

NATIONAL HEALTHCARE AGREEMENT 2012

Council of
Australian
Governments

An agreement between

- the Commonwealth of Australia and
- the States and Territories, being:
 - ◆ the State of New South Wales;
 - ◆ the State of Victoria;
 - ◆ the State of Queensland;
 - ◆ the State of Western Australia;
 - ◆ the State of South Australia;
 - ◆ the State of Tasmania;
 - ◆ the Australian Capital Territory; and
 - ◆ the Northern Territory of Australia.

The objective of this Agreement is to improve health outcomes for all Australians and the sustainability of the Australian health system.

This Agreement defines the objective, outcomes, and performance indicators, and clarifies the roles and responsibilities that will guide the Commonwealth and States and Territories in delivery of services across the health sector.

National Healthcare Agreement

INTERGOVERNMENTAL AGREEMENT
ON FEDERAL FINANCIAL RELATIONS

PRELIMINARIES

1. This Agreement is created subject to the provisions of the *Intergovernmental Agreement on Federal Financial Relations* and should be read in conjunction with that Agreement and subsidiary schedules. In particular, the schedules include direction in respect of performance reporting.
2. The Parties are committed to addressing the issue of social inclusion, including responding to Indigenous disadvantage. That commitment is embodied in the objective and outcomes of this Agreement. However, the Parties have also agreed other objectives and outcomes - for example, in the National Indigenous Reform Agreement - which the Parties will pursue through the broadest possible spectrum of government action. Consequently, this Agreement will be implemented consistently with the objectives and outcomes of all National Agreements and National Partnerships entered into by the Parties.
3. On 20 December 2007, the Council of Australian Governments (COAG) agreed to a reform agenda that will boost productivity, workforce participation and geographic mobility, and support wider objectives of better services for the community, social inclusion, closing the gap on Indigenous disadvantage and environmental sustainability.
4. This National Healthcare Agreement affirms the agreement of all governments that Australia's health system should:
 - (a) be shaped around the health needs of individual patients, their families and communities;
 - (b) focus on the prevention of disease and injury and the maintenance of health, not simply the treatment of illness;
 - (c) support an integrated approach to the promotion of healthy lifestyles, prevention of illness and injury, and diagnosis and treatment of illness across the continuum of care; and
 - (d) provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.
5. In this Agreement, all governments agree that the healthcare system will strive to eliminate differences in health status of those groups currently experiencing poor health outcomes relative to the wider community.
6. Governments will seek to make best use of taxpayers' funds, including through developing new, cost-effective approaches and planning for future healthcare needs.
7. The decisions governments make in operating our healthcare system should be clear and transparent. Australians are entitled to regular reports on the status, quality and performance of all of our healthcare system.

8. All governments will make use of the best available information, will foster innovation and sharing of practices shown to be effective and will work continually, including with others, to improve not only the specific services they provide, but the health of all Australians.
9. The Agreement may be amended at any time in writing by all the Parties and under terms and conditions as agreed by all the Parties.

Scope

10. This Agreement encompasses the collective aspirations of Commonwealth, State and Territory governments on prevention, primary and community care, hospital and related care and aged care. The National Health Reform Agreement sets out the Parties' commitments in relation to public hospital funding, public and private hospital performance reporting, local governance of elements of the health system, policy and planning for primary health care and rearrangement of responsibilities for aged care.
11. Central to this Agreement is a statement of a mutually agreed objective and mutually agreed outcomes and performance indicators. The Agreement sets out:
 - (a) the objective and expected outcomes, including a focus on social inclusion and addressing Indigenous disadvantage;
 - (b) the role of each jurisdiction, and the responsibilities for which they undertake to be accountable;
 - (c) the policy and reform directions that will be undertaken to work towards the intended outcomes;
 - (d) performance indicators that will inform the community on how governments are progressing towards achieving the stated objective and outcomes; and
 - (e) performance benchmarks that provide an indication of the standard of service expected or the level of improvement expected in service delivery over a specified period.

