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<b>FUNCTIONAL GROUP(S)</b>	Corporate Governance
<b>KEY TERMS</b>	Legislative compliance, legislation, Acts, laws
<b>SUMMARY</b>	The SESLHD Framework for Legislative Compliance provides a structure on how legislation is to be incorporated into relevant South Eastern Sydney Local Health District (SESLHD) policy documents and outlines how compliance obligations are to be managed and reported on.

**This Framework is intellectual property of South Eastern Sydney Local Health District. Framework content cannot be duplicated.**

Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

## SESLHD Framework for Legislative Compliance

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## **Section 1 – Background**

The SESLHD Legislative Framework (The Framework) provides a structure for incorporating legislation into relevant SESLHD policy documents. It also outlines staff members' responsibilities in monitoring legislative compliance.

Adhering to this Framework is mandatory and will assist in ensuring legislative compliance responsibilities for the organisation are met.

The associated SESLHD Legislative Register (The Register) identifies legislation with which SESLHD must comply and assigns primary responsibility for ensuring compliance with each piece of legislation.

The Framework and Legislative Register form part of the SESLHD's corporate governance arrangements and are intended to complement existing policies and procedures including the [SESLHDHB/019 Framework for Governance of Policy Documents in SESLHD](#).

SESLHD's corporate governance requirements are outlined in the Corporate Governance and Accountability Compendium for NSW Health (the Compendium) and the Service Agreement between the Secretary, NSW Health and the South Eastern Sydney Local Health District.

The Compendium states that "all persons employed by, or providing a service to, a public health organisation have legislative obligations, whether they are clinicians caring for patients/clients, contractors, administrative or support staff, senior managers or board members."

The Compendium also states that "health organisations should ensure that: The legal and policy obligations of the organisation are identified and understood; and responsibilities for compliance are allocated."

Furthermore, the Service Agreement between the Secretary, NSW Health and the South Eastern Sydney Local Health District states that "the Boards of Districts, Networks and Support Organisations are responsible for having governance structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals."

This Framework is a procedural document to assist with compliance of the above.

## **Section 2 – Principles of the Framework**

1. The Chief Executive is accountable and responsible for ensuring that all legislative requirements are complied with and reported on, as required.
2. The [NSW Health Legal Compendium](#) provides a guide to key legal obligations of agencies forming part of NSW Health. The Legal Compendium provides links to laws and related NSW Health Policy Directives in a range of subject areas.
3. A Legislative Compliance contact person is to be assigned to monitor compliance with the legislation that falls under the portfolio of each Director.
4. All managers will be responsible for providing their staff with information about existing, new and altered legislation, and maintaining evidence that they have done so.
5. All managers will be responsible for compliance with legislation and maintaining evidence to support compliance.
6. The SESLHD Audit and Risk Committee will review the effectiveness of the system for monitoring the organisation's compliance with applicable laws, regulations and associated government policies.
7. The Framework outlines the responsibilities of staff members to ensure legislation is implemented, complied with and reported on, where necessary.
8. The Framework will be located in SESLHD's Electronic Records Management System (Content Manager) and published on the SESLHD website policy page.
9. The Register will be sourced via SESLHD's Electronic Records Management System (Content Manager) using specified fields, saved searches and compiling information into reports.

## Section 3 – Definitions

**Business rule (BR):** a document that describes a process, reporting line or use of resources in a particular site, service or department. These can be clinical or administrative business rules. Business rules must be endorsed by the site, department, facility or service manager or Director and must not contravene legislation or policy.

Local Business Rules should not be developed where it is describing a practice that should be consistent across the organisation.

**Executive Sponsor:** the person in charge of a portfolio.

**Chief Executive:** the Chief Executive of SESLHD, the person responsible to the Board for management of its recognised establishment and services.

**Compliance:** adhering to the requirements of laws and regulations, organisational standards, codes and principles of good governance and accepted community and ethical standards (Australian Standard AS3606-2006: Compliance Programs).

**Compliance Framework:** a series of activities that when combined are intended to achieve compliance.

**Corporate Governance and Accountability Compendium for NSW Health:** provides a summary of the key governance requirements applying to NSW Health agencies that apply at both a system and whole of Government level.

