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## SPECIAL SUPPLEMENT

### HEALTH SERVICES ACT 1997

#### Order fixing a scale of fees in respect of Ambulance Services

**PURSUANT** to section 67D of the Health Services Act 1997, I, Professor DEBORA PICONE, AM, Director-General of the Department of Health, as the duly appointed delegate of the Minister for Health, do by this order hereby:

1. revoke the currently applying scale of fees in respect of ambulance services; and
2. fix a scale of fees in respect of ambulance services provided by the Director-General to the extent and in the manner set forth in the following Schedule, with effect on and from 1 July 2010.

DEBORA PICONE, AM,  
Director-General

#### SCHEDULE

1 In this order:

- “**primary emergency service**” means the provision of ambulance services by road ambulance, fixed wing aircraft or helicopter or a combination of these, from the scene of an accident, illness or injury to a public hospital or other destination nominated by the Ambulance Service of NSW.
- “**primary non-emergency service**” means an ambulance road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the nominated service delivery date, otherwise the primary emergency service charge will apply. [All services provided by a dedicated Patient Transport vehicle, where available, irrespective of time of booking or time of transport, are classified as “non-emergency services”].

- “**inter-hospital emergency service**” means the provision of ambulance services by road ambulance, fixed wing aircraft or helicopter or a combination of these, from one public hospital to another public hospital.
- “**inter-hospital non-emergency service**” means an ambulance road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the nominated service delivery date, otherwise the inter-hospital emergency service charge will apply. [All services provided by a dedicated Patient Transport vehicle, where available, irrespective of time of booking or time of transport, are classified as “non-emergency services”].
- “**treat-not-transport service**” – means a service where a patient is provided with ambulance services at the scene of an accident, illness or injury and does not require ambulance transport to a health facility or any other destination.
- “**standby services**” – means a service where an ambulance or ambulances are required to stand by at scenes such as industrial accidents for the purpose of providing services to emergency workers or others at the scene of the incident. Neither transport nor treatment may be required.

### Fees

- 2 The fee for a **primary emergency service** by road ambulance and/or fixed wing ambulance and/or helicopter shall be charged on a kilometre basis calculated pursuant to clause 8, on the scale of \$607 callout charge, plus an additional charge of \$5.48 for each kilometre or part thereof.
- 3 The fee for a **primary non-emergency service** by road ambulance shall be charged on a kilometre basis calculated pursuant to clause 8, on the scale of \$244 callout charge, plus an additional charge of \$1.51 for each kilometre or part thereof.
- 4 The fee for an **inter-hospital emergency service** by ambulance shall be charged as follows:
  - road ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$524 callout charge, plus an additional charge of \$5.23 for each kilometre or part thereof.
  - fixed wing ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$3,228 callout charge, plus an additional charge of \$1.51 for each kilometre or part thereof (road travel associated with fixed wing cases is charged at the \$5.23 for each kilometre or part thereof).
  - helicopter - on a time basis calculated pursuant to clause 9 on the scale of \$5,541 charge for the first thirty (30) minutes or part thereof, with any further period charged at a rate of \$121.28 per six (6) minutes or part thereof.

Charges for road or fixed wing transport under this clause shall be paid by the hospital or health service sending the person being transported. However in the case of helicopter transport under this clause, the transport fee shall be apportioned equally between the hospital or health service sending the person being transported and the hospital or health service receiving that person.
- 5 The fee for an **inter-hospital non-emergency service** by ambulance shall be charged as follows:
  - road ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$240 callout charge, plus an additional charge of \$1.48 for each kilometre or part thereof.
- 6 The fee for a **treat-not-transport service** shall be calculated in accordance with the primary emergency service fee scale under clause 2.

- 7 A **standby service fee**, payable by the owners of premises or vehicles involved in dangerous incidents or events where an ambulance is required to be present (for example at chemical spills or other industrial accidents), shall be calculated in accordance with:
- the primary emergency service fee scale under clause 2 for the first hour or part thereof; and in addition
  - \$43.65 for every 15 minutes or part thereof after the first hour.

