

NATIONAL HEALTH.

No. 72 of 1959.

An Act to amend the *National Health Act* 1953-1958.

[Assented to 1st December, 1959.]

BE it enacted by the Queen's Most Excellent Majesty, the Senate, and the House of Representatives of the Commonwealth of Australia, as follows:—

Short title
and citation.

1.—(1.) This Act may be cited as the *National Health Act* 1959.

(2.) The *National Health Act 1953-1958** is in this Act referred to as the Principal Act.

(3.) The Principal Act, as amended by this Act, may be cited as the *National Health Act 1953-1959*.

2.—(1.) Sections one, two and seven, sub-section (2.) of section eight, and sections nine, eleven and twenty-five of this Act shall come into operation on the day on which this Act receives the Royal Assent. Commencement.

(2.) Sections three, four, five, six, ten, twenty-three and twenty-four of this Act shall come into operation on the first day of January, One thousand nine hundred and sixty, and the amendments effected by sections four, five, six, twenty-three and twenty-four do not apply in relation to medical expenses incurred before that date.

(3.) Sections twelve to twenty-two (inclusive) of this Act shall come into operation on a date to be fixed by Proclamation.

(4.) Sub-section (1.) of section eight of this Act shall be deemed to have come into operation on the first day of January, One thousand nine hundred and fifty-nine.

3. In relation to medical expenses incurred after the commencement of this section and before the first day of January, One thousand nine hundred and sixty-one, or such later date as is, before that day, fixed by Proclamation as the date on which this section shall cease to have effect, the reference in paragraph (b) of the definition of "contributor" in sub-section (1.) of section thirteen of the *National Health Act 1953-1959* to "the First Schedule to this Act" shall be read as a reference to the First Schedule to the *National Health Act 1953-1958*. Definition of "contributor".

4. Sections fourteen and fifteen of the Principal Act are repealed and the following section is inserted in their stead:—

" 14.—(1.) Where medical expenses are incurred by a contributor in respect of a professional service specified in the First Schedule or the Second Schedule to this Act rendered to the contributor or a dependant of the contributor, Commonwealth benefit of the amount specified in the relevant Schedule in relation to that service is payable subject to and in accordance with the provisions of this Part. Commonwealth benefit payable in respect of services specified in Schedules.

" (2.) If, on the date on which the professional service was rendered, any contributions due and payable to the organization in respect of the contributor had not been paid and, by reason of the non-payment, the organization was entitled to refuse payment of fund benefits in respect of medical services rendered to the contributor, Commonwealth benefit is not payable in respect of the professional service unless—

(a) a fund benefit is paid by the organization in respect of the professional service; or

* Act No. 95, 1953, as amended by No. 68, 1955; Nos. 55 and 95, 1956; No. 92, 1957; and No. 68, 1958.

(b) on that date the contributor was in receipt of unemployment benefit or sickness benefit under the *Social Services Act 1947-1959*.”.

Medical service not specified in Schedules.

5. Section fifteen A of the Principal Act is amended by omitting from sub-section (1.) the words “Eleven pounds five shillings” and inserting in their stead the words “Twenty-two pounds ten shillings”.

Amount of Commonwealth benefit payable where two or more operations are performed.

6. Section sixteen of the Principal Act is amended by omitting from sub-section (1.) the words “Eleven pounds five shillings” (wherever occurring) and inserting in their stead the words “Twenty-two pounds ten shillings”.

Interpretation.

7. Section sixty-six of the Principal Act is amended by omitting from sub-section (1.) the definition of “pre-existing ailment” and inserting in its stead the following definition:—

“‘pre-existing ailment’, in relation to a contributor, means an illness or disability of the contributor in respect of which rules of the organization concerned excluding or limiting eligibility for benefits apply by reason of the fact that symptoms of the illness or disability were in evidence before, or within a specified period after, a particular time;”.

Contributions of contributors to hospital benefits funds who have attained sixty-five years to be credited to special account.

8.—(1.) Section eighty-two B of the Principal Act is amended by inserting in sub-section (1.), after the word “registered”, the words “hospital benefits”.

(2.) A registered medical benefits organization that established a special account before the date on which this Act receives the Royal Assent is not entitled to a payment under section eighty-two L of the Principal Act, as amended by this Act, until the organization has made such adjustments to that account as are necessary by reason of the fact that the last preceding sub-section is deemed to have come into operation on the first day of January, One thousand nine hundred and fifty-nine, and any amount debited or credited for the purpose of effecting any such adjustment shall, for the purposes of that section, be deemed to have been debited or credited in accordance with Division 2 of Part VI. of the Principal Act, as amended by this Act.

Contributors suffering from chronic illnesses, &c.

9. Section eighty-two c of the Principal Act is amended by omitting sub-section (1.) and inserting in its stead the following sub-section:—

“(1.) Where, after the establishment of a special account by a registered organization—

(a) a claim for fund benefit is lodged by or on behalf of an ordinary contributor in respect of a professional service (being a service in relation to which he is insured), or in respect of hospital treatment, rendered to himself or one of his dependants;

- (b) by reason only of the rules of the organization relating to the eligibility of an ordinary contributor to be paid fund benefit in respect of a chronic illness or a pre-existing ailment or relating to the maximum fund benefit payable to an ordinary contributor in respect of a specified period, the organization is entitled to disallow the claim or to reduce the amount of fund benefit that would otherwise be payable (whether or not that amount is itself less than standard rate benefit) to an amount that is less than standard rate benefit; and
- (c) the organization does not elect to pay, in respect of the claim, fund benefit not less than—
- (i) standard rate benefit; or
 - (ii) if the contributor is insured for benefits less than standard rate benefit—the benefit for which he is insured,

the organization shall credit to the special account the amount of the contributions referred to in the next succeeding sub-section.”.

