Submission by the Australian Nursing and Midwifery Federation

Community Affairs Legislation Committee – Health Insurance Amendment (Incentive Payments and Other Measures) Bill 2026

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Community Affairs Legislation Committee for the opportunity to provide feedback on the Health Insurance Amendment (Incentive Payments and Other Measures) Bill 2026.

6. The Australian Nursing and Midwifery Federation (ANMF) welcomes the proposed amendments to the Health Insurance Act 1973 (HIA). These proposed amendments are important and necessary underpinning elements for a wider program of primary health care reform. Below, we have proposed some additional amendments and considerations regarding the Act that would enable more effective and inclusive conditions for nurses and midwives working in primary healthcare settings.

Provisions for Nurse- and Midwife-Led Models of Care

7. The ANMF welcomes the proposed amendments to provide a legislative framework that covers administration, compliance and oversight for existing incentive programs[1]. Although these amendments are a positive step-forward to further primary health care reform, they need to go one step further and ensure that the design of the legislation is broad enough to encompass current and future workforce demand and incentive program development.

8. The amendments aim to provide a statutory basis for current Commonwealth health incentive programs and not prescribe rules for individual programs, which is a positive step in supporting the safety of incentive programs and protecting practices to provide care. The language used must allow for flexibility in the programs and allow room for future reforms to be implemented to ensure a strong, supported primary health care system.

9. There have been landmark steps towards recognising the advanced care and contribution of nurses and midwives in primary health care; from removing the need for Nurse Practitioners (NP) to have a collaborative arrangement in place with a medical practitioner; to the recent historic bill to support Registered Nurse prescribing. These are reforms that uplift not only the nursing workforce but the health system as whole.

10. The current incentives, although beneficial, currently cannot be accessed by any other model of care than that of general practice, due to the current rules. Integrating language that allows for models of care that provide primary health care services but are not accredited under the Royal Australian College of General Practitioners (RACGP) standards supports opportunities for nurse/midwife-led models to access incentive programs. Allowing health services to access practice incentive programs will support their sustainability and ability to provide high-quality consumer care and create opportunities for consumers to obtain accessible, equitable care, particularly in rural and remote communities where access to general practices can be challenging or even impossible.

[1] Australian Parliament. *Bills Digest, No. 68, 2025–26* [Internet]. Canberra: Parliament of Australia; 2025. Available from: https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd2526/26bd068

11. Nurses and midwives are the largest group of health professionals in Australia and work across primary healthcare contexts throughout the country. Consideration for their involvement in these practice incentives and future opportunities to allow for nurse/midwife-led clinics to obtain incentive payments must be accounted for in legislative changes.

12. Understanding that this legislation would not be prescribing rules for each incentive provides an opportunity to use language in the legislative amendments that reflects not only flexibility for the programs but the contemporary workforce and model of care options that now exist in primary health care.

13. Now is the opportunity to continue this upward trajectory in placing nurses and midwives at the forefront of healthcare that will enable all community members to access equitable care.

Recommendation

14. Ensure the Bill is drafted with language that accounts for the diverse healthcare professional workforce as well as alternative models of care that provide primary healthcare across Australia to ensure that all members of the healthcare team and models of care are appropriately and effectively supported by future incentive schemes.

15. Language used in the Bill referring to 'medical practitioner/professional' should be amended to 'health care professional' to reflect the primary health care workforce accurately.

16. Maintain flexibility for updates to program incentive programs and creation of new programs within the legislation to account for future reform.

Amendment to Incentive Payment Programs

17. The number of nurse- and midwife-led models of care is growing and provide opportunities for underserved communities to obtain accessible, equitable primary health care.[2] Utilising the nursing and midwifery workforce through recognising these models of care provides not only greater access to health care, but also professional development opportunities and supports workforce retention.

18. Undergraduate nurses, advanced practice nurses and NP candidates are trained in primary health care settings, however there is minimal to no funding to support this. This leads to limited and lower quality training opportunities for these health professionals. Under the current structure of Practice Incentive Payments (PIP), general practices can access the PIP-Teaching incentive to support training medical students. There is no similar incentive provided to support training of nurses or midwives in these settings.