STATEMENT OF OBJECTIVE, OUTCOMES AND PERFORMANCE INDICATORS

Objective

12. Through this Agreement, the Parties commit to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

Outcomes and Performance Indicators

13. All Parties are accountable to the community for their progress against the agreed outcomes. The following performance indicators are provided to assist the community to assess the performance of governments toward achieving these outcomes' performance indicators. Reporting requirements under this Agreement should be read in conjunction with provisions in Schedule C of the *Intergovernmental Agreement on Federal Financial Relations*.
14. It is intended that performance indicators will incorporate private sector services where relevant. Where available, information will be collected at the hospital level.
15. The methodology for collecting the performance indicators listed below has been developed with the assistance of the Australian Institute of Health and Welfare and the Australian

Bureau of Statistics. Where further methodological development is required cross-jurisdictional processes will oversee this work.

Outcome	Performance Indicator
Better Health	
1. Australians are born and remain healthy	Proportion of babies born of low birth weight Incidence of selected cancers Prevalence of overweight and obesity Rates of current daily smokers Levels of risky alcohol consumption Life expectancy Infant and young child mortality rate Major causes of death Incidence of heart attacks Prevalence of type 2 diabetes Proportion of adults with very high levels of psychological distress
Better Health Services	
2. Australians receive appropriate high quality and affordable primary and community health services	Waiting times for GPs Waiting times for public dentistry People deferring access to selected health care due to financial barriers Effective management of diabetes Potentially avoidable deaths Treatment rates for mental illness Selected potentially preventable hospitalisations Selected potentially avoidable GP-type presentations to emergency departments
3. Australians receive appropriate high quality and affordable hospital and hospital related care	Waiting times for elective surgery Waiting times for emergency hospital care Healthcare associated infections Unplanned hospital readmission rates Survival of people diagnosed with notifiable cancers Rate of community follow up within first seven days of discharge from a psychiatric admission
4. Older Australians receive appropriate high quality and affordable health and aged care services	Residential and community aged care places per 1,000 population aged 70+ years Number of hospital patient days used by those eligible and waiting for residential aged care Proportion of residential aged care services that are three year re-accredited Proportion of residential aged care days on hospital leave due to selected preventable causes Elapsed times for aged care services Proportion of aged care residents who are full pensioners relative to the

	proportion of full pensioners in the general population
5. Australians have positive health and aged care experiences which take account of individual circumstances and care needs	Patient satisfaction/experience
Social Inclusion and Indigenous Health	
6. Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians	<i>All performance indicators, where it is possible and appropriate to do so, to be disaggregated by Indigenous status, disability status, remoteness area and socio-economic status to assess whether these social inclusion groups achieve comparable health outcomes and service delivery outcomes to the broader population</i>
Sustainability of the Health System	
7. Australians have a sustainable health system	Full time equivalent employed health practitioners per 1,000 population (by age group and profession type)

16. All Parties to this Agreement agree to provide data for the National Minimum Data Sets listed at Schedule A which may be updated periodically with the agreement of the Parties.

PERFORMANCE BENCHMARKS

17. This Agreement will be subject to review as set out in the *Intergovernmental Agreement on Federal Financial Relations*, and in its subsequent Schedules.
18. Improvements in performance will be demonstrated by progress against the following performance benchmarks, which were agreed by COAG in November 2008:

Better Health

- (a) Close the life expectancy gap for Indigenous Australians within a generation.
- (b) Halve the mortality gap for Indigenous children under five by 2018.
- (c) Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate¹ of 7.1 per cent) by 2023.
- (d) By 2018, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline.
- (e) By 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline.

Better Health Services

- (f) By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions.
- (g) The rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory.

¹ For 25 years and over.