10. Section eighty-two E of the Principal Act is amended—

- (a) by omitting paragraph (h) and inserting in its stead the following paragraph:—

“(h) in the case of a registered hospital benefits organization, hospital fund benefit is not payable in respect of a period during which a special account contributor was a patient in an institution unless—

- (i) the institution was recognized by the Director-General for special account purposes; or
- (ii) if the institution was not so recognized, payment of the benefit has been approved by the Director-General;”;

- (b) by adding at the end thereof the following sub-section:—

“(2.) For the purposes of paragraph (h) of the last preceding sub-section—

- (a) the Director-General shall recognize, for special account purposes, an institution that is a public hospital or an approved private hospital unless it is, or is in his opinion in the nature of, a benevolent home, convalescent home, home for aged persons or rest home; and

Rules of organization establishing special account to contain certain provisions.

(b) where a special account contributor has, during a period, received treatment in an institution that was not recognized under the last preceding paragraph, the Director-General shall approve payment of hospital fund benefit in respect of that period if he is satisfied that—

- (i) the special account contributor was suffering from an illness or injury requiring hospital treatment of the kind provided in public hospitals so recognized; and
- (ii) the treatment provided was of a standard substantially equivalent to the standard of the treatment that he would have received at a public hospital so recognized.”.

Special account contributor may be made an ordinary contributor in certain cases.

11. Section eighty-two G of the Principal Act is amended—

- (a) by omitting from sub-section (1.) the words “ at any time before he has attained the age of sixty-five years but ”; and
- (b) by adding at the end thereof the following sub-section:—

“ (3.) Sub-section (1.) of this section does not apply in relation to a registered hospital benefits organization in the case of a contributor who has attained the age of sixty-five years.”.

Interpretation.

12. Section eighty-four of the Principal Act is amended—

- (a) by omitting from sub-section (1.) the definition of “ brand ” and inserting in its stead the following definition:—

“ ‘ brand ’, in relation to a pharmaceutical benefit, means a trade name under which a manufacturer sells that pharmaceutical benefit or the name of a manufacturer who sells that pharmaceutical benefit;”;

- (b) by omitting from sub-section (1.) the definition of “ general pharmaceutical benefits ”;
- (c) by inserting after the definition of “ pensioner ” in sub-section (1.) the following definition:—

“ ‘ pharmaceutical benefit ’ means a drug or medicinal preparation in relation to which, by virtue of the next succeeding section, this Part applies;”;

(d) by inserting in the definition of “the British Pharmacopoeia” in sub-section (1.), after the word “effect” (wherever occurring), the words “for the purposes of this Part, in accordance with sub-section (4.) of this section”; and

(e) by adding at the end thereof the following sub-section:—

“(4.) The edition of the British Pharmacopoeia that was published in the year One thousand nine hundred and fifty-eight shall be deemed to have taken effect for the purposes of this Part before the commencement of this sub-section, and any additions to, or amendments of, that edition, any subsequent edition of the British Pharmacopoeia and any additions to, or amendments of, any such subsequent edition shall take effect for the purposes of this Part upon such dates as are respectively fixed by the Minister by notices published in the *Gazette*.”.

13. Sections eighty-five, eighty-six and eighty-seven of the Principal Act are repealed and the following sections inserted in their stead:—

“85.—(1.) Benefits shall be provided by the Commonwealth, in accordance with this Part, in respect of the drugs and medicinal preparations in relation to which this Part applies. Pharmaceutical benefits.

“(2.) Subject to the next succeeding sub-section and to such exceptions as are prescribed, the drugs and medicinal preparations in relation to which this Part applies are—

- (a) drugs and medicinal preparations that are the subject of monographs in the British Pharmacopoeia;
- (b) such other drugs and medicinal preparations as are prescribed;
- (c) medicinal preparations composed of two or more of the drugs and medicinal preparations referred to in the preceding paragraphs of this sub-section; and
- (d) medicinal preparations composed of one or more of the drugs and medicinal preparations referred to in paragraphs (a) and (b) of this sub-section and one or more of such additives as are prescribed for the purposes of this paragraph.

“(3.) The Minister may determine, by reference to strength, type of unit, size of unit or otherwise, the form or forms of a drug or medicinal preparation referred to in the last preceding sub-section that is or are allowable for the purposes of this Part and, where such a determination is in force in relation to a drug or medicinal preparation—

- (a) the drug or medicinal preparation in the form, or in each of the forms, so determined is a drug or medicinal preparation in relation to which this Part applies; and

(b) this Part does not apply in relation to the drug or medicinal preparation in any other form.

“(4.) A form of a drug or medicinal preparation as determined by the Minister under the last preceding sub-section may be such as to require the addition of a substance or substances to the drug or medicinal preparation so that it will be suitable for administration in a particular manner or at a particular strength.

“(5.) The Minister may, in relation to a pharmaceutical benefit—

(a) determine the maximum quantity or number of units that may, in one prescription, be directed to be supplied on any one occasion, and the maximum number of occasions on which the supply of the pharmaceutical benefit may, in one prescription, be directed to be repeated, either for all purposes or for particular purposes; and

(b) determine the manner of administration that is applicable to the pharmaceutical benefit.

“(6.) The Minister may determine, in respect of a drug or medicinal preparation in relation to which this Part applies, a brand or brands under which the drug or medicinal preparation may be supplied under this Part, and where such a determination is in force in relation to a drug or medicinal preparation, this Part does not apply in relation to the drug or medicinal preparation as marketed under any other brand.

“(7.) The regulations may make provision authorizing the variation of the application, in relation to particular persons, of a determination under paragraph (a) of sub-section (5.) of this section, and, where such a variation is made, the determination shall be deemed to have effect as varied.

“(8.) A copy of each determination made by the Minister in pursuance of this section shall be published in the *Gazette*.

Eligibility for
pharmaceutical
benefits.

“86.—(1.) Subject to this Part, a person who is receiving medical treatment by a medical practitioner is entitled to receive pharmaceutical benefits under this Part without the payment or furnishing of money or other consideration other than a charge made in accordance with the next succeeding section.