19. Not only do nurses and midwives who are working in general practice provide training to undergraduates and advanced practice nurses and midwives, they also assist in training medical students. Nurses and midwives are experts at performing procedures within their scope of practice and bring invaluable experience and knowledge to these students. They are often tasked with teaching medical students when the GP does not have time or understands that the nurse within the practice is an expert in certain areas.

20. Registered Nurse (RN) prescribing is a landmark achievement in supporting nurses to work to their full scope of practice and provide advanced care to their consumers. The recent legislation that allows consumers access to subsidised Pharmaceutical Benefits Scheme (PBS) medicines prescribed by RNs is a significant step-forward in supporting nurses to work to their full scope of practice.[3]

[2] Terry D, Hills D, Bradley C, Govan L. Nurse-led clinics in primary health care: A scoping review of contemporary definitions, implementation enablers and barriers and their health impact. *J Clin Nurs*. 2024;33(5):1724-1738. doi:10.1111/jocn.17003.

[3] Australian Nursing and Midwifery Federation. ANMF welcomes legislation enabling PBS access for nurse-prescribed medicines [Internet]. Melbourne: ANMF; 2026 Jul 2.Available from: ANMF welcomes legislation enabling PBS access for nurse-prescribed medicines

21. Despite this significant achievement, further action is required to support genuine and widespread scope of practice reform.[4] The ANMF recognises the work that is currently being undertaken to support this and welcomes further opportunities to be involved in this vital reform. This includes incentives for RNs to undertake the study necessary to become RN prescribers.

22. There is a significant need for the development of training pipelines for advanced practice nurses and midwives, extending scope of practice and training opportunities for NP and endorsed midwife candidates.

23. There is a lack of structured pathways for RNs or midwives to undertake advanced clinical training in primary health care, these opportunities usually need to be sourced outside the workplace and by the RN or midwife themselves. When training to become a NP or Endorsed Midwife, senior nurses or midwives are required to source their own mentors who can support them through their studies and ensure they complete the required clinical assessment. This remains a significant barrier to extending clinical practice.

24. The ability of practices to secure financial incentives to train nurses would be a positive step to building the primary health workforce that modern Australia needs. This would also go a long way to supporting workforce retention. When a nurse or midwife is required to undertake teaching and supervision, they are not supported professionally and financially. Due to the extra stress, they are at a higher risk of experiencing burn-out, leaving the role, or worse, the profession entirely.

25. To build a strong, resilient primary health care workforce, nurses and midwives must be included in discussions about the design of the PIP- Teaching incentive that supports nurses and midwives to provide high quality, evidence informed care and removes barriers to train and provide treatment in primary health care settings.

[4] Australian Government Department of Health and Aged Care. *Unleashing the Potential of Our Health Workforce: Scope of Practice Review Final Report*. Canberra (AU): Australian Government Department of Health and Aged Care; 2024. Available from: Australian Government Department of Health and Ageing

Recommendations

26. Include nursing and midwifery in the PIP-Teaching program to account for training that is already occurring without support and incentives, to build a sustainable modern workforce.

27. Include language within incentive program rules that will support future training opportunities and upskilling of the nursing and midwifery workforce into advanced care, NP, and endorsed midwife roles.

28. Include incentives for RN prescribing to be undertaken to increase uptake.

Funding for Nurses and Midwives Work Value Case Outcome

29. Historic gender-based undervaluation of the work performed in nursing and midwifery has led to a lack of recognition for nurses and midwives as highly skilled health professionals. The ANMF is leading the landmark Nurses and Midwives Work Value case seeking increases to the minimum rates set in the Nurses Award 2020 and improved recognition of nursing and midwifery roles.[5,6]

30. As a result of the work value case, minimum award rates will increase and will flow to nurses and midwives in a range of settings. The impact will be greatest where nurses and midwives are currently remunerated at, or close to, award rates. Nurses employed in general practice whose roles are funded via the workforce incentive payment (WIP) will in many cases be the beneficiaries of improved award rates.