ROLES AND RESPONSIBILITIES

19. This Agreement maintains existing roles and responsibilities unless changes are mutually agreed.
20. States and Territories will provide health and emergency services through the public hospital system, based on the following Medicare principles:
 - (a) eligible persons are to be given the choice to receive, free of charge as public patients, health and emergency services of a kind or kinds that are currently, or were historically provided,² by hospitals;
 - (b) access to such services by public patients free of charge is to be on the basis of clinical need and within a clinically appropriate period; and
 - (c) arrangements are to be in place to ensure equitable access to such services for all eligible persons, regardless of their geographic location.
21. This Agreement recognises the importance of the Business Rules provided in Schedule G of the National Health Reform Agreement in giving effect to the Medicare Principles in clause 19.
22. Consistent with these principles, the Commonwealth will continue to subsidise public hospitals and private health services through this Agreement, the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and other programs.
23. Governments acknowledge that private providers and community organisations play a significant role in delivering health services to the community and will continue to be partners with government in meeting the objective of this Agreement.

Responsibilities shared by the Commonwealth, States and Territories

24. The Commonwealth, States and Territories will jointly fund:
 - (a) public hospitals;
 - (b) public health activities;
 - (c) mental health services;
 - (d) sub-acute care;
 - (e) Aboriginal and Torres Strait Islander health services;
 - (f) health research;
 - (g) health workforce training;
 - (h) emergency responses³; and
 - (i) blood and blood products.

25. Under this Agreement, the Commonwealth, State and Territory Governments will:

² This Agreement recognises that clinical practice and technology changes over time and that this will impact on modes of service and methods of delivery.

³ Includes responding to public emergencies and support for emergency air retrieval.

- (a) facilitate and implement system reform and regulation where improvements to patient care, safety or patient outcomes can be demonstrated;
- (b) collaborate in developing national policy directions and strategic priorities;
- (c) regulate health professions and regulate the quality and supply of the health workforce;
- (d) ensure that all pharmaceuticals are delivered consistent with the National Medicines Policy;
- (e) respond effectively to public health emergencies;
- (f) co-operate in quality assurance and regulatory activities;
- (g) continue to improve health service safety and quality;
- (h) collaborate in national food regulatory arrangements;
- (i) share and report health system information to ensure continuity of care for patients;
- (j) co-operate through agreed governance arrangements for information management and information technology; and
- (k) respond positively to any reasonable request for data or information about the utilisation of health services, or the costs of provision of health services, to each other in a timely way.

Responsibilities of States and Territories

26. In addition to their joint funding responsibilities (see clause 23 above), States and Territories will fund:
- (a) community health;
 - (b) capital infrastructure and service planning;
 - (c) ambulance services;
 - (d) food safety and regulation;
 - (e) environmental health; and
 - (f) disability services.⁴
27. Under this Agreement, the States and Territories will:
- (a) provide public patients with access to all services provided to private patients in public hospitals;
 - (b) provide service planning, capital works and adequate infrastructure for public hospitals and community health facilities to meet future needs;
 - (c) provide and fund patient assistance travel schemes and ensure that public patients are aware of how to access the scheme;

⁴ Funding for these services is in accordance with the *National Disability Agreement* and the *National Health Reform Agreement*.

- (d) ensure that eligible persons who have elected to be treated as private patients have done so on the basis of informed financial consent;
- (e) provide and fund pharmaceuticals for public and private inpatients and for public non-admitted patients in public hospitals (except where Pharmaceutical Reform Arrangements are in place);
- (f) maintain a Public Patients Hospital Charter and an independent complaints body and ensure that patients are aware of how to access these provisions;
- (g) provide public health, community health, public dental, deliver vaccines purchased by the Commonwealth under national immunisation arrangements and health promotion programs;
- (h) continue to provide agreed national minimum data sets; and
- (i) provide clinical training programs for undergraduates and specialists.