“(2.) The regulations may provide that a pharmaceutical benefit may be prescribed by a medical practitioner, for supply under this Part, only—

(a) for the treatment of persons included in a prescribed class of persons;

(b) for a prescribed purpose, including the treatment of a prescribed disease or condition, either in relation to persons generally or in relation to persons included in a prescribed class of persons; or

(c) subject to prescribed conditions.

“ 87.—(1.) Subject to this section, an approved pharmaceutical chemist, a medical practitioner or an approved hospital authority shall not demand or receive a payment (other than a payment from the Commonwealth) or other valuable consideration in respect of the supply of a pharmaceutical benefit.

Limited charges for pharmaceutical benefits.

“(2.) Except in relation to the supply of a pharmaceutical benefit upon a prescription that is marked, in accordance with the regulations, as a prescription in respect of a pensioner, an approved pharmaceutical chemist or an approved medical practitioner acting in accordance with his approval may, in respect of each supply by him of a pharmaceutical benefit (including each repeated supply) charge the person to whom the pharmaceutical benefit is supplied an amount not exceeding Five shillings.

“(3.) Where an approved pharmaceutical chemist or an approved medical practitioner supplies a pharmaceutical benefit in accordance with a direction included in a prescription in pursuance of sub-section (5.) of the next succeeding section, the maximum amount chargeable in accordance with the last preceding sub-section is, in lieu of Five shillings, an amount ascertained by multiplying Five shillings by a number equal to the minimum number of occasions of supply that would have had to be directed if the medical practitioner had prescribed the same total quantity or number of units of the pharmaceutical benefit by way of repeated supplies.

“(4.) The regulations may provide for the making of a charge, not exceeding an amount ascertained in accordance with the regulations—

- (a) by an approved pharmaceutical chemist in respect of the supply of a pharmaceutical benefit at a time outside normal trading hours; or
- (b) by an approved pharmaceutical chemist or an approved medical practitioner in respect of the supply of a pharmaceutical benefit by delivery at or to a place other than premises in respect of which the approved pharmaceutical chemist is approved, or premises at which the approved medical practitioner carries on his practice, as the case may be.

“(5.) Sub-section (1.) of this section does not prevent an approved hospital authority from charging, in respect of the supply of pharmaceutical benefits to a patient, not being a pensioner, receiving treatment in or at a hospital, amounts not exceeding the sum of the charges that the patient could have been required to pay in accordance with sub-section (2.) of this section if he had obtained the pharmaceutical benefits from an approved pharmaceutical chemist upon a prescription or prescriptions directing the supply of the maximum quantity or number of units applicable under a determination of the Minister under section eighty-five of this Act.”.

Prescribing of
benefits by
doctors.

14. Section eighty-eight of the Principal Act is amended by omitting sub-section (4.) and inserting in its stead the following sub-sections:—

“(4.) A medical practitioner is not authorized, in a prescription for the supply of a pharmaceutical benefit, to direct—

- (a) except in accordance with the next succeeding sub-section, that there be supplied on one occasion a quantity or number of units of the pharmaceutical benefit in excess of the maximum quantity or number of units applicable under a determination of the Minister under section eighty-five of this Act;
- (b) except in accordance with a determination of the Minister under section eighty-five of this Act, that the supply of the pharmaceutical benefit be repeated on one or more occasions; or
- (c) that the pharmaceutical benefit is to be administered in a manner other than the manner, if any, applicable under a determination of the Minister under section eighty-five of this Act.

“(5.) Where a medical practitioner may, in accordance with this Part, direct a repeated supply of a pharmaceutical benefit, he may, in such circumstances and subject to such conditions as are prescribed, instead of directing a repeated supply, direct in the prescription the supply on one occasion of a quantity or number of units of the pharmaceutical benefit not exceeding the total quantity or number of units that could be prescribed if he directed a repeated supply.”.

Pharmaceutical
benefits to be
supplied only
on prescription,
&c.

15. Section eighty-nine of the Principal Act is amended by omitting paragraph (a) and inserting in its stead the following paragraph:—

- “(a) by an approved pharmaceutical chemist, at or from premises in respect of which he is for the time being approved, on presentation of a prescription written by a medical practitioner in accordance with this Act and the regulations, or, in such circumstances as are prescribed, on communication to that chemist, in the prescribed manner, of a prescription of a medical practitioner; or”.

16. After section ninety-two of the Principal Act the following section is inserted:—

Approvals to
be subject to
conditions
relating to
charges.

“92A.—(1.) The approval of a pharmaceutical chemist or of a medical practitioner for the purposes of this Part (including an approval granted before the commencement of this section

and an approval that is deemed to exist by virtue of section eighty-three of this Act) is, by force of this section, subject to the following conditions:—

- (a) a condition that the approved pharmaceutical chemist or approved medical practitioner will not, by advertisement, notice or otherwise, state or indicate that he is willing to supply all or any pharmaceutical benefits to all or any persons without charge or for a charge that is less than the maximum charge that he may make without contravening section eighty-seven of this Act; and
- (b) a condition that the approved pharmaceutical chemist or approved medical practitioner will not follow a practice of supplying all or any pharmaceutical benefits to all or any persons without charge or for a charge that is less than the maximum charge that he may make without contravening section eighty-seven of this Act.

“(2.) The conditions specified in the last preceding sub-section do not apply in relation to—

- (a) the supply of pharmaceutical benefits upon prescriptions that are marked, in accordance with the regulations, as prescriptions in respect of pensioners; or
- (b) the supply of pharmaceutical benefits—
 - (i) by a friendly society to persons who pay contributions to that society for the purpose of obtaining benefits in respect of medicines, and to the spouses and children of such persons; or
 - (ii) by a body carrying on business for the benefit of members of a friendly society or friendly societies to persons who pay contributions to that body, or to that society or one of those societies, for the purpose of obtaining benefits in respect of medicines, and to the spouses and children of such persons.