#### Calculation of Transport Kilometres

- 8 The total number of kilometres for the provision of services by ambulance (or ambulances) shall be calculated by determining the total number of kilometres that are travelled by road or, in the case of transportation by fixed wing aircraft or helicopter, that would have been travelled by road had no fixed wing aircraft or helicopter been available, in accordance with the distance –
- (a) from the base ambulance station nearest to the location where the person was picked up/treated by ambulance, to that pick up/treatment location; and
  - (b) from that pick up location (where transport occurs), to the place where that person disembarked from the ambulance (or, where more than one ambulance was used in the transport, disembarked from the last ambulance used in that transport); and
  - (c) from that place of disembarkation/location of treatment, to the base ambulance station referred to in subclause (a).

#### Calculation of Transport Time for Helicopters (Inter-hospital)

- 9 The number of minutes for a **service by helicopter (other than a primary response service)** shall be calculated from the time the helicopter engine or engines are turned on, or, if the engines are already on, the time at which the helicopter is dispatched by an air ambulance controller, to the time the helicopter engine or engines are turned off at the helicopter's operational base, or the time at which the helicopter is otherwise dispatched by an air ambulance controller or other authority.

#### Charging criteria

- 10 Where **two or more** persons are transported/treated concurrently by the same ambulance or ambulances, each person shall be charged a fee calculated in accordance with clauses 2 (but subject to clause 12), 3 (but subject to clause 13) or 6 as appropriate to the class of the transport used as defined under clause 1.
- 11 Clause 10 shall not apply when **two or more** persons are transferred concurrently by ambulance (or ambulances) between any public hospitals in New South Wales as part of an inter-hospital emergency service or an inter-hospital non-emergency service as defined under clause 1, but subject to the operation of clauses 14 and 15.
- 12 Residents of NSW shall be charged at a rate of 51% of the rate set under this order for a primary emergency service under clause 2, provided that such total fee shall not exceed \$5,074.
- 13 Residents of NSW shall be charged for primary non-emergency services in accordance with clause 3, provided that such total fee shall not exceed \$5,074.
- 14 Public hospitals in NSW shall be charged for inter-hospital emergency services in accordance with clause 4, provided that such total fee shall not exceed \$4,901 in relation to road ambulance and fixed wing ambulance transport.
- 15 Public hospitals in NSW shall be charged for inter-hospital non-emergency services in accordance with clause 5, provided that such total fee shall not exceed \$4,901.

**HEALTH SERVICES ACT 1997****Order amending the scale of fees for Hospital and other Health Services**

Pursuant to section 69 of the Health Services Act 1997, I, Professor DEBORA PICONE, AM, Director-General of the Department of Health, as the duly appointed delegate of the Minister for Health, do by this order hereby amend the currently applying Scale of Fees for hospital services and other health services to the extent and in the manner set forth in the Schedule below to take effect on and from 1 July 2010.

DEBORA PICONE, AM,  
Director-General

**SCHEDULE**

Delete in its entirety “**Part 5 – NSW NEWBORN AND PAEDIATRIC EMERGENCY TRANSPORT SERVICES (NETS) CHARGES**” and insert instead the following matter:

**PART 5 – NSW NEWBORN AND PAEDIATRIC EMERGENCY TRANSPORT SERVICES (NETS) CHARGES**

5.1 This Part sets out the charges for services provided by the unit of Sydney West Area Health Service known as NSW newborn and paediatric Emergency Transport Service (NETS). For the purposes of this Part 5 only the following terms are defined:

“**inter-hospital emergency service**” means the provision of NETS services by road, fixed wing aircraft or helicopter or a combination of these, from a public hospital to another public hospital;

“**primary emergency service**” means the provision of NETS services by road, fixed wing aircraft or helicopter or a combination of these, from a private hospital to a public hospital or other destination nominated by NETS.

**Fees**

5.2 The fee for a primary emergency service by road and/or fixed wing service and/or helicopter shall be charged on a kilometre basis calculated pursuant to paragraph 5.4, on the scale of The fee for a **primary emergency service** by road and/or fixed wing service \$607 callout charge, plus an additional charge of \$5.48 for each kilometre or part thereof.

5.3 The fee for an **inter-hospital emergency service** by NETS shall be charged as follows:

5.3.1 road service - on a kilometre basis calculated pursuant to paragraph 5.4, on the scale of \$524 callout charge, plus an additional charge of \$5.23 for each kilometre or part thereof.

5.3.2 fixed wing service - on a kilometre basis calculated pursuant to paragraph 5.4, on the scale of \$3,228 callout charge, plus an additional charge of \$1.51 for each kilometre or part thereof (road travel associated with fixed wing cases is charged at the rate of \$5.23 for each kilometre or part thereof).

