

I certify that this is a copy of the authorised version of this Statutory Rule as at 1 July 2022, and that it incorporates all amendments, if any, made before and in force as at that date and any reprint changes made under any Act, in force before the commencement of the *Legislation Publication Act 1996*, authorising the reprint of Acts and statutory rules or permitted under the *Legislation Publication Act 1996* and made before 1 July 2022.

K Woodward  
Deputy Chief Parliamentary Counsel  
Dated 6 July 2022

## TASMANIA

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# HEALTH (FEES) REGULATIONS 2017

## STATUTORY RULES 2017, No. 67

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## **HEALTH (FEES) REGULATIONS 2017**

I, the Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia, acting with the advice of the Executive Council, make the following regulations under the *Health Act 1997*.

Dated 10 October 2017.

C. WARNER  
Governor

By Her Excellency's Command,

MICHAEL DARREL JOSEPH FERGUSON  
Minister for Health

### **1. Short title**

These regulations may be cited as the *Health (Fees) Regulations 2017*.

### **2. Commencement**

These regulations take effect on  
17 October 2017.

### **3. Interpretation**

In these regulations –

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***admitted patient*** means an admitted patient as defined in the National Health Data Dictionary;

***compensable patient*** means an admitted patient, or a non-admitted patient, who is receiving care or treatment for an injury, illness or disease for which he or she –

- (a) has received or established his or her right to receive payment for care or treatment by way of a settled or unsettled claim for compensation or damages under –
  - (i) a law that is or has been in force in a State or a Territory; or
  - (ii) the *Workers Rehabilitation and Compensation Act 1988*; or
  - (iii) the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*; or
  - (iv) the *Motor Accidents (Liabilities and Compensation) Act 1973*; or
- (b) on attendance at a public hospital, appears to have the right to

receive a payment referred to in paragraph (a);

***day-admitted patient*** has the same meaning as in the Pharmaceutical Reform Agreement, dated 21 December 2010, in force between the Commonwealth and the State, as amended from time to time;

***diagnostic imaging services table*** means the table prescribed under section 4AA of the Commonwealth Act;

***EFC arrangement*** means the National Health (Efficient Funding of Chemotherapy) Special Arrangement 2011 made under section 100(1) of the *National Health Act 1953* of the Commonwealth, relating to pharmaceuticals specified in the Schedule of Pharmaceutical Benefits Efficient Funding of Chemotherapy supplement as amended or substituted from time to time;

***general medical services table*** means the table prescribed under section 4 of the Commonwealth Act;

***Health Care Card*** means a health care card –

- (a) within the meaning of the *Social Security Act 1991* of the Commonwealth; and
- (b) issued to a person eligible under that Act;

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***hospital*** means a public hospital or a private hospital;

***hospital patient*** means –

- (a) an admitted patient; or
- (b) a non-admitted patient;

***hospital services*** means the provision of any one or more of the following to a hospital patient:

- (a) medical services;
- (b) diagnostic services;
- (c) nursing services;
- (d) paramedical services;
- (e) non-admitted patient services;
- (f) dental services;
- (g) accommodation;

***ineligible person*** means a person who is not an eligible person;

***National Health Data Dictionary*** means the document published, whether in paper or electronic format, by the Australian Institute of Health and Welfare established under the *Australian Institute of Health and Welfare Act 1987* of the Commonwealth, as a reference of standardised accepted terms and

protocols for data collection in the health sector, as amended or substituted from time to time;

***non-admitted patient*** means a person in receipt of non-admitted patient services;

***non-admitted patient services*** means non-admitted patient services as defined in the National Health Data Dictionary;

***nursing-home-type patient*** – see regulation 4;

***pathology services table*** means the table prescribed under section 4A of the Commonwealth Act;

***Pensioner Concession Card*** means a pensioner concession card –

- (a) within the meaning of the *Social Security Act 1991* of the Commonwealth; and
- (b) issued to a person eligible under that Act;

***private hospital*** means a private hospital within the meaning of the Commonwealth Act;

***public hospital*** means a hospital maintained and operated by the State;

***public patient*** means an eligible person who receives or elects to receive a public hospital service, free of charge;

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***Seniors Health Card*** means a seniors health card –

- (a) within the meaning of the *Social Security Act 1991* of the Commonwealth; and
- (b) issued to a person eligible under that Act.