“(3.) For the purposes of sections ninety-five and ninety-seven of this Act, any conduct of an approved pharmaceutical chemist or an approved medical practitioner that is a contravention of the conditions specified in this section shall be deemed to be conduct which is an abuse of his approval.”.

17. Section ninety-four of the Principal Act is amended—

- (a) by omitting from sub-sections (1.), (3.) and (4.) the word “general”; and

Approved
hospital
authorities.

(b) by adding at the end thereof the following sub-section:—

“(6.) A determination of the Minister under sub-section (3.), (5.) or (6.) of section eighty-five of this Act does not apply in relation to the supply of pharmaceutical benefits by an approved hospital authority.”.

Payment for
supply of
benefits.

18. Section ninety-nine of the Principal Act is amended—

(a) by omitting sub-sections (1.) and (2.) and inserting in their stead the following sub-sections:—

“(1.) The Minister may, after consultation with the Federated Pharmaceutical Service Guild of Australia, determine—

(a) the rates by reference to which, and the manner in which, the Commonwealth price of a pharmaceutical benefit is to be ascertained for the purposes of this section; and

(b) the conditions subject to which payments will be made by the Commonwealth in respect of the supply of pharmaceutical benefits by approved pharmaceutical chemists and approved medical practitioners.

“(2.) An approved pharmaceutical chemist or approved medical practitioner who has supplied a pharmaceutical benefit is, subject to the conditions determined under the last preceding sub-section and applicable at the time of the supply, entitled to be paid by the Commonwealth—

(a) where the prescription for the pharmaceutical benefit was marked, in accordance with the regulations, as a prescription in respect of a pensioner—an amount equal to the Commonwealth price of the pharmaceutical benefit as at the time of the supply; and

(b) in any other case—the amount by which the Commonwealth price of the pharmaceutical benefit, as at the time of the supply, exceeded the maximum amount that the pharmaceutical chemist or approved medical practitioner was entitled to charge under sub-section (2.) or (3.) of section eighty-seven of this Act.

“(2A.) Where a pharmaceutical benefit is supplied otherwise than upon a prescription marked, in accordance with the regulations, as a prescription in respect of a pensioner and—

(a) the Commonwealth price of the pharmaceutical benefit does not, at the time of the supply, exceed Five shillings; or

(b) the pharmaceutical benefit is supplied in accordance with a direction included in a prescription in pursuance of sub-section (5.) of section eighty-eight of this Act and the Commonwealth price of the maximum quantity or number of units of the pharmaceutical benefit that could, but for that sub-section, have been directed to be supplied on any one occasion does not, at the time of the supply, exceed Five shillings,

the supply and receipt of that pharmaceutical benefit shall, for all purposes of this Part, be deemed to be a supply and receipt otherwise than under this Part.”;

(b) by omitting from sub-section (3.) the words “ the last preceding sub-section ” and inserting in their stead the words “ this section ”; and

(c) by omitting from sub-section (4.) the word “ general ”.

19. Section one hundred and one of the Principal Act is amended by omitting sub-section (4.) and inserting in its stead the following sub-section:—

Pharmaceutical
Benefits
Advisory
Committee.

“(4.) A drug or medicinal preparation that was not a pharmaceutical benefit under the *National Health Act 1953-1958* immediately before the commencement of this sub-section shall not be prescribed as a pharmaceutical benefit in accordance with section eighty-five of this Act unless the Committee has recommended to the Minister that it be so prescribed.”.

20. Section one hundred and three of the Principal Act is amended by omitting paragraph (f) of sub-section (5.) and inserting in its stead the following paragraph:—

Offences.

“(f) supply as a pharmaceutical benefit a substance that does not conform to the standards of composition or purity prescribed in the regulations or that has as an ingredient a substance that does not conform to those standards;”.

21. After section one hundred and four of the Principal Act the following section is inserted:—

Pharmaceutical
chemists to
furnish
statement of
stocks.

“ 104A.—(1.) The Director-General may require an approved pharmaceutical chemist to furnish to him, within a time specified by him and in accordance with a form supplied by him and with any directions contained in the form, a statement, signed by or on behalf of the approved pharmaceutical chemist, setting out particulars of stocks of drugs or medicinal preparations in his possession or under his control immediately before the date on which the statement is signed, being drugs or medicinal preparations that are, or are capable of being used as ingredients in pharmaceutical benefits.

“(2.) An approved pharmaceutical chemist shall not—

- (a) refuse or fail to comply with a requirement under this section; or
- (b) in a statement under this section, furnish information that is false or misleading.”.

Evidence.

22. Section one hundred and thirty-nine A of the Principal Act is amended by omitting from paragraph (g) of sub-section (1.) the word “ general ”.

First Schedule.

23. The First Schedule to the Principal Act is amended—
(a) by omitting the words—

“ FIRST SCHEDULE. Section 14.

COMMONWEALTH BENEFITS FOR PROFESSIONAL SERVICES IN RESPECT OF WHICH FUND BENEFITS ARE ALSO PAYABLE BY REGISTERED MEDICAL BENEFITS ORGANIZATIONS.”

and inserting in their stead the words—

“ FIRST SCHEDULE. Sections 14 and 67.

PROFESSIONAL SERVICES IN RESPECT OF WHICH AN ORGANIZATION APPLYING FOR REGISTRATION AS A REGISTERED MEDICAL BENEFITS ORGANIZATION MUST PROVIDE BENEFITS.”;

- (b) by omitting each item in that Schedule that has the same item number as an item in the First Schedule to this Act and inserting the last-mentioned item in its stead;
- (c) by inserting each item in the First Schedule to this Act that has an item number not appearing in the First Schedule to the Principal Act in the place in that last-mentioned Schedule that is appropriate to the item number of the item and the heading under which the item is set out in the First Schedule to this Act; and
- (d) by omitting item seventy-five.

