[Health service/bush nursing centre letterhead]

 [Date and reference]

[Participating eligible health professional details]

[Address]

Dear [Name]

**Re: Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative (the Initiative)**

Under the Initiative, an exemption from subsection 19(2) of the *Health Insurance Act 1973* (Cth) allows Medicare benefits to be claimed for eligible non-admitted, non-referred professional services. An exemption has been granted by the Australian Minister for Health for [insert site name].

Participation requires that you must pay over to the health service/bush nursing centre the Medicare billings assigned to you for relevant services provided under the Initiative. These funds will then be reinvested in local primary health care services as articulated in the site’s Operational Plan.

These arrangements will not affect your employment status or entitlements. You are reminded that you continue to be employed by the health service/bush nursing centre as a [nurse practitioner/midwife/allied health professional] in accordance with your usual terms and conditions of employment and as such are required to comply with Victorian health policy directives. I draw your attention to the Victorian *Improving Access to Primary Care in Rural and Remote Areas – COAG Section 19(2) Exemptions Initiative*: *Guidance 2022* that sets out the requirements of health professionals participating in the Initiative (available at <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>).

The Australian Taxation Office has issued an income tax Class Ruling (CR 2012/20) in respect of eligible health professionals and the Initiative. It confirms that the Medicare billings assigned to you by the patient in respect of eligible services are assessable income for income tax purposes. It also confirms that the billings then paid over by you to the health service are a corresponding allowable deduction.

At the conclusion of each financial year, a letter will be sent to you providing details of the Medicare billings received on your behalf and paid over to the health service under the Initiative for the previous financial year to assist with the preparation of your income tax return.

You are requested to indicate your agreement to complying with the above requirements by signing this letter. Please retain a copy and return the original to [contact details].

Thank you for your participation in this important initiative. Should you have any queries please contact [First Name Last Name] on [contact details].

Regards

Chief Executive Officer/Board Chair

Bush Nursing Manager/Chair Committee of Management

[Name] Health Service/Bush Nursing Centre

I [First Name Last Name] understand the requirements of my participation as outlined above.

Signed Dated