Responsibilities of the Commonwealth

28. In addition to its joint funding responsibilities (see clause 23 above), the Commonwealth will fund:
- (a) access to private medical care;
 - (b) access to pharmaceuticals;
 - (c) access to private health insurance;
 - (d) education of health professionals;
 - (e) health services for eligible veterans;
 - (f) residential, community and flexible aged care services;⁵
 - (g) purchase of vaccines under national immunisation arrangements; and
 - (h) community-controlled Aboriginal and Torres Strait Islander primary healthcare.
29. Under this Agreement, the Commonwealth will:
- (a) seek to ensure equitable and timely access to affordable primary health care services, predominantly through general practice;
 - (b) assist in reducing pressure on hospital emergency departments through the provision of funding for primary health care services;
 - (c) seek to ensure equitable and timely access to affordable specialist services;
 - (d) provide reliable, timely and affordable access to safe, cost-effective and high quality medicines;
 - (e) ensure that there are sufficient affordable aged care services so that people needing this care can access it when required, regardless of geographic location;

⁵ Funding for these services is in accordance with the *National Health Reform Agreement*.

- (f) regulate the private health insurance industry and subsidise access to private health insurance;
 - (g) facilitate access by Aboriginal and Torres Strait Islander people to mainstream health services to help close the health equity gap;
 - (h) provide data to the States and Territories on a quarterly basis concerning private health insurance coverage levels, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme by specified geographic area;
 - (i) continue to provide data for agreed national minimum data sets;
 - (j) purchase vaccines for delivery by States and Territories through national immunisation arrangements; and
 - (k) provide vocational training programs for general practitioners.
30. For basic community care, aged care and disability services, this Agreement recognises that the Commonwealth, Victoria and Western Australia are continuing to share funding responsibility as set out in clause F4 of the National Health Reform Agreement and Victoria and Western Australia will continue to provide these services.

Responsibilities of private providers and community organisations

31. Governments acknowledge that private providers and community organisations play a significant role in delivering health services to the community and will continue to be partners with government in meeting the objective of this Agreement.

POLICY AND REFORM DIRECTIONS

32. The following reform directions have been identified as priority areas for effort over the near-term, noting that the rate of progress in many areas will be contingent on available resources. The foundation for each policy and reform direction is an approach that places the health outcomes of all Australians at the centre of the service system and any reform efforts.

Outcome	Policy directions	Priority reform areas
Better Health		
Australians are born and remain healthy	<p>Increase the focus on prevention through agreed national effort.</p> <p>Encourage public and private investment in initiatives that support children getting a good start in life and people staying healthy, with a focus on disadvantaged groups.</p> <p>Improve surveillance of risk factors and the evidence base to support interventions.</p> <p>Raise self awareness and personal responsibility for health.</p>	<p>Continue to implement the National Preventative Health Strategy and the National Partnership Agreement on Preventive Health.</p> <p>Implement evidence-based approaches to reducing key risk factors contributing to poor health outcomes, including in Indigenous communities.</p> <p>Develop an evidence base to increase efficacy of funding allocations, ensuring appropriate growth in funding over time.</p> <p>Improve access to antenatal and maternal and child health services.</p> <p>Use fiscal and regulatory measures to facilitate and encourage healthy lifestyles.</p>