5.3.3 helicopter service - on a time basis calculated pursuant to paragraph 5.5 on the scale of \$5,541 charge for the first thirty (30) minutes or part thereof, with any further period charged at a rate of \$121.28 per six (6) minutes or part thereof.

Charges for road or fixed wing transport under this clause shall be paid by the hospital or health service sending the person being transported. However in the case of helicopter transport under this clause, the transport fee shall be apportioned equally between the hospital or health service sending the person being transported and the hospital or health service receiving that patient.

#### **Calculation of Transport Kilometres**

- 5.4 The total number of kilometres for the provision of NETS services shall be calculated by determining the total number of kilometres that are travelled by road or, in the case of transportation by fixed wing aircraft or helicopter that would have been travelled by road had no fixed wing aircraft or helicopter been available, in accordance with the distance:
- 5.4.1 from the NETS base nearest to the location where the patient was picked up or treated by the NETS service; and
  - 5.4.2 from that pick up location (where transport occurs), to the place where that patient disembarked from the NETS transport; and
  - 5.4.3 from that place of disembarkation (or where no transport occurs, from the treatment location), back to the NETS base referred to in subclause 5.4.1.

#### **Calculation of Transport Time for Helicopters (Inter-hospital emergency services only)**

- 5.5 The number of minutes for a NETS service by helicopter for the purposes of clause 5.3.3 shall be calculated from the time the helicopter engine or engines are turned on, or, if the engines are already on, the time at which the helicopter is dispatched by an air ambulance controller, to the time the helicopter engine or engines are turned off at the helicopter's operational base, or the time at which the helicopter is otherwise dispatched by an air ambulance controller or other authority.

#### **Charging Criteria**

- 5.6 Where **two or more** patients are transported/treated concurrently by the same NETS primary emergency service, each patient shall be charged a fee calculated in accordance with clause 5.2 but subject to the operation of clause 5.8.
- 5.7 Paragraph 5.6 shall not apply when two or more patients are transferred concurrently by the same NETS service between any public hospitals in New South Wales, as part of an inter-hospital emergency service, but subject to the operation of clauses 5.3 and 5.9.
- 5.8 Residents of NSW shall be charged at a rate of 51% of the rate for a primary emergency service under clause 5.2 of this order, provided that such total fee shall not exceed \$5,074.
- 5.9 Public hospitals in NSW shall be charged for inter-hospital emergency services in accordance with clause 5.3 of this order, provided that such total fee shall not exceed \$4,901 in relation to road and fixed wing services transport.

**HEALTH SERVICES ACT 1997****Order amending the scale of fees for Hospital and other Health Services**

Pursuant to section 69 of the Health Services Act 1997, I, Professor Debora Picone AM, Director-General of the Department of Health, as the duly appointed delegate of the Minister for Health, do by this Order hereby amend the currently applying Scale of Fees for hospital services and other health services to the extent and in the manner set forth in the Schedule below, to take effect on and from 1 July 2010.

Signed at Sydney this 25th day of June 2010.

**Director-General**

**SCHEDULE****AMENDMENT OF SCALE OF FEES**

The Schedule entitled "Scale of Fees" which is attached to the "ORDER FIXING A SCALE OF FEES FOR HOSPITAL AND OTHER HEALTH SERVICES" and as in effect at the date of this order is amended as follows:

- (a) **delete** from Part 1 in its entirety item 1A. relating to "**ACCOMMODATION CHARGES**", and insert instead the following matter:

**1A. ACCOMMODATION CHARGES**

In respect of patients admitted to NSW public hospitals and receiving public hospital services pursuant to the Australian Health Care Agreement.

**1A.1. Public Patients**

	Daily Fee \$
1A.1.1 treated by a doctor nominated by the hospital	Nil
1A.1.2 accommodated in a shared room (single room accommodation without charge may be provided on the grounds of medical need)	Nil

**1A.2. Private Patients (Overnight Stay)**

	Daily Fee \$
1A.2.1 treated by a doctor nominated by the patient and accommodated in a shared room	303
1A.2.2 treated by a doctor nominated by the patient and accommodated at the patient's request, in a single room or as sole occupant of a shared room.	522

**1A.3. Private Patients (Same Day Patient)**

	Daily Fee \$
Band 1	219
Band 2	245
Band 3	270
Band 4	303

**Note:**

These bands are as categorised by the Commonwealth under the National Health Act 1953.