**Governance:** the action or manner of governing an organisation.

**Legislation:** is the act or process of making or enacting laws.

**Line Managers:** Staff holding positions responsible for managing a cost centre, ward, team or group of staff.

**NSW Health:** means public health organisations, the NSW Ministry of Health, the Ambulance Service of NSW, and all other organisations under the control and direction of the Minister for Health or the Secretary of Health.

**NSW Health organisation:** A public health organisation as defined under the *Health Services Act 1997*, NSW Ambulance, Health Infrastructure, HealthShare NSW, eHealth NSW, NSW Health Pathology, any other administrative unit of the Health Administration Corporation and all organisations under the control and direction of the Minister for Health or the Minister for Mental Health or the Secretary, NSW Health.

**NSW Health Policy Directive (PD):** a document that contains material that is expected to be understood by relevant staff and must be complied with, and implemented, by the NSW public sector health system.

**NSW Health Guideline (GL):** a document that provides advice or guidance but does not require compliance. Such documents are required to be accountable and subject to review and removal from the system if out dated.

**NSW Health Information Bulletin (IB):** a document that provides a mechanism for the distribution of information within the NSW public health system. Information Bulletins are not to be used for policy or guideline matters, although they may be used to advise the existence or changes in status of such documents. Information Bulletins can cover:

- Industrial award variations
- Fee increases (gazetted under legislation)
- Advice re introduction of new legislation
- Training courses
- Public holidays

**Senior Management:** Executives with delegation for document approval within their portfolio of responsibility.

**SESLHD:** South Eastern Sydney Local Health District

**SESLHD Legislative Framework (The Framework):** outlines compliance responsibilities and assigns responsibility for ensuring compliance with each Act and provides a process for reporting on legislative compliance, (if required).

**SESLHD Legislative Register (The Register):** list of legislation that SESLHD is required to comply with.

**Staff:** any person working in a casual, temporary or permanent capacity in NSW Health, including volunteers, consultants, contractors, board members and any person performing a public official function whose conduct could be investigated by an investigating authority.

## **Section 4 – Responsibilities**

### **The Chief Executive is responsible for:**

- SESLHD's compliance with all relevant legislation.

### **Tier 2 Directors / Executive Sponsors / Service Managers / Clinical Stream Directors and Senior Managers are responsible for:**

- Ensuring their portfolio is compliant with the requirements of legislation.
- Ensuring that staff administering legislation are fully aware of their roles and responsibilities, including any duties and obligations.
- Deciding when a policy document is required to support the implementation of a new/amended legislation that falls within the confines of their portfolio. (See SESLHDHB/019 - Framework for Governance of Policy Documents in SESLHD for the relevant process to follow).
- Assigning responsibilities to relevant staff and ensuring they are fulfilling their responsibilities.
- Facilitating discussion about new/amended legislation in a regular minuted forum and retaining records of these meetings for accreditation, compliance recording and incident investigation.
- Establishing processes to identify changed compliance requirements in their portfolio arising from new/amended legislation.
- Developing strategies to manage any non-compliance and reporting non-compliance to the Chief Executive.

### **Line Managers are responsible for:**

- Distributing information about new/amended legislation to their staff and maintaining a record of such action.
- Facilitating discussion about new/amended legislation in a regular minuted forum such as a staff meeting and retaining records of these meetings for compliance, accreditation and incident investigation purposes.
- Developing strategies to manage non-compliance and reporting this to their Director / Service Managers / Clinical Stream Directors and Senior Managers.
- Reporting non-compliance into IIMS or ERMS.
- Monitoring compliance with policies, procedures or guidelines where legislation is to be complied with
- Providing reports as required.

### **Employees are responsible for:**

- Complying with all legislation and reporting non-compliance to their line manager.
- Assisting with the development or review, of policies, procedures or guidelines as directed by their line manager when new or amended legislation is released.