24. The Second Schedule to the Principal Act is amended— Second
Schedule.

(a) by omitting the words—

“ SECOND SCHEDULE. Section 15.
COMMONWEALTH BENEFITS FOR ADDITIONAL PROFESSIONAL SERVICES.”

and inserting in their stead the words—

“ SECOND SCHEDULE. Section 14.
ADDITIONAL PROFESSIONAL SERVICES.”;

- (b) by omitting each item in that Schedule that has the same item number as an item in the Second Schedule to this Act and inserting the last-mentioned item in its stead;
- (c) by inserting each item in the Second Schedule to this Act that has an item number not appearing in the Second Schedule to the Principal Act in the place in that last-mentioned Schedule that is appropriate to the item number of the item and the heading under which the item is set out in the Second Schedule to this Act;
- (d) by omitting from the heading immediately preceding item 502 in Division 11 of Part 2 the words and figures “ *items 529 to 532* ” and inserting in their stead the words and figures “ *items 529 to 537* ”;
- (e) by omitting items five hundred and forty-five, seven hundred and fifty-seven and seven hundred and fifty-eight;
- (f) by omitting the heading appearing immediately before item five hundred and fifteen and inserting in its stead the following heading:—
“ *Implantation of Radio-active Substances for Tumour.*”;
- (g) by omitting the heading appearing immediately before item five hundred and twenty-five and inserting in its stead the following heading:—
“ *Moulds of Radio-active Substances.*”; and
- (h) by inserting immediately after item five hundred and twenty-seven the following heading:—
“ *Injection of Radio-active Substances.*”.

25. Regulations and determinations under the Principal Act, as amended by this Act, may be made, notified and published at any time after this Act receives the Royal Assent as if the whole of this Act had come into operation on the day on which this Act receives the Royal Assent, but where a regulation or determination for the purposes of the Principal Act, as amended by a provision of this Act, is made before that provision comes into operation, the regulation or determination has no force or effect before that provision has come into operation. Regulations
and
determinations.

THE SCHEDULES.

FIRST SCHEDULE.

Section 23.

SUBSTITUTED ITEMS AND NEW ITEMS IN FIRST SCHEDULE TO THE PRINCIPAL ACT.

Item No.	Professional Service.	Commonwealth Benefit.
Part 2.—Anaesthetics other than Gaseous Anaesthetics.		
		<i>£ s. d.</i>
7.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £11 5s. . .	1 17 6
10.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £7 but does not exceed £11 5s.	1 10 0
Part 3.—Operations.		
DIVISION 1.—GENERAL SURGICAL.		
12.	Cholecystostomy	9 7 6
13.	Perforated gastric ulcer, suture of	9 7 6
14.	Appendicectomy	7 10 0
15.	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis with or without appendicectomy	7 10 0
18.	Umbilical hernia, repair of, in person ten years of age or over . .	7 10 0
20.	Femoral, inguinal, ventral or lumbar hernia (not being incisional or strangulated), repair of	7 10 0
21.	Laparotomy (exploratory)	7 10 0
22.	Laparotomy involving operation on abdominal viscera, not covered by any other item in this Schedule or the Second Schedule to this Act	9 7 6
24.	Gastrostomy	7 10 0
28.	Intussusception, laparotomy and reduction of	9 7 6
30.	Volvulus, reduction of	9 7 6
31.	Peritoneal adhesions, separation of	7 10 0
44.	Undescended testis, transplantation of	7 10 0
66.	Cyst, tumour or scar, removal of cutaneous or subcutaneous, not covered by any other item in this Schedule or the Second Schedule to this Act	15 0
67.	Cyst, tumour or scar, removal of, involving deeper tissue, mucous membrane or breast tissue, not covered by any other item in this Schedule or the Second Schedule to this Act	1 17 6
68.	Deep cyst or tumour (malignant or non-malignant), removal of, requiring wide excision, not covered by any other item in this Schedule or the Second Schedule to this Act	7 10 0
69.	Scars, abrasive therapy of (dermabrasion)—each treatment . .	2 12 6
74.	Depressed fracture or fractures of skull, operation for	9 7 6
103.	Varicose veins, excision or ligation of, not covered by any other item in this Schedule or the Second Schedule to this Act	2 12 6
104.	Varicose veins, excision of, with high ligation of saphenous vein . .	6 7 6
<i>Operations for Acute Osteomyelitis.</i>		
110.	Operation on phalanx, metacarpus or metatarsus—one bone	1 17 6
111.	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla (other than alveolar margins)—one bone	3 0 0
DIVISION 2.—EAR, NOSE AND THROAT.		
126.	Maxillary antrum—proof puncture and lavage of	15 0
128.	Mastoidectomy (cortical)	9 7 6