**4. Meaning of *nursing-home-type patient***

- (1) For the purposes of these regulations, a person is a nursing-home-type patient on a day if he or she is in a public hospital being provided with accommodation and nursing care on that day and the day is a chargeable day.
- (2) For the purposes of subregulation (1), a person is in a public hospital being provided with accommodation and nursing care on a day that is a chargeable day if he or she is a patient in a public hospital being provided with accommodation and nursing care on that day and the day –
  - (a) occurs in a continuous period of more than 35 days in which the patient is in a hospital being provided with accommodation and nursing care; and
  - (b) is not a day in the first 35 days of that continuous period; and



- (c) is not a day to which relates a certificate from a medical practitioner to the effect that the patient is in need of acute care.
- (3) For the purpose of ascertaining whether a patient is in a public hospital being provided with accommodation and nursing care on a day that occurs in a continuous period, there is to be taken into account –
  - (a) any period, during which that patient was provided with accommodation and nursing care as a patient in that hospital, or in another hospital, that occurs before that day and that forms one continuous period with that day; or
  - (b) if there are 2 or more periods, during which that patient was provided with accommodation and nursing care as a patient in that hospital, or in another hospital, that occur before that day and that form one continuous period with one another and with that day – those earlier periods.
- (4) For the purposes of subregulation (3)(a) and (b), 2 periods –
  - (a) that are periods during which a patient is provided with accommodation and nursing care as a patient in a hospital (whether or not the same hospital); and
  - (b) that are separated from each other by a period of not more than 7 days during which the patient was not provided with

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accommodation and nursing care as a  
patient in any hospital –

are to be taken to form one continuous period  
with one another.

**5. Fees for non-nursing-home-type patients**

- (1) The fees specified in Parts 1, 2 and 4 of Schedule 1 are prescribed as the fees payable by or on behalf of a person for hospital services provided to the person in a public hospital on a day on which the person is not a nursing-home-type patient.
- (2) The fees specified in Part 3 of Schedule 1 are prescribed as the fees payable by or on behalf of a person for pharmaceutical items supplied to the person in a public hospital on a day on which the person is not a nursing-home-type patient.

**6. Fees for nursing-home-type patients**

The fees specified in Schedule 2 are prescribed  
as the fees payable by or on behalf of a patient  
for hospital services provided in a public  
hospital to the patient on a day on which the  
patient is a nursing-home-type patient.

**7. Fees for surgically implanted prostheses**

- (1) In this regulation –

*gap-permitted prosthesis* means a gap-  
permitted prosthesis within the meaning

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of the *Private Health Insurance (Prostheses) Rules (No. 1) 2017* of the Commonwealth;

***no-gap prosthesis*** means a no-gap prosthesis within the meaning of the *Private Health Insurance (Prostheses) Rules (No. 1) 2017* of the Commonwealth.

- (2) The fees payable by or on behalf of a person for providing the person in a public hospital with –
- (a) a surgically implanted prosthesis that is a no-gap prosthesis, is an amount not exceeding the minimum amount specified in relation to the no-gap prosthesis in the Schedule to the *Private Health Insurance (Prostheses) Rules (No. 1) 2017* of the Commonwealth; or
  - (b) a surgically implanted prosthesis that is a gap-permitted prosthesis, is an amount not exceeding the maximum amount specified in relation to the gap-permitted prosthesis in the Schedule to the *Private Health Insurance (Prostheses) Rules (No. 1) 2017* of the Commonwealth.

## **8. Fees for dental services**

- (1) In this regulation –

***prescribed fee schedule*** means the Fee Schedule of Dental Services for Dentists and Dental Specialists published by the department administering the *Veterans'*

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*Entitlements Act 1986* of the Commonwealth on 1 November 2010, as amended or substituted from time to time.

- (2) The fees payable by or on behalf of a person for dental services provided to the person in a public hospital are –
  - (a) for a person who holds a valid Health Care Card or Pensioner Concession Card, the greater of the following:
    - (i) \$45;
    - (ii) 40% of the fees set out in relation to the dental services in the prescribed fee schedule; or
  - (b) for any other person, 100% of the fees set out in relation to the dental services in the prescribed fee schedule.

**9. Fees not payable by certain asylum seekers**

- (1) In this regulation –

*medicare-ineligible asylum seeker* means a person who –

- (a) has applied for a protection visa under the *Migration Act 1958* of the Commonwealth and whose application has not been withdrawn or finally determined in accordance with that Act; and

- (b) is not entitled to medicare benefits under the Commonwealth Act; and
- (c) is not entitled to a pension, benefit or allowance under the *Social Security Act 1991* of the Commonwealth; and
- (d) is not permitted under the conditions of the person's visa granted under the *Migration Act 1958* of the Commonwealth to engage in work in Australia;

***protection visa*** means a permanent or temporary visa included in a class of visas under Part 4 of Schedule 1 to the *Migration Regulations 1994* of the Commonwealth.

- (2) A medicare-ineligible asylum seeker is not required to pay a fee prescribed by these regulations for any facility or service provided by or on behalf of the State.