**Audit and Risk Management Committee is responsible for:**

- As per the Committee's Charter and in line with [NSW Health PD2022\\_022 Internal Audit](#), determining whether management has appropriately considered legal and compliance risks as part of the organisation's risk assessment and management arrangements.
- Reviewing the effectiveness of the system for monitoring the organisation's compliance with applicable laws, regulations and associated government policies.
- Seeking assurance that changes in key laws, regulations, internal policies and applicable standards affecting the agency's operations are being monitored at least once a year, and appropriately addressed.

**Policy Officers are responsible for:**

- Reviewing all new and revised Ministry of Health policy documents and determining what legislative requirements, if any, are associated with the policy documents.
- Reviewing all new and revised SESLHD policy documents and determining what legislative requirements, if any, are associated with the policy documents.
- Ensuring the Ministry of Health and SESLHD policy documents are correctly mapped to all relevant legislation.
- Review the Monthly Policy Report to determine legislative requirements from new, amended policies and update the Legislative Register accordingly.
- Providing any necessary support to the person/s responsible for compliance with the legislation.
- Working with the Directors to nominate Legislative Compliance contact persons.
- Providing training to Legislative Compliance contact persons regarding compliance.
- Reviewing legislation updates obtained from external sources.
- Compiling the Monthly Legislation Notification Email and emailing to the Directors/General Managers and their nominated Legislative Compliance contact persons.
- Maintaining a master register that records all legislation the SESLHD must comply with in SESLHD's Electronic Records Management System (Content Manager).
- Providing reports on adherence with legislation compliance, or non-compliance, to the Chief Executive as required.
- Maintaining the Legislative Compliance information on the SESLHD intranet.
- Ensuring this Framework, Register, the Legislation Compliance Task List, and all associated working instructions are accurate and updated as required.

**Legislative Compliance contact persons are responsible for:**

- Completing the Legislation Implementation and Compliance Checklist for each piece of new legislation that impacts their portfolio.
- Confirming with their Director/General Manager if there is a need for the development, or amendment of a SESLHD policy, procedure or guideline due to a new/amended legislation. (see [SESLHDHB/019 Framework for Governance of Policy Documents in SESLHD](#) for guidance).
- If developing a new SESLHD policy document, ensure the Legislation requirements are considered and the mapping to legislation/s has occurred.
- Compiling a plan to assist the Director/General Manager with implementation, communication and compliance with the new/amended legislation, if required.



## Section 4 Responsibilities

- Assisting the Director/General Manager with legislation compliance and reporting obligations, if required.
- Ensure any documentation relating to legislation compliance or reporting is related to the relevant Legislative Container in Content Manager, or emailed to the SESLHD Policy team to complete this process.
- Escalate issues involving reportable non-compliance to the Director/General Manager responsible.
- Register incident into IIMS or ERMS.

## Section 5 – Portfolios

Policies, procedures and guidelines fall within broad categories called portfolios that are managed by an Executive Sponsor. Where there is legislation mapped to a policy document, responsibility is to be assigned in line with the portfolio.

No.	Position title
1	Chief Executive, SESLHD
2	Clinical Stream Director, Aged Care and Rehabilitation, SESLHD
3	Clinical Stream Director, Cancer, SESLHD
4	Clinical Stream Director, Critical Care, SESLHD
5	Clinical Stream Director, Medicine, SESLHD
6	Clinical Stream Director, Surgery, Anaesthetics and Perioperative, SESLHD
7	Clinical Stream Director, Women's and Children's Health, SESLHD
8	Director, Allied Health, SESLHD
9	Director, Clinical Governance and Medical Services, SESLHD
10	Director, Corporate and Legal Services, SESLHD
11	Director, Digital Health
12	Director, Finance, SESLHD
13	Director, Internal Audit, SESLHD
14	Director, Nursing and Midwifery Services, SESLHD
15	Director, People and Culture, SESLHD
16	Director, Population and Community Health, SESLHD
17	Director, Research, SESLHD
18	Director, Strategy, Innovation and Improvement, SESLHD
19	Executive Director, Operations, SESLHD
20	General Manager, Mental Health Service, SESLHD
21	General Manager, Organ and Tissue Donation Service
22	General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital
23	General Manager, Royal Hospital for Women
24	General Manager, St George Hospital
25	General Manager, Sutherland Hospital and Garrawarra Centre
26	Head of Legal Services, SESLHD
27	Manager, Media and Communications, SESLHD
28	Manager, Office of the Chief Executive, SESLHD

## **Section 6 – Compiling of new/amended Legislation**

The following two methods outline how new/amended legislation is recorded by the SESLHD Policy team.

