*, to be deemed to be a privately insured person for the purposes of that Act;
 - ‘professional service’ means a service that is a professional service within the meaning of the *Health Insurance Act 1973*;”.
3. Regulation 3 of the Health Commission (Charges) Regulations is amended— Hospital fees.
 - (a) by omitting paragraphs (a), (b) and (c) of sub-regulation (1) and substituting the following paragraphs:—
 - “ (a) for the accommodation of a patient, at the patient’s request, in a single room—\$60 per day;
 - (b) for the accommodation of a private patient, otherwise than at the patient’s request, in a single room—\$40 per day;
 - (c) for the accommodation of a private patient in a multiple-bed room—\$40 per day.”;
 - (b) by omitting from sub-regulation (2) the symbol and figures “\$70” and substituting the symbol and figures “\$100”; and

* Notified in the *Australian Government Gazette* on 30 September 1976.

† Regulations 1975, No. 13.

(c) by adding at the end thereof the following sub-regulations:—

“(8) A privately insured person who is a patient at a hospital conducted by the Commission may, by notice in writing given to the Chief Medical Administrator of the hospital, elect to receive medical treatment exclusively from persons employed by the Commission or acting at the request of the Commission.

“(9) An election made under sub-regulation (8) may be revoked by notice in writing given to the Chief Medical Administrator of the hospital.

“(10) Where a privately insured person who is a patient at a hospital conducted by the Commission makes an election under sub-regulation (8), the prescribed charge for the purpose of sub-section 74 (1) of the Ordinance for professional services provided by the Commission to the person while he is a patient at the hospital is \$20 for each day on which the election is in force.”.

4. After regulation 3 of the Health Commission (Charges) Regulations the following regulation is inserted:—

Out-patient
fees.

“3A. (1) Where—

- (a) a professional service is provided by the Commission to a person as an out-patient at a hospital conducted by the Commission; and
- (b) in the opinion of the Chief Medical Administrator of the hospital, the person has, or may have, a right to recover the cost of the service from another person by way of damages or compensation,

the prescribed charge for the purpose of sub-section 74 (1) of the Ordinance for that service is \$10.

“(2) The prescribed charge for the purpose of sub-section 74 (1) for professional services, not being services to which sub-regulation (1) applies, provided by the Commission to a privately insured person as an out-patient at a hospital conducted by the Commission is \$5 for each day on which such services are provided.”.

5. After regulation 6 of the Health Commission (Charges) Regulations, the following regulation is inserted:—

Fees for
medical
services.

“6A. (1) In this regulation, ‘standard medical benefits table’ means the Table of Medical Services set out in Schedule 1 to the *Health Insurance Act* 1973, as in force on 1 October 1976.

“(2) Subject to this regulation, the prescribed charge for the purpose of sub-section 74 (1) of the Ordinance for a professional service provided by the Commission to a privately insured person is an amount equal to—

- (a) 85 per cent of the fee specified in respect of that professional service in the standard medical benefits table in relation to the State of New South Wales; or
- (b) if the amount calculated under paragraph (a) is less by more than \$5 than the fee referred to in that paragraph—an amount that is less by \$5 than that fee.

“(3) Where an amount calculated in accordance with sub-regulation (2) is not a multiple of 5 cents, the amount of cents shall be increased to the nearest higher amount that is a multiple of 5 cents.

- “ (4) Sub-regulation (2) does not apply to, or in relation to—
- (a) a professional service provided—
 - (i) in pursuance of the Public Health (Medical and Dental Inspection of School Children) Regulations; or
 - (ii) in the course of a programme of child health care conducted by the Commission; or
 - (b) a professional service provided at a hospital conducted by the Commission.”.