**1A.4. Ineligible Patients**

	Daily Fee \$
Metropolitan (referral) hospital	
- Critical care patient	2,320
- Inpatient (other than critical care patient)	935
Metropolitan (non-referral) hospital	
- Critical care patient	1,350
- Inpatient (other than critical care patient)	700
Non-Metropolitan hospital	
- Critical care patient	1,350
- Inpatient (other than critical care patient)	700
Psychiatric hospital inpatient	390
Other hospital inpatient	220

**With the exception of:**

- 1 A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
- 2 A Norfolk Island resident who is admitted to a public hospital under the Norfolk Island Health Care Scheme (refer item 1A.8.).
- 3 A person who is admitted to a public hospital under the Asylum Seeker Assistance Scheme (refer item 1A.9.).
- 4 Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

**Note:**

For the purposes of Part 1A (in particular 1A.4 and 1A.5) the classification of an individual treating hospital as "Metropolitan (referral)", "Metropolitan (non-referral)", "Non-Metropolitan", "Psychiatric" or "Other" shall be the same as that shown in the "Order Classifying Public Hospitals" made by the Director-General of the Department of Health pursuant to clause 5 of the Workers Compensation (Public Hospital Rates) Order 2004 No. 1 under the Workers Compensation Act 1987 and published in Government Gazette No. 153 of 1 October 2004 at pp.7836-9. Such hospital classifications have been preserved by subsequent Public Hospital Rates Orders made under the Workers Compensation Act by the Chief Executive Officer of the WorkCover Authority.

**1A.5. Compensable Patients****(other than Workers Compensation or Motor Vehicles Compensation)**

	Daily Fee \$
Metropolitan (referral) hospital	
- Critical care patient	2,320
- Inpatient (other than critical care patient)	935
Metropolitan (non-referral) hospital	
- Critical care patient	1,350
- Inpatient (other than critical care patient)	700
Non-Metropolitan hospital	
- Critical care patient	1,350



## 3

- Inpatient (other than critical care patient)	700
Psychiatric hospital inpatient	390
Other hospital inpatient	220

**Note:**

These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor accidents. Those rates are set by separate agreement or other such order or determination.

**1A.6. Veterans' Affairs Patients**

Veterans' Affairs Patients	Daily Fee \$ Nil
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**1A.7. Nursing Home Type Patients**

1A.7.1 Elect to be treated by hospital nominated doctors –

Shall be charged a patient contribution:

(on a fortnightly basis): not exceeding the equivalent to 87.5% of any Commonwealth Standard Rate Pension and 87.5% of any maximum Rent Assistance payable to a person; or

(on a daily basis, where appropriate): one fourteenth of the fortnightly amount already referred to.

1A.7.2 Elect to be treated by doctor of choice –

Shall be charged on a daily basis, an amount equivalent to the patient contribution calculated on a daily basis in accordance with sub paragraph 1A.7.1, plus an amount determined in writing from time to time by the Minister for Health of the Commonwealth, or the Minister's delegate, pursuant to the National Health Act 1953 of the Commonwealth.

**1A.8. Norfolk Island Residents admitted to a public hospital under the Norfolk Island Health Care Scheme**

	Daily Fee \$
Accommodation in a shared room	533
Accommodation in a single room	652
Same Day Admission	455
Accommodation as a critical care patient	1,350
Accommodation as a compensable patient	Applicable rates under 1A.5.

**1A.9. Patients admitted to a public hospital under the Asylum Seekers Assistance Scheme**

	Daily Fee \$
Accommodation in a shared room	533
Accommodation in a single room	652
Same Day Admission	455
Accommodation as a critical care patient	1,350



**1A.10. Private, (Private) Same Day Admissions and Ineligible Patients - Charges for the Fitting of Surgically Implanted Prostheses and Medical Devices**

The charge for the fitting of any specific surgically implanted prosthesis or medical device item shall be:

- 1A.10.1 where there is a single dollar amount specified for an item, that dollar amount; or
- 1A.10.2 where there is a minimum and maximum benefit dollar amount specified for an item, a dollar amount being the minimum benefit amount, the maximum benefit amount or an amount within that dollar range,

as determined in writing from time to time in respect of that item by the Minister for Health of the Commonwealth, or the Minister's Delegate, pursuant to the National Health Act 1953 of the Commonwealth. Such charges shall take effect on any date determined by the Commonwealth Minister for Health or the Minister's delegate in respect of that item.

