



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021
ANSWER TO QUESTION TAKEN ON NOTICE
2 March 2022

Asked by **MS CASTLEY** on 2 MARCH 2022: **MINISTER STEPHEN-SMITH** took on notice the following question(s):

Ref: Hansard Proof Transcript 2 March, PAGE 14

In relation to:

Why is the Territory treating people from Queensland and Victoria, what types of operations are being performed and how much does that cost the ACT?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:—

Treatment of people from Queensland and Victoria

The National Health Reform Agreement (NHRA) 2020-25 requires arrangements to be in place to ensure equitable access to such services (health and emergency) for all eligible persons, regardless of geographic locations. A goal of the NHRA 2020-25 is the delivery of high-quality care in the right place at the right time.

Interstate patients may also require post-operative care from family or carers based in the ACT or they may have previously lived in the ACT when they were added to the waitlist. Similarly, ACT residents may require care when interstate or may seek care from a health service in another state so that they can receive post operative care from family or carers who live there.

The State or Territory where a patient normally resides meets the cost of services in the ACT, paid at the National Efficient Price (NEP) (exclusive of the Commonwealth contribution).

For any surgery that is delivered at a cost above NEP, the ACT will bear a level of cost that is not compensated by the payment from the patient's home jurisdiction. However, for any surgeries that are delivered at a cost at or below the NEP, the ACT will be fully compensated by the home jurisdiction.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: 

Date: 11/4/22

By the Minister for Health, Rachel Stephen-Smith