



Commonwealth-State Regulation Impact Statement status, 2024-25

The Office of Impact Analysis (OIA) publishes Regulation Impact Statements (RISs) and the OIA's assessment of each RIS on its website as soon as practicable after a policy announcement, in consultation with the relevant Ministerial Meeting or national standard-setting body (NSSB).

Please note that all Department and Agency names in this report reflect their name at the time the RIS was published.

On 28 April 2023, National Cabinet agreed to changes to the RIS requirements that apply to decisions in the Federal Relations Architecture. Under the *Guide for Ministers' Meetings and National Standard Setting Bodies* (the Guide), a RIS only needs to be finalised with the OIA if requested by the relevant decision maker(s).

As outlined in the Guide, where a RIS is commissioned by the decision maker, the default requirement is that both a C-RIS and D-RIS must be prepared. However, a C-RIS may not be required in circumstances where the OIA has agreed that the function of the C-RIS has been achieved by an appropriate alternative mechanism.

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Compliance with the Commonwealth-State IA requirements 2018-19 to 2024-25

Figure 1. Compliance with the Commonwealth-State IA requirements

Compliance stage	2018-19 Ratio	2019-20 Ratio	2020-21 Ratio	2021-22 Ratio	2022-23 Ratio	2023-24 Ratio	2024-25 Ratio (as of 31 December 2024)
C-RIS compliant at consultation	15/15	24/25	13/14	14/14	15/15	8/8	4/4
D-RIS compliant at decision	15/15	23/25	13/14	14/14	14/14 ^a	7/7 ^a	2/2
Of D-RIS provided:	100% had both a compliant C-RIS (or exemption) ^b and D-RIS	96% had a compliant C-RIS (or exemption) ^b and 92% a compliant D-RIS	93% had both a compliant C-RIS (or exemption) ^b and D-RIS	100% had both a compliant C-RIS (or exemption) ^b and D-RIS	100% had both a compliant C-RIS (or exemption) ^b and D-RIS	100% had both a compliant C-RIS (or exemption) ^b and D-RIS	100% had both a compliant C-RIS (or exemption) ^b and D-RIS

^a Following changes to the *Regulatory Impact Analysis Guide for Ministers' Meetings and National Standard Setting Bodies* in June 2023, the OIA is not required to formally assess a RIS unless requested by the decision-making body. As a result, some proposals may have a C-RISs formally assessed by OIA but not the D-RIS formally assessed.

These proposals include the D-RIS for: *Improving security frameworks for the energy transition: National Electricity Amendment (Operational Security Mechanism) Rule ERC0290, Accelerating Smart Meter Deployment*; and *National Electricity Amendment – Integrating price-responsive resources in the National Electricity Market (NEM)*.

^b The OIA grants exemptions to the preparation of a C-RIS if the function of the C-RIS has been achieved by an appropriate alternative mechanism as outlined in the *Regulatory Impact Analysis Guide for Ministers' Meetings and National Standard Setting Bodies*.

Detailed information on RISs prepared for decision in 2024-25

The following D-RISs have been finalised in 2024-25.

Australian Health Practitioner Regulation Agency, Nursing and Midwifery Board of Australia

Expanded Role for Registered Nurses to Improve Access to Healthcare

Figure 2. Australian Health Practitioner Regulation Agency, Nursing and Midwifery Board of Australia

Announcement Date	Compliant at consultation	Compliant at decision	Final RIA published
11 December 2024	Yes	Yes	19 December 2024

Some Australians currently do not have timely access to medicines or medicines related services. People living in rural and remote areas encounter higher rates of injury, hospitalisation and death in comparison to people living in major cities due in part to poorer access to primary healthcare services. The health system is

being placed under increasing stress due to the ageing population and the ongoing effects of the pandemic, which further prevents timely and equitable access to medicines or medicine-related services.

Registered Nurses (RNs) working in health services have reported limitations in their current scope of practice, impacting timeliness of care and the overall quality of care and outcomes for patients. The 2022 *Strengthening Medicare Taskforce Report* recommended removing barriers to health professionals working to their full scope of practice. The Productivity Commission in its 2005 report *Australia's Health Workforce* and 2010 *Final Report of the National Health Workforce Planning and Research Collaboration* have highlighted the need to increase the number of prescribers to maintain access to medicines, including by expanding the scope of practice of RNs.

The Australian Government has committed to addressing the inequity of access to health care through a range of strategies, including the *Rural Health Strategy* and the *Primary Health Care 10-year plan*. There is an opportunity for RNs to expand and work to their full scope of practice to improve access to health care and health outcomes for patients.

The D-RIS considers options to allow appropriately trained and supported RNs to prescribe medicines across healthcare settings, with the goal of reducing the pressure on Australia's healthcare system and increasing timely access to patient care and medicines.

The D-RIS was prepared by the Nursing and Midwifery Board of Australia (NMBA) and considered four options.

- Option 1: Make no changes to the current prescribing arrangements for RNs (Status Quo).
- Option 2: Expand the scope of practice of RNs to prescribe Schedule 2, 3, 4 and 8 medicines as a designated RN prescriber under supervision, in accordance with governance frameworks and prescribing arrangements. This option would require the NMBA to bring forward a new Registration Standard for Health Ministers to approve. This option allows suitably educated, qualified and authorised RNs to prescribe the above mentioned scheduled medicines.
- Option 2a: Expand the scope of practice of RNs to prescribe Scheduled 2, 3 and 4 medicines only. This option would not allow RNs to prescribe Schedule 8 medicines but would otherwise include all the requirements described in Option 2.
- Option 2b: Expand the scope of practice of RNs to prescribe Schedule 2, 3, 4, and 8 medicines, but exclude RNs working in private practice or as sole practitioners.