- (b) **delete** from Part 1 in its entirety item 1D. relating to "TREATMENT FEE", and insert instead, the following item:

**1D. TREATMENT FEES**

Treatment fee applicable to ineligible inpatients, other than compensable patients, in addition to the current applicable accommodation charge (refer item 1A.4.), in situations where the ineligible inpatient receives medical treatment under arrangement with a public hospital rather than an individual practitioner	Daily Fee \$ 250
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**With the exception of:**

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. A Norfolk Island resident who is admitted to a public hospital under the Norfolk Island Health Care Scheme (refer item 1A.8.).
3. A person who is admitted to a public hospital under the Asylum Seeker Assistance Scheme (refer item 1A.9.)
4. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

**Note:**

The above daily fee is applicable irrespective of the number of treating practitioners.

- (c) **delete** from "PART 3 – OTHER CHARGES" in its entirety item 3A. relating to BRAIN INJURY REHABILITATION SERVICES and insert instead the following matter:

**3A. BRAIN INJURY REHABILITATION SERVICES**

provided by designated units of public hospitals in respect of compensable patients requiring brain injury rehabilitation services (including diagnostic services)

	Daily Fee \$
<b>3A.1. Admitted Patient Services</b>	
Category A patient	980
Category B patient	630
Category X patient	1,395

**3A.2. Transitional Living Unit**

Category A patient	700
Category B patient	345

**3A.3. Non Admitted Patient Services** (including Outreach)

\$65 per half hour  
or part thereof

**3A.4. Outpatient Medical Clinic Appointments**

	Standard Fee \$
Medical Consultation – New (initial assessment)	230
Medical Consultation – Review (follow-up appointment)	115

**3A.5. Group Activities**

	\$ per half hour or part thereof
Qualified	45
Unqualified	30

**Note:**

Categories, classifications or descriptions of service referred to in this Part 3A are to be considered the same as those defined or set out in Department of Health Policy Directive PD 2006\_048, or as that policy is subsequently amended or revised from time to time.

- (d) **delete** in its entirety “**PART 4 – NON-ADMITTED PATIENT CHARGES**” and insert instead the following matter:

**PART 4 - NON-ADMITTED PATIENT CHARGES**

For the purposes of Part 4, an “occasion of service”, in relation to a non-admitted patient occasion of service, has the same meaning as it has for the purposes of the NSW Department of Health Reporting System (DOHRS) activity reporting system as amended from time to time.

**4A. Ineligible Patients**

For each Occasion of Service (excluding physiotherapy, psychology and exercise physiology services) \$

Metropolitan - Referral hospital	105
Metropolitan - Non-referral hospital	85
Non metropolitan hospital	85
Psychiatric hospital	70
Other hospital	70

The above occasion of service rates apply as appropriate to the designated hospital classification or the maximum amount payable under the relevant WorkCover practitioner fees order. The fees orders, which generally link to AMA rates, cover Medical Practitioners, Surgeons and Orthopaedic Surgeons.

**Note:**

For the purposes of Part 4 the classification of an individual treating hospital as “Metropolitan (referral)”, “Metropolitan (non-referral)”, “Non-Metropolitan”, “Psychiatric” or “Other” shall be the same as that shown in the “Order Classifying Public Hospitals” made by the Director-General of the Department of Health pursuant to clause 5 of the Workers Compensation (Public Hospital Rates) Order 2004 No. 1 under the Workers Compensation Act 1987 and published in Government Gazette No. 153 of 1 October 2004 at pp.7836-9. Such hospital classifications have been preserved by subsequent Public Hospital Rates Orders made under the Workers Compensation Act by the Chief Executive Officer of the WorkCover Authority.

<u>Ineligible Non-Admitted Physiotherapy Services</u>	\$
<i>Normal Practice</i>	
Initial consultation & treatment	75.60
Standard consultation and treatment	64.00
Initial consultation & treatment of two distinct areas	113.90
Standard consultation & treatment of two distinct areas	96.50
Complex treatment	127.90
Group/class Intervention (rate per participant)	45.40

<i>Home Visit</i>	
Initial consultation & treatment	93.00
Standard consultation and treatment	74.40
Initial consultation & treatment of two distinct areas	137.20
Standard consultation & treatment of two distinct areas	117.40
Complex treatment	151.10

<i>Other</i>	
Case conference (rate per hour), Report Writing (max)	151.10
Activity assessment, consultation & treatment	151.10
Travel (per km)	1.40