1. The Policy Officers source updates when new/or amended legislation changes are provided via the following sources;
  - SAI Global email updates
  - NSW Legislation updates: <http://www.legislation.nsw.gov.au/#/notifications>
  - Acts and regulations under review as advised on the NSW Health website

This information is consolidated into the Monthly Legislation Notification Email for monthly distribution. The email includes links to new Acts or Regulations that may be relevant to SESLHD.

See [Appendix B](#) as an example.

The links should be reviewed by all to determine if compliance, or reporting requirements is required by their portfolio.

Bills that have been read in Parliament that may be of interest to SESLHD, or will require compliance if enacted, will be listed for information only.

Note: Legislative compliance containers are not created at this stage.

2. New legislation is identified during the monthly policy review process. Policy Officers consolidate the list of policy directives that have been released by NSW Health and SESLHD during the previous month into the Monthly Policy Report:

**NSW Health** – policy documents are reviewed by Policy Officers to determine what legislative requirements are listed, if any.

**SESLHD** – at the creation of a policy document the author completes the National Standards and Legislation Declaration Form, which identifies legislation and sends the form to the SESLHD Policy team for mapping into the Legislative Register.

Legislative containers are only created when new legislation is identified in a policy or overarching governance document, that SESLHD must comply with. If the legislation has been previously recorded in the Register then the policy directive numbers will be recorded in the notes field and the NSW Health policy directives will be ‘related’ to the Legislative container.

## **Section 7 – Dissemination of new/amended Legislation**

New/amended legislation listed in the Monthly Legislation Notification Email is sent to the Directors/General Managers and their nominated Legislative Compliance contact person for distribution and implementation, in conjunction with the Monthly Policy Report.

The Legislative Compliance contact person is to review the legislation and determine if any changes will impact their portfolio, such as compliance or reporting. If compliance is determined the Legislation Implementation and Compliance Template is to be completed. If there are issues regarding compliance, a brief is to be completed outlining the issues, and remedial steps, and sent to the Chief Executive.

Specifically targeted communication plans may be required in some circumstances, particularly where new, or amended legislation will result in a change in practice.

Local facilities should have a process in place for the dissemination of new legislation.

This information is to be tabled at relevant meetings, including staff meetings, to ensure all members of staff are made aware of their responsibilities and accountabilities. Managers are required to keep records regarding staff notification for the purposes of accreditation and incident investigation.

## **Section 8 – Publication**

The Monthly Legislation Notification Email will be emailed to the Directors/General Managers and their nominated Legislative Compliance contact persons at the start of the following month.

## **Section 9 – Monitoring, Compliance and Review**

Executive Sponsors are responsible for monitoring compliance with relevant legislation that fall within their portfolio. A system to monitor compliance/non-compliance should be established that include, a record of actions taken to facilitate future compliance. This may include monitoring particular incidents, actions taken and outcomes, and monitoring trends in compliance.

Undertaking trend analysis and documenting any changes made to improve / enhance existing practices should assist with demonstrating positive outcomes toward compliance.

Compliance with legislative requirements that are listed in NSW Health or SESLHD policy documents will be measured through a number of approaches:

- running reporting / compliance reports from the Legislative Register
- in response to requests from NSW Health
- through review of incident notifications
- through investigation of complaints, and
- any other process which may be deemed necessary by any relevant governance committee or Executive Sponsor.

Assessing staff knowledge on legislative compliance may involve staff surveys based on organisational needs, for example:

- for staff working in medical records - seeking to confirm that they understand privacy legislation
- for staff working in human resources and payroll services - assessing their knowledge of industrial relations legislation
- incorporating specific questions into staff performance reviews, and
- incorporating questionnaires / surveys into staff development and training programs, or online assessments.

