

# SECOND READING SPEECH

## *Poisons Amendment (Midwives) Bill 2010*

Mr Speaker

The purpose of this Bill is to amend the *Poisons Act 1971* to enable eligible midwives to prescribe a range of medicines and to administer certain narcotics to their patients in the course of their midwifery practice.

I should point out that in due course the *Poisons Regulations* will be amended to facilitate these changes and the draft *Poisons Amendment (Midwives) Regulations 2010* have been circulated to stakeholders for comments as well as this draft Bill.

As background, the *Poisons Act* sets out who may sell, supply, possess, use, administer and prescribe scheduled medicines – referred to in the Act as scheduled substances. Medicines that are available only on prescription are obviously subject to more rigorous requirements. Only medical practitioners, authorised nurse practitioners, veterinary surgeons and dentists may prescribe both restricted and narcotic substances in the course of their professional practice.

Restricted substances, or S4s, are those medicines that are only available on prescription. Narcotic substances, also referred to as S8s, are also only available on prescription and include opioids such as morphine and pethidine.

Under the provisions of the *Poisons Regulations 2008*, midwives practising in a hospital are able to administer medicines to women and new born babies under general orders issued by a medical practitioner. Midwives are able to administer any medicine specified in the order to a patient of that medical practitioner; however they are not authorised to prescribe those substances and the orders are limited to treatment given in a hospital.

In 2008, the Australian Government made an election commitment to develop a plan to promote the national coordination of maternity services. A Maternity Services Review was undertaken by the Commonwealth Chief Nurse and Midwifery Officer and the final report entitled *Improving Maternity Services in Australia* was released in February 2009.

The report made a number of recommendations including expanding the role of midwives to deliver greater access to a range of maternity care within a collaborative multidisciplinary care environment. In response to the Review the Australian Government announced a maternity services reform package in its 2009-10 Budget.

To facilitate the maternity services reform package, earlier this year the Australian Parliament passed the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010* which amongst other things amends the *Health Insurance Act 1973* and *National Health Act 1953* to add midwives as a new prescriber group.

The purpose of the Commonwealth Act is to enhance and expand the role of midwives which will allow them to take a greater role in providing quality health care while supporting collaborative care arrangements with other health professionals.

The package included giving access to the Pharmaceutical Benefits Scheme (PBS) benefits for services provided by 'eligible' midwives. Eligible midwives will be able to apply to become authorised to prescribe under the PBS. These new arrangements will come into effect nationally from 1 November 2010.

Prescribing by eligible midwives under the PBS will be limited to certain PBS medicines and will only be permitted within the scope of practice of an eligible midwife, and in accordance with the state or territory legislation under which they work. This means that despite the changes to the Commonwealth Acts, eligible midwives will not be able to prescribe in Tasmania unless the *Poisons Act* is amended.

The Pharmaceutical Benefits Advisory Committee is being consulted about the range of medicines that eligible midwives will be able to prescribe and the circumstances under which the medicines can be prescribed. This Committee is an independent statutory body established the *National Health Act* to make recommendations and give advice to the Minister about which drugs and medicinal preparations should be made available on the PBS.

To meet the core requirement of being an eligible midwife, the Commonwealth Act requires registration as a midwife, and additional requirements such as appropriate advanced qualifications, experience and competencies.

Midwives are registered by the Nursing and Midwifery Board of Australia in accordance with the Health Practitioner Regulation National Law. The National Law makes provision for endorsements on a health practitioner's registration. In order to be an eligible midwife, a midwife must hold both an endorsement in an approved area of practice, and an endorsement for scheduled medicines under section 94 of the National Law.

The Nursing and Midwifery Board of Australia has released two registration standards for endorsement for eligible midwives. The first relates to endorsement as an eligible midwife and the second relates to the endorsement for scheduled medicines. This latter endorsement is the one that is relevant to the Bill we are considering today.

The registration standard states that to be eligible for endorsement for scheduled medicines under section 94 of the National Law, applicants must be able to demonstrate they meet all the following requirements:

- be a currently registered midwife in Australia;
- be able to demonstrate the equivalent of three years full time post initial registration experience as a midwife and evidence of current competence to provide pregnancy, labour, birth and post natal care, through professional practice review; and
- have an approved qualification to prescribe scheduled medicines required for practice across that continuum of midwifery care in accordance with relevant State and Territory legislation.

I should point out that other reforms to the Commonwealth Acts as part of the maternity services reform package include enabling eligible midwives to order a range of diagnostic tests as well, so that the prescribing requirements are part of a range of reforms to assist in the provision of maternity care.

What this all means is that as well as the other services that midwives will be able to provide to their patients, eligible midwives will be able to prescribe PBS medicines for pregnant women and new mothers. Without the ability to prescribe, access to PBS arrangements will not be available for an eligible midwife's patients and they will still need to attend upon a doctor to be able to obtain necessary medicines.

I will now discuss the terms of the Bill.

The *Poisons Act* will be amended to include a definition of 'eligible midwife'. The definition provides that an eligible midwife is a midwife whose registration is endorsed under section 94 of the National Law in relation to scheduled medicines.

As I indicated earlier, there will be a list of approved medicines that will be available under the PBS and these will be set out in a Ministerial Order. These medicines are referred to as midwifery narcotic substances and midwifery restricted substances. It is anticipated that the substances listed will be the same or similar to those in other states and territories.

Amendments to the Act and regulations will enable a pharmacist to dispense medicines on the prescription of an eligible midwife or to supply these medicines and the midwifery narcotic substances to the eligible midwife for use in their midwifery practice.

The new section 47C provides that an eligible midwife may obtain, possess, administer, sell, supply or prescribe midwifery restricted substances in the course of their midwifery practice. The significant part is the ability to prescribe.

Section 47C also provides that an eligible midwife may obtain, possess and administer a midwifery narcotic substance for use in their midwifery practice. This enables the midwife to consider administering a narcotic to a pregnant woman as an option for pain relief in labour.

The amendment will enable an eligible midwife to administer a narcotic in their own right to their client and they will not require the authorisation of a medical practitioner to administer the substance. Regulation 11 of the *Poisons Regulations* is also amended to make it clear that a pharmacist may supply a midwifery narcotic substance to an eligible midwife.

The eligible midwife will assess whether the woman needs the narcotic at the time and then, if appropriate, administer the narcotic to her. The eligible midwife would either have a supply of narcotics readily available or else would be able to obtain the substance from a hospital pharmacy as required.

The new section 47D makes it clear that an eligible midwife is not to administer a narcotic to a patient who is drug dependent or has a history of drug seeking behaviour or drug diversion. Pregnant women who are drug dependent are high risk and best practice requires that the delivery occurs in a hospital setting and if a narcotic such as pethidine is required during a delivery, it is only provided under medical supervision.

Midwives are well qualified to care for women in pregnancy, birth and in the transition to parenting.

This Bill will enable eligible midwives to safely practice within their scope and is widely supported by key stakeholders.

I commend the Bill to the House.