Better Health Services		
Australians receive appropriate high quality and affordable primary and community health services	<p>Encourage patient centred models of primary and community care.</p> <p>Better connect hospitals, primary and community care to meet patient needs, improve continuity of care and reduce demand on hospitals.</p> <p>Improve safety and quality in primary and community care.</p> <p>Use e-health tools to link providers and improve quality of care for the individual.</p>	<p>Develop a National Primary Health Care Strategic Framework.</p> <p>Enhance the role of primary care practitioners in the early identification and management of patients at risk of chronic disease.</p> <p>Develop a multidisciplinary health workforce in the primary care sector to deliver cost-effective and quality services.</p> <p>Develop a performance benchmark on avoidable hospital presentations to emergency departments.</p>
Australians receive appropriate high quality and affordable hospital and hospital related care	<p>Reduce waiting times for elective surgery and treatment in emergency departments.</p> <p>Increase the technical efficiency of public hospital services.</p> <p>Improve safety and quality of care and make service performance information available to patients.</p> <p>Provide more effective assessment and support of patients before admission and on discharge from acute care settings.</p>	<p>Implement a national approach to activity based funding for public hospital services wherever appropriate.</p> <p>Implement improvements in hospital quality and safety, building on the priorities of the Australian Commission on Safety and Quality in Healthcare.</p> <p>Increase the proportion of elective surgery and emergency department patients treated within clinically recommended waiting times.</p> <p>Improve access to rehabilitation, post-acute and transition care services.</p> <p>Improve assessment of relative performance of public and private hospitals.</p> <p>Improve quality of data on patient services.</p> <p>Improve levels of informed financial consent for private patients in public and private hospitals.</p>
Older Australians receive appropriate high quality and affordable health and aged care services	<p>Expand appropriate care options commensurate with the needs and aspirations of an ageing population.</p> <p>Provide continuity of care across hospitals, community and aged care to smooth patient transitions.</p> <p>Develop care options for older people with dementia and mental health issues, including aggressive behaviours.</p>	<p>Establish single assessment and information points to streamline care for older people and match care and funding levels to need.</p> <p>Increase access to basic and packaged care in the community.</p> <p>Provide older patients in hospitals with timely access to appropriate sub-acute care including rehabilitation.</p> <p>Reduce numbers of younger people with disabilities in aged care.</p> <p>Improve timely access for eligible older people (including those in hospital) to aged care services and develop an agreed performance benchmark on this measure.</p>
Australians have positive health and aged care experiences	Develop nationally agreed clinical pathways for key	Develop and implement patient assessment standards and transfer

<p>which take account of individual circumstances and care needs</p>	<p>conditions (chronic and complex) and implement and monitor across the health system.</p> <p>Provide accurate, online information on health services with capacity to be customised to individual health needs to support self management.</p> <p>Uphold rights and responsibilities of patients and their carers, including those with mental health needs.</p> <p>Progress an individual electronic health record for all Australians.</p>	<p>protocols including for disadvantaged and at risk patients.</p>
<p>Social Inclusion and Indigenous Health</p>		
<p>Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians</p>	<p>Reduce gaps in health outcomes arising from disparities in socio-economic status.</p> <p>Develop innovative evidence based models of care for Indigenous Australians.</p> <p>Improve health services for rural Australia and disadvantaged populations including the homeless.</p> <p>Link health interventions into broader activities designed to redress disadvantage.</p>	<p>Improve access by rural and remote Australians to healthcare through better travel and accommodation, telehealth and workforce initiatives.</p> <p>Expand access to priority health services for the homeless, for Indigenous people and for rural/remote communities.</p> <p>Expand and develop innovative programs for difficult to reach groups, including Indigenous men, socially disconnected young people and the homeless.</p>
<p>Sustainability of the Health System</p>		
<p>Australians have a sustainable health system</p>	<p>Build a collaborative approach to evidence based, cost effective practices and policies within and across government and private sectors including investment decisions and clinical care.</p> <p>Improve service delivery through investment in appropriate physical and technological infrastructure.</p> <p>Reward allocative efficiency across preventative, primary, acute care, sub-acute, rehabilitation and aged care services.</p> <p>Invest in research that promotes evidence based practice and innovation.</p>	<p>Implement new cost sharing arrangements for public hospitals over time, with the Commonwealth paying for 50 per cent of efficient growth.</p> <p>Increase capacity to train the workforce, including in regional Australia.</p> <p>Support workforce role redesign to ensure most effective and efficient use of available health workforce.</p> <p>Collaborate on action to meet immediate term (five years) health workforce shortages.</p> <p>Engage in collaborative forward planning on capital infrastructure for healthcare services.</p> <p>Engage the Australian community in discussion of what they can reasonably expect from the health system.</p>

PERIODIC REVIEW

33. Policy and reform directions will be reviewed by late 2013 to incorporate evaluations of existing interventions and provide the opportunity to respond to emerging evidence or challenges.
 - a. In this review, consideration will be given to the inclusion of disability-related policy and reform directions.