### **Legislation Implementation and Compliance Checklist**

The Legislation Implementation and Compliance Checklist is available for the Legislative Compliance contact person to complete on receipt of the Monthly Legislation Notification Email.

The Checklist is only completed after the review of the email determines compliance with new legislation is required. The recommended timeframe for completion is two months from the date the Monthly Legislation Notification Email was issued. This should provide an adequate amount of time to commence any changes that are required in procedural documents for example, due to a change in legislation.

The purpose of the template is to advise what, if any, compliance or reporting requirements are to be completed and the policies that will require a revision.

If a piece of legislation falls under more than one Director's portfolio then the Legislation Implementation and Compliance Checklist will need to be completed by each portfolio.

## **Reporting a breach of compliance**

Any employee who becomes aware that a statutory responsibility or obligation may have been breached should report the breach to their line manager and consult with their line manager to determine whether the breach constitutes reportable non-compliance.

Any line manager who considers that an incident of reportable non-compliance has occurred, should immediately report the matter to their Director. A brief is to be submitted to the Director and copied to Executive Services noting details of recommended remedial action.

If the breach is an incident, the line manager is to register the incident into IIMS as outlined in the [NSW Ministry of Health Policy Directive PD2020\\_047 - Incident Management](#).

If the breach is considered a risk, the line manager is to register the risk with SESLHD's Risk Management Unit, as required by the [NSW Ministry of Health Policy Directive PD2022\\_023 - Enterprise-Wide Risk Management](#).

Confirmation that the incident/risk has been logged is to be saved into the legislation container. A confirmation email can be sent to the SESLHD Policy team advising of this.

If the line manager is unsure whether any particular breach constitutes reportable non-compliance, they should assume that it does.

If the breach is not a reportable non-compliance the line manager should:

- take any steps to remedy the potential breach as soon as practicable as agreed with their Director, and/or
- Director should seek advice from Legal Branch, if necessary.

As stated in NSW Health PD2015\_049 NSW Health Code of Conduct, staff must "observe all laws, professional codes of conduct and ethics relating to their profession". Failing to do so would be seen as a breach of the Code of Conduct. Please refer to [NSW Ministry of Health Policy Directive - PD2015\\_049 NSW Health Code of Conduct](#).

## Section 10 – Documentation, References, Revision and Approval History

### Documentation

The Legislative Implementation and Compliance Checklist and Identification Form can be found on the [Templates and Forms page](#) of the SESLHD Intranet:

### References

- [NSW Health Corporate Governance and Accountability Compendium](#)
- [NSW Health Policy Directive PD2015\\_049 NSW Health Code of Conduct](#)
- [NSW Health Policy Directive PD2020\\_047 Incident Management](#)
- [NSW Health Policy Directive PD2022\\_022 Internal Audit](#)
- [NSW Health Policy Directive PD2022\\_023 Enterprise-Wide Risk Management](#)
- [SESLHDHB/019 Framework for Governance of Policy Documents in SESLHD.](#)

### Revision and Approval History

Date	Revision no:	Author	Approval
January 2018	DRAFT	Executive Services Consultant	
March 2018	1	Executive Services Consultant	Approved by SESLHD Executive Council for publishing.
May 2018	1	Executive Services Consultant. Minor review based on Feedback received from Legislative Compliance Training Sessions	Minor wording update approved by Manager Executive Services.
November 2018	2	Executive Services Consultant. Updated Executive Sponsor. Reallocated Director Programs and Performance and Director Capital Redesign portfolio contents. Updated links.	
June 2020	3	Updated the Executive Sponsor title, by removing 'Acting' from the Chief Executive position.	
May 2023	4	Minor review by Governance and Policy team. Minor updates to terminology and references.	Approved by A/Director, Corporate and Legal Services.