31. The ANMF is concerned that the positive uplift in award rates may lead to unintended consequences, such as practices reducing the number or hours of work of nurses, midwives and nurse practitioners employed via the WIP.

[5] Dragon N. The Nurses and Midwives Work Value Case: why the award matters. *Australian Nursing & Midwifery Journal* [Internet]. 2026 Jun 9. Available from: ANMJ article

[6] AM2024/11 Work value case – Nurses and midwives | Fair Work Commission

32. Amending the Health Insurance Act 1973 is an opportunity to implement accountability measures that protect nurses and midwives in their roles within general practice and in primary health care to ensure that funding streams attached to incentive programs keep pace with future award rate increases.

33. Provisions within legislation that protect the role of the nurse or midwife in practice settings funded through the WIP will mitigate the potentially detrimental impact on the workforce and to primary healthcare access more broadly.

Recommendation

34. Include provisions within the legislation that protects nursing roles in general practice that rely on the WIP for job security and ensure incentive payments are indexed to adequately reflect award rate increases.

Amendments to Section 19 of the Health Insurance Act

35. Amendments to subsection 19(2) of the *Health Insurance Act 1973 (HIA)* to stop double billing incentive and MBS payments is a welcome change that supports consumers to access honest, affordable care.

Removal from Access to Incentive Payment Program

36. While the ANMF supports the ability for incentive payments to be revoked under certain circumstances, this must not be done lightly. Before payments are revoked, practices must be given the opportunity to meet compliance requirements and assisted to meet required standards.

37. In many practices, the nurse or midwife's position is reliant on program incentives being paid, notably through the WIP. If this payment is revoked suddenly, the nurse or midwife may face reduced working hours or job loss.

38. For the WIP to be issued to a general practice, compliance standards must be in place to ensure that the nurse or midwife employed in that practice is provided with meaningful work, has opportunity for professional growth and is able to work to their full Scope of Practice (SoP).

39. These legislative changes are a welcome opportunity to consider improving compliance standards for receiving the WIP that protects nurses and midwives roles in general practice.

Recommendation

40. Ensure compliance requirements are in place to ensure nurses and midwives are supported to work to their full scope of practice, undertake meaningful work and that revocation of payments only occurs following a suitable opportunity to meet required standards.

Compliance requirements

41. Penalties for practices that act unscrupulously by claiming MBS items while claiming relevant WIP/PIPs is a welcome addition to the legislation. Consumers deserve access to care that is honest, financially sustainable and equitable.

42. The ANMF recognises the need to cut down on administrative burden however, it is essential that human oversight be in place throughout the decision-making process. Without this, there is risk that practices miss out on payments that ensure their ability to provide care for their community. To mitigate this, the appeals process must provide for human decision making and the ability to override automated decisions.

Recommendation

43. Automated processes and decisions must operate with clear requirements for human oversight.

Conclusion

44. The ANMF thanks the Community Affairs Legislation Committee for the opportunity to provide feedback on the Health Insurance Amendment (Incentive Payments and Other Measures) Bill 2026. Reform of the legislative framework for Commonwealth Practice Incentive Payments is a positive step in protecting ongoing incentives that boost the general practice system. As outlined above, there is scope for further improvement to ensure a modernised approach to supporting reform. Nurses and midwives must be at the forefront of the design of legislative reform.

45. There has been significant progress made in recognising the value of work of nurses and midwives through the current Nurses and Midwives Work Value Case and reform such as the bill to support RN prescribing on the PBS. Providing support for nurse and midwife-led care and training within the practice incentive program and space for supporting new models is vital to ongoing success. No singular reform will solve the systemic issues that plague the health system, however in tandem and when appropriately executed, they can go a long way to achieving overall success.

46. The Bill to amend the Health Insurance Act 1973 provides an opportunity to strengthen and improve incentive programs in the primary health care sector. The ANMF supports the Bill and urges the Committee to incorporate the recommendations set out above.