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 3.—Operations—<i>continued.</i>		
DIVISION 3.—UROLOGICAL.		
		£ s. d.
141.	Urethra, repair of rupture of	11 5 0
143.	Bladder, repair of rupture of	11 5 0
DIVISION 4.—GYNAECOLOGICAL.		
152.	Oophorectomy, salpingectomy, salpingo-oophorectomy or ligation of Fallopian tubes	7 10 0
157.	Myomectomy	7 10 0
158.	Cystocoele or rectocoele, repair of, not covered by item 160 in this Schedule	7 10 0
159.	Cystocoele and rectocoele, repair of, not covered by item 160 in this Schedule	9 7 6
160.	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse)	11 5 0
161.	Colpoperineorrhaphy	9 7 6
DIVISION 6.—AMPUTATION OR DISARTICULATION OF LIMB.		
187.	Through metacarpals	5 12 6
189.	At shoulder	11 5 0
192.	Foot	7 10 0
193.	Through leg or at knee	9 7 6
194.	Through thigh	11 5 0
195.	At hip	15 0 0
196.	Interscapulothoracic	18 15 0
197.	Hindquarter	22 10 0
Part 4.—Assistance at Operations.		
213.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds £11 5s. ..	1 10 0
Part 5.—Midwifery.		
DIVISION 1.—GENERAL.		
217.	Confinement and postnatal care for nine days (excluding any service or services covered by item 223, 224, 226, 227 or 228 in this Schedule), where the medical practitioner has not given the antenatal care	3 0 0
218.	Antenatal care, confinement and postnatal care for nine days (excluding any service or services covered by Division 2 of this Part)	4 10 0
Part 6.—Treatment of Dislocations.		
DIVISION 1.—TREATMENT OF DISLOCATION NOT REQUIRING OPEN OPERATION.		
243.	Hip	6 7 6
253.	Spine, associated with fracture of vertebral body, without involvement of cord	9 7 6
254.	Spine, associated with fracture of vertebral body, with involvement of cord	18 15 0
DIVISION 2.—TREATMENT OF DISLOCATION REQUIRING OPEN OPERATION.		
256.	Treatment of a dislocation referred to in Division 1 of this Part which requires an open operation— the amount specified in the relevant item for the treatment of that dislocation if the dislocation had not required an open operation, plus one-half of that amount; or an amount of Twenty-two pounds ten shillings, whichever is the less.	

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
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Part 7.—Treatment of Fractures.

DIVISION 1.—TREATMENT OF SIMPLE AND UNCOMPLICATED FRACTURE NOT
REQUIRING OPEN OPERATION.

	£	s.	d.
276. Pelvis (excluding symphysis pubis) or sacrum	4	10	0
278. Femur	9	7	6
281. Both shafts of leg	7	10	0
282. Ankle (Pott's fracture), with or without dislocation of ankle ..	7	10	0
292. Spine (excluding sacrum), transverse process or bone other than vertebral body, not requiring immobilization in plaster ..	1	17	6
293. Spine (excluding sacrum), transverse process or bone other than vertebral body, requiring immobilization in plaster	4	10	0
294. Spine (excluding sacrum), vertebral body, without involvement of cord	9	7	6
295. Spine (excluding sacrum), vertebral body, with involvement of cord	18	15	0

DIVISION 2.—TREATMENT OF SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN
OPERATION.

297. Treatment of a simple and uncomplicated fracture of a part referred to in Division 1 of this Part requiring an open operation—
the amount specified for the treatment of that fracture if the fracture had not required an open operation, plus one-third of that amount; or
an amount of Twenty-two pounds ten shillings,
whichever is the less.

DIVISION 3.—TREATMENT OF COMPOUND FRACTURE REQUIRING OPEN OPERATION.

298. Treatment of a compound fracture of a part referred to in Division 1 of this Part requiring an open operation—
the amount specified for the treatment of that fracture if the fracture had been simple and uncomplicated and had not required an open operation, plus one-half of that amount; or
an amount of Twenty-two pounds ten shillings,
whichever is the less.

DIVISION 4.—TREATMENT OF COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD
VESSELS OR NERVES AND REQUIRING OPEN OPERATION.

299. Treatment of a complicated fracture of a part referred to in Division 1 of this Part involving viscera, blood vessels or nerves and requiring an open operation—
the amount specified for the treatment of that fracture if the fracture had been simple and uncomplicated and had not required an open operation, plus three-quarters of that amount; or
an amount of Twenty-two pounds ten shillings,
whichever is the less.

SECOND SCHEDULE.

Section 24.

SUBSTITUTED ITEMS AND NEW ITEMS IN SECOND SCHEDULE TO
THE PRINCIPAL ACT.

Item No.	Professional Service.	Commonwealth Benefit.
Part 1.—Pathological Services.		
DIVISION 1.—PATHOLOGICAL SERVICES IN RELATION TO BLOOD.		
		<i>£ s. d.</i>
309.	Any one of the following services, namely, estimation of prothrombin time, prothrombin consumption test, thrombin generation test, thrombo-plastin generation test (full) or two-stage prothrombin estimation	15 0
311.	Any one of the following services, namely, determination of fragility of red blood cells, clot retraction test (quantitative), recalcified plasma clotting time, blood volume estimation, wet eosinophil count or thrombo-plastin generation screening test	7 6
313.	Any one of the following services, namely, estimation of mean diameter of red blood cells, cytological sex determination from blood film, Coombs' titration test or estimation of red cell survival or life	15 0
315.	Compatibility testing	7 6
316.	M.N. or Rh typing	7 6
338.	Radio-iodine uptake test or radio-active Vitamin B12 absorption test	15 0
339.	Estimation by electrophoresis of serum protein, haemoglobin or similar substances	1 10 0
340.	Estimation of Vitamin B12 in serum or plasma	1 2 6
341.	Protein bound iodine test	1 2 6
DIVISION 2.—PATHOLOGICAL SERVICES IN RELATION TO URINE.		
343.	Protamine sulphate titration	7 6
344.	Pressor amine test	1 10 0
352.	General examination for reaction, specific gravity, blood, albumin and sugar, with microscopical examination of centrifugalized deposit with or without qualitative tests for urobilin, acetone, indican or bile pigment (when patient referred by another medical practitioner)	7 6
355.	Water elimination or Mosenthal kidney function or Diagnox Blue test	15 0
DIVISION 4.—SEROLOGICAL TESTS.		
370.	Complement fixation test for toxoplasmosis	15 0
371.	Methylene blue dye test for toxoplasmosis	15 0
372.	Complement fixation test to detect antibodies to other bacterial, viral or fungal infections or parasitic infestations not covered by any other item in this Schedule or the First Schedule to this Act	15 0
373.	Haemagglutination or haemagglutination-inhibition test for the diagnosis of virus infection	15 0
DIVISION 10.—PATHOLOGICAL SERVICES IN RELATION TO GASTRIC CONTENTS AND VOMITUS.		
411.	Fractional meal test with analysis	1 2 6
DIVISION 15.—MISCELLANEOUS TESTS.		
435.	Chemical estimation of body fluids not covered by any other item in this Schedule or the First Schedule to this Act	15 0
DIVISION 16.—INVESTIGATION OF ANTIBIOTICS AND CHEMOTHERAPEUTIC AGENTS.		
442.	Chromatographic examination of serum, urine or other body fluids	15 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 2.—Radiological Services.		
DIVISION 7.—RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT.		
		£ s. d.
488.	Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest	1 10 0
490.	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest	1 17 6
DIVISION 11.—OPAQUE OR CONTRAST MEDIA.		
<i>Radiographic examination, with opaque or contrast media, and report (not including any service covered by items 529 to 537 (inclusive) or item 748 in this Schedule).</i>		
504.	Bronchography, arteriography, phlebography, aortography or splenography	1 2 6
508.	Pneumoperitoneum	1 2 6
DIVISION 12.—TOMOGRAPHY.		
510.	Tomography of any part and report	1 10 0
DIVISION 15.—RADIOTHERAPY.		
<i>Implantation of Radio-active Substances for Tumour.</i>		
517.	Bladder	4 10 0
519.	Cervix or corpus uteri	4 10 0
<i>Injection of Radio-active Substances.</i>		
528.	Intracavitary administration of radio-active substances	1 17 6
DIVISION 16.—PREPARATION FOR RADIOLOGICAL PROCEDURE.		
<i>Preparation (including injection of opaque or contrast media or the removal of fluid and its replacement by air, oxygen or other contrast media).</i>		
534.	Arteriography—peripheral, phlebography or splenography	1 2 6
537.	Pneumarthrography or pneumoperitoneum	15 0
Part 4.—Anaesthetics.		
DIVISION 1.—GASEOUS ANAESTHETICS.		
549.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £11 5s. and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	2 5 0
550.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable does not exceed £3 and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 2 6
551.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £3 but does not exceed £7 and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 10 0
552.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £7 but does not exceed £11 5s. and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 17 6