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**SCHEDULE 1 – FEES PAYABLE BY NON-NURSING-  
HOME-TYPE PATIENTS**

Regulation 5

<b>PART 1 – ADMITTED PATIENTS</b>			
<b>Item</b>	<b>Service provided</b>	<b>Fee</b>	
		<b>Shared ward (each day)</b>	<b>Single ward (each day)</b>
1.	For a patient other than a public patient who is an eligible person and who is –		
	(a) an advanced surgical patient –		
	(i) the first 14 days	\$476	\$714
	(ii) each subsequent day	\$331	\$559
	(b) a surgical/obstetric patient –		
	(i) the first 14 days	\$441	\$687
	(ii) each subsequent day	\$331	\$559
	(c) a psychiatric patient –		

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Item	Service provided	Fee	
		Shared ward (each day)	Single ward (each day)
	(i) the first 42 days	\$441	\$687
	(ii) the next 23 days	\$383	\$613
	(iii) each subsequent day	\$331	\$559
	(d) a rehabilitation patient –		
	(i) the first 49 days	\$441	\$687
	(ii) the next 16 days	\$383	\$613
	(iii) each subsequent day	\$331	\$559
	(e) a same-day patient –		

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Item	Service provided	Fee	
		Shared ward (each day)	Single ward (each day)
	Band 1: Gastro-intestinal endoscopy, certain minor surgical items and non-surgical procedures that do not normally require an anaesthetic	\$277	-
	Band 2: Procedures (other than Band 1) carried out under local anaesthetic, no sedation, if actual time in theatre is less than one hour	\$330	-
	Band 3: Procedures (other than Band 1) carried out under general or regional anaesthetic or intravenous sedation, if actual time in theatre is less than one hour	\$380	-



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Item	Service provided	Fee	
		Shared ward (each day)	Single ward (each day)
	Band 4: Procedures carried out under general or regional anaesthetic or intravenous sedation, if actual time in theatre is one hour or more	\$441	-
	(f) any other patient –		
	(i) the first 14 days	\$383	\$613
	(ii) each subsequent day	\$331	\$559
2.	For an admitted patient who is a compensable patient	\$1 055	-
3.	For a person whose injury or disease is one for which the Defence Forces of the Commonwealth accept responsibility	\$459	-
4.	For an ineligible person who is a non-resident of Australia and who is –		
	(a) a same-day patient	\$2 282	

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Item	Service provided	Fee	
		Shared ward (each day)	Single ward (each day)
	(b) an overnight patient	\$2 688	
	(c) a Coronary Care Unit patient	\$4 848	
	(d) an Intensive Care Unit patient	\$6 978	
	(e) a Neonatal Intensive Care Unit patient	\$6 978	-
	(f) a High Dependency Unit patient	\$4 003	
	(g) a Neonatal Special Care Nursery patient	\$4 003	-
	(h) a sub-acute care patient	\$1 583	
	(i) a non-acute (maintenance) care patient	\$1 146	-
5.	For a person receiving a medical service specified in the general medical services table	the fee specified in that table for that service (in addition to any fee payable under item 1, 2, 3 or 4 of this Part)	

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Item	Service provided	Fee	
		Shared ward (each day)	Single ward (each day)
6.	For a person receiving a pathology service specified in the pathology services table	the fee specified in that table for that service (in addition to any fee payable under item 1, 2, 3, 4 or 5 of this Part)	
7.	For a person receiving a diagnostic imaging service specified in the diagnostic imaging services table	the fee specified in that table for that service (in addition to any fee payable under item 1, 2, 3, 4, 5 or 6 of this Part)	

**PART 2 – NON-ADMITTED PATIENTS**

Item	Service provided	Fee
1.	For a non-admitted patient who is a compensable patient	\$107 (per service)
2.	For a non-admitted patient who is –	
	(a) an ineligible person and a non-resident of Australia	\$346 (per service)

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<b>Item</b>	<b>Service provided</b>	<b>Fee</b>
	(b) an ineligible person, and a non-resident of Australia, who attends an emergency department	\$603 (per service)
3.	For a person whose injury or disease is one for which the Defence Forces of the Commonwealth accept responsibility	\$107 (per service)
4.	For a person receiving a medical service specified in the general medical services table	the fee specified in that table for that service (in addition to any fee payable under item 1 of this Part)
5.	For a person receiving a pathology service specified in the pathology services table	the fee specified in that table for that service (in addition to any fee payable under item 1 or 3 of this Part)
6.	For a person receiving a diagnostic imaging service specified in the diagnostic imaging services table	the fee specified in that table for that service (in addition to any fee payable under item 1, 3 or 4 of this Part)
7.	For the provision of a non-consumable aid or appliance or orthotic services to –	
	(a) a person who holds a valid Health Care Card, Pensioner Concession Card or Seniors Health Card	no fee