Ineligible Non-Admitted Psychology Service Charges

Initial consultation	180.00
Standard consultation	150.00
Report Writing (per hr /max 1 hr)	150.00
Case Conferencing (per hr/pro rata)	150.00
Travel (per km)	1.40
Group (per participant)	45.00

Ineligible Non-Admitted Exercise Physiology Service Charges

Initial consultation & treatment	120.70
Standard consultation & treatment	120.70
Reduced supervision treatment	52.70
Group/class intervention (per participant)	38.40
Additional Expenses (as agreed with insurer)	-
Case Conferencing (per hr)	120.70
Report Writing (max)	120.70
Travel (per km)	1.40

**With the exception of:**

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

**4B. Compensable Patients  
(other than Workers Compensation or Motor Vehicles Compensation) –**

For each Occasion of Service (excluding physiotherapy services, psychology and exercise physiology services) \$

Metropolitan - Referral hospital	105
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Metropolitan - Non-referral hospital	85
Non metropolitan hospital	85
Psychiatric hospital	70
Other hospital	70

The above occasion of service rates apply as appropriate to the designated hospital classification or the maximum amount payable under the relevant WorkCover practitioner fees order. The fees orders, which generally link to AMA rates, cover Medical Practitioners, Surgeons and Orthopaedic Surgeons.

Compensable Non-Admitted Physiotherapy Services

<i>Normal Practice</i>	\$
Initial consultation & treatment	75.60
Standard consultation and treatment	64.00
Initial consultation & treatment of two distinct areas	113.90
Standard consultation & treatment of two distinct areas	96.50
Complex treatment	127.90
Group/class Intervention (rate per participant)	45.40
<i>Home Visit</i>	
Initial consultation & treatment	93.00
Standard consultation and treatment	74.40
Initial consultation & treatment of two distinct areas	137.20
Standard consultation & treatment of two distinct areas	117.40
Complex treatment	151.10
<i>Other</i>	
Case conference (rate per hour), Report Writing (max)	151.10
Activity assessment, consultation & treatment	151.10
Travel (per km)	1.40

Compensable Non-Admitted Psychology Service Charges

Initial consultation	180.00
Standard consultation	150.00
Report Writing (per hr /max 1 hr)	150.00
Case Conferencing (per hr/pro rata)	150.00
Travel (per km)	1.40
Group (per participant)	45.00

Compensable Non-Admitted Exercise Physiology Service Charges

Initial consultation & treatment	120.70
Standard consultation & treatment	120.70
Reduced supervision treatment	52.70
Group/class intervention (per participant)	38.40
Additional Expenses (as agreed with insurer)	-
Case Conferencing (per hr)	120.70
Report Writing (max)	120.70
Travel (per km)	1.40

**Note:**

These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor accidents. Those rates are set by separate agreement or other such order or determination.

## REMAKE OF THE HUNTER WATER REGULATION 2010

The *Hunter Water (Special Areas) Regulation 2003* and *Hunter Water (General) Regulation 2005* will expire on Wednesday, 1 September 2010.

A new regulation, the *Hunter Water Regulation 2010* is proposed to take the place of these two regulations. A Regulatory Impact Statement (RIS) has been prepared to explain the proposal.

The objects of the Regulation are:

- to provide for the protection of Hunter Water's assets and employees, community health in relation to drinking water and wastewater; and the environment and ecologically sustainable development (**Part 2**);
- to provide for the protection of water quality supplied by Hunter Water to its customers (**Part 3**); and
- to ensure adequate supplies of water at all times, particularly during drought and in case of emergencies (**Part 4**).

The new Regulation will be on public exhibition from Monday 28<sup>th</sup> June 2010 until Tuesday 27<sup>th</sup> July 2010.

Members of the public can make comments and submissions on the Regulation until Tuesday 27<sup>th</sup> July 2010.

During that period, the Draft Hunter Water Regulation and RIS will be available to view:

1. as a hard copy at the Hunter Water Offices, 36 Honeysuckle Drive Newcastle, or
2. electronically by visiting the Hunter Water website [www.hunterwater.com.au](http://www.hunterwater.com.au)

If you have any questions regarding the new Regulation please contact Hunter Water on 1300 657 657 or email [hunterwaterregulation@hunterwater.com.au](mailto:hunterwaterregulation@hunterwater.com.au)

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