SECOND SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations.		
DIVISION 1.—GENERAL SURGICAL.		
		£ s. d.
555.	Gastrectomy, partial or complete	18 15 0
556.	Partial gastrectomy and gastro-jejunostomy	18 15 0
559.	Bowel, anastomosis of	15 0 0
561.	Choledochotomy (with or without cholecystectomy)	15 0 0
562.	Reconstruction of bile duct including choledochoduodenostomy, cholecystoduodenostomy, choledochointerostomy, choledochogastrostomy, cholecystogastrostomy or cholecystenterostomy	18 15 0
563.	Bowel or viscera, resection of	15 0 0
566.	Abdomino-perineal resection	22 10 0
570.	Recto-vesical fistula, repair of	11 5 0
571.	Breast, radical amputation of	15 0 0
575.	Thyroid, excision of localized tumour of	7 10 0
576.	Rectum, radical operation for prolapse of, in an adult	9 7 6
580.	Hypertrophic pyloric stenosis, operation for	9 7 6
581.	Vagotomy	11 5 0
584.	Liver abscess, abdominal drainage of	7 10 0
585.	Liver abscess, transpleural drainage of	11 5 0
586.	Pancreas, partial excision of	22 10 0
587.	Pancreas, drainage of	7 10 0
589.	Subphrenic abscess, drainage of	6 7 6
590.	Retroperitoneal tumour, removal of	15 0 0
593.	Branchial cyst or branchial fistula, removal of	7 10 0
596.	Innocent bone tumour, excision of	7 10 0
597.	Upper jaw, lower jaw or both jaws, resection of	15 0 0
598.	Tongue, excision of	15 0 0
599.	Parotid gland, total extirpation of	15 0 0
607.	Diverticulum of pharynx or larynx, excision of	11 5 0
608.	Thyroglossal cyst or fistula, removal of	7 10 0
609.	Cut throat, repair of, involving skin and muscle	3 15 0
610.	Cut throat, repair of, involving vessels or nerves, or both	5 12 6
611.	Cut throat, repair of, involving vessels and nerves and oesophagus or trachea	11 5 0
612.	Malignant tumour of neck, removal of	15 0 0
613.	Thymectomy	22 10 0
616.	Embolus, removal of, from artery	11 5 0
617.	Arterial graft	22 10 0
618.	Operation for malignant tumours requiring wide excision and dissection of glands or involving muscle, bone or viscera not covered by any other item in this Schedule or the First Schedule to this Act	15 0 0
619.	Arterial anastomosis	22 10 0
<i>Operations for Acute Osteomyelitis.</i>		
621.	Operation on skull	5 12 6
622.	Operation on spine or pelvic bones—one bone	7 10 0
<i>Operations for Chronic Osteomyelitis.</i>		
624.	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins)—one bone	5 12 6
DIVISION 2.—EAR, NOSE AND THROAT.		
635.	Antrostomy (radical) with transantral ethmoidectomy	11 5 0
647.	Cauterization or diathermy of septum or turbinates or pharynx—any one or more—each attendance	15 0
659.	Pharyngotomy (lateral)	9 7 6
673.	Fenestration operation—each ear	22 10 0
676.	External auditory meatus, removal of exostoses in	15 0 0
677.	Vallecular or pharyngeal cysts, removal of	6 7 6
678.	Middle ear, exploration of	7 10 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
DIVISION 3.—UROLOGICAL. £ s. d.		
681.	Nephrolithotomy, pyelolithotomy or ureterolithotomy	11 5 0
<i>Operations on the Prostate.</i>		
687.	Prostatectomy (suprapubic, perineal or retropubic)	18 15 0
688.	Prostatectomy (transurethral)	11 5 0
689.	Median bar, transurethral resection of	9 7 6
690.	Prostate, total excision of	18 15 0
<i>Operations on the Bladder (Closed).</i>		
704.	Cystoscopy, with endoscopic bladder neck resection	7 10 0
<i>Operations on the Bladder (Open).</i>		
707.	Bladder, partial excision or plastic repair of	15 0 0
708.	Bladder, excision of, with ureteric transplantation	22 10 0
709.	Bladder neck contracture, operation for	11 5 0
711.	Diverticulum of bladder, excision or obliteration of	11 5 0
<i>Operations on Penis, Urethra or Scrotum.</i>		
725.	Urinary meatus—meatotomy	2 12 6
726.	Urethrotomy (external) or excision of stricture	11 5 0
728.	Urethroplasty	7 10 0
730.	Penis, amputation of (partial or complete)	7 10 0
731.	Penis, amputation of, with excision of glands	18 15 0
DIVISION 4.—GYNAECOLOGICAL.		
736.	Hysterectomy and dissection of pelvic glands	18 15 0
738.	Salpingostomy or salpingolysis, or both	7 10 0
742.	Vulvectomy (radical)	18 15 0
744.	Fistula between genital and urinary or alimentary tracts, repair of ..	11 5 0
