

7 March 2025

Ms Apolline Kohen  
Committee Secretary  
Senate Community Affairs Legislation Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Via email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Ms Kohen

**RE: Inquiry into the Health Legislation Amendment (Improved Medicare Integrity and Other Measures) Bill 2025**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission in response to the Health Legislation Amendment (Improved Medicare Integrity and Other Measures) Bill 2025 (the Bill).

The RACGP is the voice of specialist general practitioners (GPs) representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

**General comments on Medicare compliance**

The RACGP supports measures aimed at preserving the integrity of Medicare and use of health resources by preventing wrongful and fraudulent claiming. We have no immediate concerns about the passage of the Bill.

Compliance processes can be stressful for providers and affect the quality and timeliness of patient care. We maintain educational activities should be prioritised before compliance actions. Where reasonable, health professionals must be given an opportunity to adapt or rectify their billing practices prior to being subject to compliance activities. The RACGP is not in favour of measures that would increase the administrative burden for GPs in the event of any compliance activity. For example, requesting that providers review an extensive list of historical Medicare claims by consulting their records would detract from patient care.

The Statement of Compatibility with Human Rights in the Bill's [explanatory memorandum](#) refers to the right to health, noting that the ongoing sustainability and effectiveness of health benefits schemes such as Medicare ensures Australians can continue to access high-quality healthcare. While the RACGP fully supports this, it should also be acknowledged that a well-functioning primary care system depends on the ability of health practitioners to devote their time and expertise to direct patient care. Administrative tasks, including compliance activities that are particularly onerous, take time away from patient care and inhibit the quality of services doctors can offer their patients.

In his [final report](#) from the Review of Medicare Integrity and Compliance, Dr Pradeep Philip noted a significant part of Medicare leakage stems from non-compliance errors rather than premeditated fraud. The report contained several recommendations highlighting the importance of education developed in collaboration with key



stakeholders to support compliant Medicare billing. The RACGP looks forward to continuing to engage with the Department of Health and Aged Care on the development and promotion of educational tools and resources. The first step towards ensuring compliance with Medicare is to address the complexity of the Medicare Benefits Schedule (MBS) and provide clear advice and direction to practitioners on correct claiming.

### **Measures relating to Medicare integrity**

#### **Reduced timeframe for lodging bulk billed claims**

The RACGP does not have concerns about reducing the timeframe during which claims for Medicare bulk billed services can be lodged from two years to 12 months after the date of service. We acknowledge this measure is designed to enable quicker responses to Medicare fraud and non-compliance.

While there may be some instances where practices delay submitting claims because they bundle these together for processing (eg at the end of the week or month), a 12-month timeframe should still allow sufficient time for them to submit claims. There is also ample time for providers and practices to identify any relevant MBS services/item numbers they may have legitimately provided but did not submit a claim for at the time of service.

We welcome the provision that the Minister will continue to have discretion to allow claims to be made after 12 months in appropriate circumstances, such as where it has genuinely not been possible to submit a claim within this timeframe.

#### **Update and broaden investigative powers**

The RACGP does not oppose the amended definition of 'relevant offence' to enable a single, consistent suite of investigative powers in relation to Medicare fraud offences. We note the changes will not render conduct that previously was not an offence as unlawful.

#### **Remove restrictions on the admission of information obtained under the Professional Services Review Agency's notice to produce powers as evidence**

The circumstances for when information obtained by the Professional Services Review (PSR) may be used as evidence in other investigations (eg those initiated by the Australian Health Practitioner Regulation Agency [Ahpra]) appear reasonable. These include where there is a significant threat to life or health, or non-compliance with professional standards.

#### **Improve powers to obtain information about potential non-compliance and amounts that should not have been paid**

The Bill will improve the ability of Medicare's Chief Executive to obtain information about potential non-compliance and to more readily ascertain amounts that should not have been paid. It is intended that this information-gathering power could be relied upon in a broader set of circumstances (eg in the early stages of inquiries).

While the RACGP requests further information about how this expanded power will work in practice, we understand it will not change current compliance timeframes regarding when providers are issued with a notice to produce (i.e. this would not occur before the audit stage).

### **Measures under the Therapeutic Goods Act**

The RACGP supports the broadening of circumstances where goods can be seized and strengthening provisions to enter and search premises. This is particularly important as illegal vapes are still being sold.



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The introduction of a 'set of tiered' offences and civil penalties may be difficult to police, however consumer information and education about what is legal and what is not is very much needed.

Clarity for prescribers about which vaping products comply with Therapeutic Goods Administration (TGA) standards, which are being updated this year, is sorely needed. This includes an efficient register of compliant products, as there are currently significant delays in updating the TGA's [notified vape list](#). While medical software used in general practice (eg Medical Director) list products, it is not easy for GPs to search for specific vapes.

Clarity is also needed on responses to vaping products at a [state and territory level](#), as some jurisdictions have deviated from others in terms of their response (eg Tasmania and Western Australia, where therapeutic vapes can only be accessed with a prescription). The RACGP continues to work closely with states and territories to regularly update the TGA vaping hub's [information](#) on prescribing and dispensing to patients aged under 18.

The RACGP looks forward to contributing to further discussions around these amendments. Please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via [samantha.smorgon@racgp.org.au](mailto:samantha.smorgon@racgp.org.au) if you have any questions or comments regarding this submission.

Yours sincerely

**Dr Michael Wright**  
President