



Removal of legislated collaborative arrangements

Last updated: 30 October 2024

From 1 November 2024, the legislated requirement for specified collaborative arrangements between eligible midwives or nurse practitioners, and medical practitioners, to prescribe PBS medications and provide Medicare subsidised care will be removed.

What are the changes?

Eligible midwives and nurse practitioners will not need to be in a legislated collaborative arrangement with a medical practitioner to provide PBS prescriptions and Medicare subsidised care to their patients.

Why are the changes being made?

This change is being made following several recommendations to improve access to primary care services. These changes align with the Nurse Practitioner Workforce Plan and Strengthening Medicare Report. It was informed by the Independent Review of Collaborative Arrangements.

What does this mean for providers?

This change will remove barriers to care and assist eligible midwives and nurse practitioners to deliver services to patients.

How will these changes affect patients?

The changes will provide greater access for patients, supporting improved health outcomes.

Who was consulted on the changes?

These changes were consulted on as part of the Independent Review of Collaborative Arrangements, which included submissions from The Royal Australian College of General Practitioners, The Australian College of Nurse Practitioners and Australian College of Midwives.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.