Schedule A

National Minimum Data Sets

NATIONAL HEALTHCARE AGREEMENT

NATIONAL MINIMUM DATA SETS

A1 This Schedule lists the national minimum data sets (NMDS) that the Parties agree will continue to be collected under this Agreement and which will contribute to the reports listed below.

Name of NMDS	Where is it used (Publication)
Admitted patient care NMDS	Australia's Health Australian Hospital Statistics Report on Government Services
Admitted patient mental health care NMDS	Mental Health Services in Australia Australia's Health Australian Hospital Statistics
Admitted patient palliative care NMDS	Australia's Health Australia's Welfare Australian Hospital Statistics
Alcohol and other drug treatment services NMDS	Alcohol and other drug treatment services in Australia
Community mental health care NMDS	Australia's Welfare Mental Health Services in Australia Australia's Health National Mental Health Report
Elective surgery waiting times (census data) NMDS	Australian Hospital Statistics
Elective surgery waiting times (removals data) NMDS	Australia's Health Australian Hospital Statistics Report on Government Services
Government health expenditure NMDS	Australia's Health Health Expenditure in Australia Public health expenditure in Australia
Health labour force NMDS	Australia's Health
Mental health establishments NMDS	Australia's Health National Mental Health Report
Non-admitted patient emergency department care NMDS	Australia's Health Australian Hospital Statistics Report on Government Services
Outpatient care NMDS	Australian Hospital Statistics
Perinatal NMDS	Australia's Health
Public hospital establishments NMDS	Australia's Health Australian Hospital Statistics

National Healthcare Agreement

	Report on Government Services
Residential mental Health Care NMDS 2008-2009	Mental Health Services in Australia Australia's Health National Mental Health Report

- A2 There are also a number of longstanding collections essential to the administration, monitoring and evaluation of BreastScreen Australia, the National Cervical Cancer Screening Program, the Needle and Syringe Program and Illicit Drug Diversion Initiative, where National Minimum Data Sets have not yet been developed but where jurisdictions will continue to collect and supply data annually pending these becoming National Minimum Data Sets.

SCHEDULE B

DEFINITIONS

- B1 A reference in this Agreement to the National Health Data Dictionary is a reference to the latest version unless otherwise advised.
- B2 A reference in this Agreement to the *Health Insurance Act 1973* or the *National Health Act 1953* is a reference to the Acts as at 1 July 2009 or as amended thereafter.
- B3 Words and phrases which are not defined in this Agreement or defined in the Health Insurance Act 1973 are to be given their natural meaning.
- B4 In this Agreement, unless otherwise specified, words and phrases are to be interpreted as follows.

Admitted patient	<p>Means, "Admitted patient" as defined in the National Health Data Dictionary.</p> <p><i>Note: All newborn days of stay (patient is aged 9 days or less) are further divided into categories of qualified and unqualified for NHCA and health insurance benefit purposes. A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:</i></p> <ul style="list-style-type: none"> • <i>is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient;</i> • <i>is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for Health for the purpose of the provision of special care; remains in hospital without its mother; is admitted to the hospital without its mother.</i> <p><i>Acute (qualified) newborn days are eligible for health insurance benefit purposes and should be counted under the NHCA. Days when the newborn does not meet these criteria are classified as unqualified (if they are nine days old or less) and should be recorded as such. Unqualified newborn days should not be counted under the NHCA and are not eligible for health insurance benefit purposes.</i></p>
Admitted patient services	Means services of the kind defined in the National Health Data Dictionary, relating to "Care Type" provided to an admitted patient during an episode of care (admitted care).
Commonwealth Minister	Means the Commonwealth Minister for Health and Ageing or any other Commonwealth Minister who administers matters to which this Agreement relates, and includes any other Commonwealth Minister who may be acting for and on behalf of any of those Ministers.
Compensable patient	<p>Means an eligible person who is:</p> <ul style="list-style-type: none"> • receiving public hospital services for an injury, illness or disease; and • entitled to receive or has received a compensation payment in respect of an injury, illness or disease; or if the individual has died – the individual's estate, provided