# Appendix A – Legislation Implementation and Compliance Checklist

## Legislation Implementation and Compliance Checklist



<p><b>Legislation Title:</b> <b>Director/General Manager Responsible Officer:</b> <b>Legislative Compliance Champion:</b> <b>Dept/Unit:</b> <b>Champions Phone:</b> _____ <b>Email:</b> _____</p>	
<p>Legislation Status: <i>(New OR amended. Also include if other legislation was repealed and replaced with this legislation)</i></p>	
<p>SESLHD Policies/Procedures/Guidelines where this legislation is referenced: <i>(refer to Legislative Compliance container in Content Manager)</i></p>	
<p>SESLHD Policies/Procedures/Guidelines that will require a revision:</p>	
<p>Legislation added/amended within a Legislative Compliance (LC) container in Content Manager: <i>(Executive Service Consultant (ESC) to manage)</i></p>	Content Manager folder number: LC/
<p>LC Champions to advise of the reporting requirements and due dates:</p>	
<p>Identify the staff members/groups that have been consulted to implement the legislative requirements:</p>	
<p>List compliance requirements:</p>	
<p>Outline <b>HOW</b> the District complies, or what measures need to put into place, to meet the above requirements:</p>	
<p>Documents or Content Manager record numbers that support compliance:</p>	
<p>Outline non-compliance issues:</p>	
<p>Non-compliance issues registered into IIMS or ERMS?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No IIMS/ERMS reference number:
<p>Brief drafted to CE to advise of non-compliance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Content Manager record number:
<p><b>Implementation Approval</b></p>	
<p>Executive Sponsor Endorsement</p>	<p>Name: _____                      Title: _____                       Approval: _____ Date: _____</p>



## Appendix B – Monthly Legislation Notification Email Example

Below is a sample legislation notification email sent to Directors, General Managers and key Legislative Compliance contact persons, advising of notifications received in the prior month.

Good morning

Following are the legislation notifications received during April 2023. This update is provided for information, no action is required unless the legislation listed below directly affects your portfolio.

Following the recent NSW state election, the first meeting date of the new Parliament will be announced by the Governor and is likely to be in early May 2023. As such, there have been minimal NSW legislation notifications received in this period.

Please review the legislation to determine if any changes will affect the legislation that your portfolio is required to comply with. If changes will affect your portfolio, completing the [Legislation Implementation and Compliance Checklist](#) can assist you when considering what impacts the new legislation will have on your portfolio.

Please note the list may not be exhaustive, as there may be other legislative changes that the Governance and Policy team has not been advised of.

In addition, this email includes Acts Under Review and Regulations Under Review. These sections outline the Acts and Regulations currently under review by the NSW Ministry of Health and have been included for your information.

### Acts

There were no new Acts of relevance to SESLHD received during April 2023.

### Acts

There were no new Acts of relevance to SESLHD received during April 2023.

### Regulations:

Link:	Affects the following legislation:	Overview of the Regulation:
<a href="#">Private Health Insurance (Prostheses) Rules (No. 1) 2023 No. 0 (COM)</a>	<p>This title repeals the following legislations:</p> <ul style="list-style-type: none"> <li><a href="#">Private Health Insurance (Prostheses) Rules (NO. 3) 2022 No. 0</a></li> </ul>	<p>New Statutory Rule - Private Health Insurance (Prostheses) Rules (No. 1) 2023 No. 0 (COM)</p> <p>The Private Health Insurance (Prostheses) Rules (No. 1) 2023 (Cth) have been made under the authority of the Private Health Insurance Act 2007 No. 31 (Cth) (the governing Act).</p> <p>The purpose of the Rules is to update the list of the kinds of prostheses for which a benefit must be paid where the prosthesis is provided in the conditions and circumstances specified in the Act, and set out the minimum and, where applicable, maximum benefit payable.</p> <p><b>The Rules commenced on 1 March 2023.</b></p>