749.	Examination of the uterine cervix by a magnifying colposcope of the Hinselmann type or similar instrument	1 10 0
750.	Cervix, purse string ligation of, for threatened miscarriage	1 17 6
DIVISION 5.—OPHTHALMOLOGICAL.		
756.	Iridectomy or iridotomy	11 5 0
764.	Keratoplasty, superficial	15 0 0
774.	Entropion or ectropion, operation for	5 12 6
776.	Obstruction, lachrymal passages, probing or dilatation	1 2 6
777.	Cornea, transplantation of	22 10 0
DIVISION 6.—THORACIC.		
779.	Thoracotomy without pneumolysis	9 7 6
780.	Thoracotomy with pneumolysis	11 5 0
781.	Thoracotomy with pulmonary decortication	15 0 0
782.	Thoracoplasty (complete)	15 0 0
787.	Pericardium, drainage of	11 5 0
788.	Pneumonectomy or lobectomy	22 10 0
789.	Oesophagectomy or operation for atresia of oesophagus	22 10 0
792.	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Schedule or the First Schedule to this Act	22 10 0
793.	Intracardiac pressure recording at operation	3 15 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
DIVISION 7.—NEURO-SURGICAL.		
		£ s. d.
795.	Chemopallidectomy	18 15 0
800.	Neurectomy, intracranial or radical as in tic douloureux ..	15 0 0
808.	Complicated fracture or fractures of skull, operation for ..	15 0 0
810.	Craniotomy, involving osteoplastic flap	15 0 0
812.	Aneurysm, intracranial, operation for	22 10 0
814.	Craniotomy and tumour removal	22 10 0
816.	Craniotomy, burr-hole	2 5 0
817.	Transfrontal orbitotomy for tumours or other lesions ..	18 15 0
819.	Intracranial abscess, excision of	18 15 0
821.	Laminectomy for cordotomy, removal of tumour or of intervertebral disc	15 0 0
DIVISION 8.—ORTHOPAEDIC.		
840.	Bone graft to spine	11 5 0
853.	Insertion of orthopaedic pin or wire	2 5 0
<i>Operations on Joints.</i>		
857.	Hip—arthrotomy	9 7 6
858.	Knee—arthrectomy or arthroplasty	11 5 0
862.	Knee—reconstruction of capsular ligaments	9 7 6
868.	Shoulder—arthrectomy	9 7 6
DIVISION 9.—PAEDIATRIC.		
<i>Operations for correction of congenital abnormalities.</i>		
893.	Imperforate anus, abdomino-perineal correction of	15 0 0
895.	Intestinal atresia or stenosis—excision or anastomosis (or both) ..	15 0 0
896.	Duodenal obstruction (congenital)—anastomosis or resection of ..	15 0 0
898.	Hirschsprung's disease, rectosigmoidectomy for	18 15 0
903.	Contracted bladder neck (congenital), wedge excision or perurethral resection of	11 5 0
908.	Ectopic bladder—"turning-in" operation	15 0 0
915.	Myelomeningocele—excision of sac	11 5 0
916.	Hydrocephalus—suboccipital decompression, third ventriculostomy or Torkildsen's operation	18 15 0
917.	Hydrocephalus, spino-ureteral, spino-peritoneal or spino-pleural anastomosis of	15 0 0
924.	Tetralogy of Fallot or patent ductus arteriosus, operation for ..	22 10 0
925.	Cardiac operation not covered by any other item in this Schedule or the First Schedule to this Act	22 10 0
927.	Congenital choanal atresia or occlusion, repair of	9 7 6
<i>Plastic operations for congenital abnormalities.</i>		
935.	Hare-lip (unilateral), repair of	7 10 0
937.	Cleft palate (soft palate only), repair of	11 5 0
938.	Cleft palate, complete repair of	15 0 0
944.	Lymphangiectasis of limb (Milroy's disease)—excision	9 7 6
951.	Torticollis, operation for	7 10 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
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Part 5.—*Operations—continued.*

£ s. d.

Operations for acquired conditions.

953.	Portal hypertension, lienorenal anastomosis for	22	10	0
954.	Portal vein anastomosis .. .. .	.. .. .	22	10	0
956.	Prolapsed rectum, plastic operation for .. .. .	.. .. .	7	10	0
957.	Megacolon, colectomy .. .. .	.. .. .	18	15	0

DIVISION 10.—PLASTIC AND RECONSTRUCTIVE.

963.	Free graft on granulating surface (extensive) .. .. .	.. .. .	11	5	0
965.	Free graft after elective dissection (extensive) .. .. .	.. .. .	11	5	0
975.	Deformity of nose, correction of .. .. .	.. .. .	9	7	6
986.	Mandible or maxilla, plastic reconstruction for fracture of .. .. .	.. .. .	11	5	0
987.	Malar-maxillary fracture, plastic reconstruction for .. .. .	.. .. .	11	5	0