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<b>Item</b>	<b>Service provided</b>	<b>Fee</b>
	(b) any other person	the cost of both providing the item and the service

**PART 3 – SUPPLY OF PHARMACEUTICAL ITEMS**

<b>Item</b>	<b>Service provided</b>	<b>Fee</b>
1.	For the supply of a pharmaceutical item, specified in the EFC arrangement, to an eligible person who is a day-admitted patient or a non-admitted patient	the fee for that pharmaceutical item as specified in the EFC arrangement
2.	For the supply of a pharmaceutical item to an eligible person who is not an admitted patient	the fee specified in section 87 of the <i>National Health Act 1953</i> of the Commonwealth, as adjusted from time to time under section 99G of that Act
3.	For the supply of a pharmaceutical item to a compensable patient or an ineligible person	the cost of providing the item

**PART 4 – OTHER SERVICES**

<b>Item</b>	<b>Service provided</b>	<b>Fee</b>
1.	For the provision of an appliance, aid, plaster cast, custom or customised footwear, splint, limb, prosthetic or orthotic service to a person –	the cost of providing the item or service

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<b>Item</b>	<b>Service provided</b>	<b>Fee</b>
	(a) who is not a public patient; and	
	(b) who is not eligible for assistance in respect of the provision of such aids and appliances under a program administered by the Department; and	
	(c) who is referred to a public hospital or public healthcare facility by a medical, nursing or allied health professional	

**SCHEDULE 2 – FEES PAYABLE BY NURSING-HOME-  
TYPE PATIENTS**

Regulation 6

**1. Interpretation**

In this Schedule –

*prescribed formula*, in relation to the calculation of a payable fee, means –

- (a) in the case of the patient contribution payable by all nursing-home-type patients, the following formula:

$$F = \frac{87.5 \times B}{100}$$

where –

“F” is the fee rounded down to the nearest 5 cents;

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**“B”** is the daily equivalent of the maximum basic rate of age pension prescribed for the purposes of section 1064 of the *Social Security Act 1991* of the Commonwealth plus the maximum rate of rent assistance prescribed for the purposes of that section of that Act; and

(b) in the case of the default benefit payable by health funds on behalf of their privately insured contributors, the following formula:

$$F = \frac{87.5 \times B}{100} \times 2.4$$

where –

**“F”** is the fee rounded down to the nearest 5 cents;



**“B”** is the daily equivalent of the maximum basic rate of age pension prescribed for the purposes of section 1064 of the *Social Security Act 1991* of the Commonwealth plus the maximum rate of rent assistance prescribed for the purposes of that section of that Act.

**2. Fees payable by nursing-home-type patients in public hospitals**

The fee payable for hospital services for each day that a nursing-home-type patient is an admitted patient in a public hospital is to be calculated in accordance with the prescribed formula.

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Printed and numbered in accordance with the *Rules Publication Act 1953*.

Notified in the *Gazette* on 17 October 2017.

**NOTES**

The foregoing text of the *Health (Fees) Regulations 2017* comprises those instruments as indicated in the following table. Any reprint changes made under any Act, in force before the commencement of the *Legislation Publication Act 1996*, authorising the reprint of Acts and statutory rules or permitted under the *Legislation Publication Act 1996* and made before 1 July 2022 are not specifically referred to in the following table of amendments.

Citation	Serial Number	Date of commencement
<sup>1</sup> <i>Health (Fees) Regulations 2017</i>	S.R. 2017, No. 67	17.10.2017
<i>Health (Fees) Amendment Regulations 2018</i>	S.R. 2018, No. 30	1.7.2018
<i>Health (Fees) Amendment Regulations 2019</i>	S.R. 2019, No. 40	1.7.2019
<i>Health (Fees) Amendment Regulations 2020</i>	S.R. 2020, No. 60	30.9.2020
<i>Health (Fees) Amendment Regulations 2021</i>	S.R. 2021, No. 46	1.7.2021
<i>Health (Fees) Amendment Regulations 2022</i>	S.R. 2022, No. 39	1.7.2022

<sup>1</sup>Expire 17 October 2027 - Subordinate Legislation Act 1992

**TABLE OF AMENDMENTS**

Provision affected	How affected
Regulation 8	Amended by S.R. 2018, No. 30 and S.R. 2019, No. 40
Part 1 of Schedule 1	Amended by S.R. 2018, No. 30, S.R. 2019, No. 40, S.R. 2020, No. 60, S.R. 2021, No. 46 and S.R. 2022, No. 39
Part 2 of Schedule 1	Amended by S.R. 2018, No. 30, S.R. 2019, No. 40, S.R. 2020, No. 60, S.R. 2021, No. 46 and S.R. 2022, No. 39