Link:	Affects the following legislation:	Overview of the Regulation:
<a href="#">Private Health Insurance Legislation Amendment Rules (No. 2) 2023 No. 0 (COM)</a>	<p>This title amends the following legislations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Private Health Insurance (Benefit Requirements) Rules 2011 No. 0</a></li> <li>• <a href="#">Private Health Insurance (Complying Product) Rules 2015 No. 0</a></li> </ul>	<p>New Statutory Rule - Private Health Insurance Legislation Amendment Rules (No. 2) 2023 No. 0 (COM)</p> <p>The Private Health Insurance Legislation Amendment Rules (No. 2) 2023 (Cth) amend the legislation listed below.</p> <p>The purpose of the amending Rules is to update the daily patient contribution payable by nursing-home type patients for hospital accommodation in private hospitals nationally and in public hospitals in all state and territory jurisdictions except for public hospitals in the Australian Capital Territory.</p> <p><b>The amending Rules commenced on 20 March 2023.</b></p>
<a href="#">Private Health Insurance Legislation Amendment Rules (No. 1) 2023 No. 0 (COM)</a>	<p>This title amends the following legislations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Private Health Insurance (Benefit Requirements) Rules 2011 No. 0</a></li> <li>• <a href="#">Private Health Insurance (Complying Product) Rules 2015 No. 0</a></li> </ul>	<p>New Statutory Rule - Private Health Insurance Legislation Amendment Rules (No. 1) 2023 No. 0 (COM)</p> <p>The Private Health Insurance Legislation Amendment Rules (No. 1) 2023 (Cth) amend the legislation listed below.</p> <p>The amending Rules implement changes to the private health insurance clinical categorization and procedure type classification of items of the Medicare Benefits Schedule.</p> <p><b>The amending Rules commenced on 1 March 2023.</b></p>
<a href="#">Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023 No. 0 (COM)</a>	<p>This title amends the following legislations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020 No. 0</a></li> <li>• <a href="#">Health Insurance (General Medical Services Table) Regulations 2021 No. 0</a></li> <li>• <a href="#">Health Insurance (Pathology Services Table) Regulations 2020 No. 0</a></li> </ul>	<p>New Statutory Rule - Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023 No. 0 (COM)</p> <p>The Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023 (Cth) amend the legislation listed below.</p> <p>The purpose of the amending Regulations is to implement annual fee indexation by increasing the schedule fee by 3.6 per cent for most general medical services, diagnostic imaging services, and specific items for the management of bulk-billing pathology services.</p>
<a href="#">National Disability Insurance Scheme</a>		<p>New Statutory Rule - National Disability Insurance Scheme (NDIS Provider Definition) Rule 2018 2022 No.</p>

Link:	Affects the following legislation:	Overview of the Regulation:
<a href="#">(NDIS Provider Definition) Rule 2018 2022 No. 0 (COM)</a>		<p>0 (COM)</p> <p>The National Disability Insurance Scheme (NDIS Provider Definition) Rule (2018) 2022 (Cth) has been made under the authority of the National Disability Insurance Scheme Act 2013 No. 20 (Cth).</p> <p>The Rule:</p> <p>(a) provides for the matters relating to the definition of NDIS Provider - continuity of support; and</p> <p>(b) provides for the matters relating to the definition of NDIS Provider - ILC program funding recipient.</p> <p><b>The Rule commenced on 1 April 2022.</b></p>
<a href="#">Public Governance, Performance and Accountability (Relevant Company) Amendment (2023 Measures No. 1) Rules 2023 No. 0 (COM)</a>	<p>This title amends the following legislations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Governance, Performance and Accountability (Relevant Company) Rule 2016 2020 No. 0</a></li> </ul>	<p>New Statutory Rule - Public Governance, Performance and Accountability (Relevant Company) Amendment (2023 Measures No. 1) Rules 2023 No. 0 (COM)</p> <p>The Public Governance, Performance and Accountability (Relevant Company) Amendment (2023 Measures No. 1) Rules 2023 (Cth) amend the Public Governance, Performance and Accountability (Relevant Company) Rule (2016) 2020 (Cth).</p> <p>The amending Rules provides the legislative authority for the Commonwealth’s involvement in relevant companies of this kind with the objects and proposed activities prescribed.</p> <p><b>The amending Rules commenced on 27 April 2023.</b></p>

**Bills**

There were no new Bills of relevance to SESLHD received during April 2023.

**Acts Under Review:**

There are currently no new Acts under review and consultation by the NSW Ministry of Health.

**Regulations Under Review:**

There are currently no new Regulations under review and consultation by the NSW Ministry of Health.