COAG-IN-CONFIDENCE

that the order under sub -section 6(2) of the *Health Insurance Act 1973* , dated 11 January 1984 remains in force, or a replacement order remains in force.

Note: The order referred to above excludes compensable patients from eligibility for Medicare in relation to public hospital services related to the compensable injury, illness or disease.

Complaints body	Means an independent entity established or commissioned to investigate complaints and/or grievances against providers of States and Territories' public hospital services.
Eligible person	Means, as defined in subsection 3(1) (6) (6A) and (7) of the <i>Health Insurance Act 1973</i> .
Emergency department	Means the dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to those in the community who perceive the need for, or are in need of acute or urgent care, including hospital admission.
Entitled veteran	Means a Department of Veterans' Affairs patient referred to in the <i>Veterans' Entitlements Act 1986</i> .
Ineligible person	Means any person who is not an eligible person.
Mental Health services	Means the services as defined in the latest agreed National Mental Health Plan.
National Health Data Dictionary	Means the publication (in hard copy and/or the internet) containing the Australian National standard of data definitions recommended for use in Australian health data collections; and the National Minimum Data Sets agreed for mandatory collection and reporting at a national level.
Non-admitted patient services	Means services of the kind defined in the National Health Data Dictionary, under the data element "Non-Admitted Patient Service Type".
Outpatient department	Means any part of a hospital (excluding the Emergency department) that provides non-admitted patient care.
Patient election status	Means the status of patients as determined in line with clause B1 according to the National Standards for Public Hospital Admitted Patient Election Processes in Schedule G of the National Health Reform Agreement.
Pharmaceutical Benefits Scheme	Means the Commonwealth government's scheme to provide subsidised pharmaceuticals to Australians established under part VII of the <i>National Health Act 1953</i> (the Act) together with the National Health (Pharmaceutical Benefits) Regulation 1960 made under the Act.
Pharmaceutical Reform Arrangements	Means arrangements which provide for public hospitals that are Approved Hospital Authorities under Section 94 of the <i>National Health Act 1953</i> to supply pharmaceuticals funded by the PBS for specific categories of patients including: <ul style="list-style-type: none"> • admitted patients on separation; • non-admitted patients; and • same day admitted patients for a range of drugs made available by specific delivery arrangements under Section 100 of the <i>National Health Act 1953</i>.
Public hospital services	Means health and emergency services of a kind or kinds that are currently or were historically provided by hospitals that are

COAG-IN-CONFIDENCE

	wholly or partly funded by a State or Territory. This agreement recognises that clinical practice and technology change over time and that modes of service of methods of delivery will change over time.
Public patient	Means an eligible person who receives or elects to receive a public hospital service free of charge.
Public patients' hospital charter	Means the document outlining how the principles of this Agreement are to be applied; the process by which eligible persons might lodge complaints about the provision of public hospital services; a statement of rights and responsibilities of consumers and public hospitals; and a statement of consumers' rights to elect to be treated as either public or private patients.
Separation	Means "Separation" as defined in the National Health Data Dictionary.
State Minister	Means the State Minister for Health or any other State Minister who administers, for the State, matters to which this Agreement relates, and includes any other State Minister who may be acting for and on behalf of any of those State Ministers.
Third party	Means any party other than the Commonwealth (including Department of Veterans' Affairs) and the State Department administering the Agreement that enters into an arrangement for the purchase of public hospital services.