The D-RIS identified Option 2 as the preferred option, being the most supported option by respondents to the [C-RIS](#). As outlined in the D-RIS, analysis of scenarios and costing models of care demonstrated that using a designated RN prescriber could decrease pressure points in hospitals, assist with ageing population and chronic disease treatment and have far reaching advantages for patients in rural and remote areas who are disadvantaged through health underservice.

Department of the Treasury

Regulation of Safety Standards and Information Standards

Figure 3. Department of the Treasury

Announcement Date	Compliant at consultation	Compliant at decision	Final RIA published
28 November 2024	Yes	Yes	8 January 2025

Businesses have indicated that complex layers of regulation and a product safety framework that is slow to respond to changing international consumer markets can contribute to unnecessary costs and confusion about their obligations when supplying goods that are regulated by mandatory Australian standards under the Australian Consumer Law (ACL). The most common problems that have arisen through consultation include:

- increased compliance costs for business and barriers to trade through duplicative testing and compliance measures where a product has been manufactured to the requirements of an equivalent overseas standard
- inefficient capturing of updates to voluntary Australian and overseas standards recognised under Australian law, which has prevented businesses from quickly moving to the latest manufacturing processes, therefore slowing the supply of safer and cheaper products to market.

A [C-RIS](#) was released on 1 December 2021 and considered a broad range of policy options. Informed by that consultation, the D-RIS presented the following options for decision:

- Option 1 – Status quo
- Option 2(a) – Prescribing a list of overseas standards-making associations
- Option 2(b) – Using a principles-based approach for declaring overseas standards
- Option 3(a) – Allowing updated standards to apply from time-to-time
- Option 3(b) – Safe harbour provision.

The D-RIS recommended a three-pronged policy approach. Implement:

- a variation of Option 2:
 - Amend sections 105 and 135 of the ACL to allow the Commonwealth Minister to declare standards from any Australian or overseas standards-making association.
 - Remove the need to prescribe and subsequently maintain, a specific list of standards-making associations (Option 2a) in the regulations, including Standards Australia.
 - The list of identified principles (Option 2b) would not be drafted into legislation, rather the Australian Competition & Consumer Commission (ACCC) would maintain administrative responsibility for the mandatory standards framework under the ACL. In providing advice to the Minister, the ACCC would consider any matters relevant to it, including whether an

overseas standard provides a suitable level of safety, before making a recommendation to the Minister to declare an Australian or overseas standard as a mandatory standard.

- time-to-time update provision under Option 3(a).
- amendments to section 108 of the ACL.

RISs prepared for consultation in 2024-25

The following C-RISs have been published for consultation in 2024-25.

Decision-making body: Australian Energy Market Commission

Consultation Regulation Impact Statement – Draft Rule Determination – National Electricity Amendment – Integrating price-responsive resources in the National Electricity Market (NEM)

Closing date: 12 September 2024

Aggregated Consumer Energy Resources (CERs), such as independent small electricity resources solar panels and small scale batteries in virtual power plants, are not currently integrated into the spot market for the NEM. These energy resources are not currently scheduled through the market dispatch process therefore may not be able to influence market price signals.

Additionally, energy security and reliability services could be provided more efficiently if these resources were appropriately considered when determining how much energy demand needs to be met, how to meet this demand, and the spot price.

This C-RIS will consult on a proposal to establish a 'dispatch' framework which allows aggregated CERs to be scheduled and dispatched into the NEM, in aggregations or individually. The proposal also includes an incentive scheme and monitoring framework.

Decision-making body: Department of Health and Aged Care

Improving commercial foods for infants and young children

Closing date: 13 September 2024

The nutritional quality of foods for infants and young children is critical as they have high nutrient requirements (relative to their energy needs) to support growth and development. Consumption of commercial foods for infants and young children is common, as parents see these as convenient, economical, and healthy options.

Recent years have seen a significant growth in the market for commercial foods aimed at infants and young children, particularly high energy, low nutrient snack foods. Analysis of products on the market that are targeted for infants and young children found improvements could be made to benefit the dietary intakes of infant and young children consuming these commercial foods. Many of the foods on the market are sweet,

fruit based, high in sodium, and do not provide key nutrients for this population group. In addition, the texture of many infant foods doesn't support developmental progression in feeding. Reviews also identified that labelling does not always support carers to make informed choices, with product names not reflecting the predominant ingredients of the product.

The objective of this work is to improve the composition, labelling and texture of commercial foods for infants and young children to better align infant and young child diets with Australian and New Zealand infant and toddler feeding guidelines.

The C-RIS canvasses the options: maintaining the status quo; non-regulatory approaches; and regulatory approaches. The options are not mutually exclusive and more than one option could be pursued.

Option 1 – Status Quo. Current regulations include requirements and restrictions for the composition and labelling of some categories of commercial foods for infants, with fewer requirements for the range of foods aimed at young children. Regulations do not cover texture of commercial foods for infants and young children.

Option 2 - Non-regulatory approaches. This option could include establishing guidance to support industry to voluntarily improve the composition and labelling of foods for infants and young children, such as by developing voluntary codes, resources, and guidance for industry. This may also include expanding existing reformulation programs in Australia and New Zealand to include commercial foods for infants and young children.

Option 3 - Regulatory approaches. Under this option, Government could review, develop and/or enhance compositional and labelling regulations for commercial foods for infants and young children. Under a regulatory approach, all relevant food products would be required to adhere to the requirements on labelling and composition, therefore increasing the reach and impact of improvements to foods for infants and young children. This option achieves consistent adoption of the regulations and a level playing field because it is not dependent on industry voluntarily changing their products.

Health Checks for Late Career Doctors' Registration Standard

Closing date: 4 October 2024

Health issues tend to increase as individuals age, which can be particularly problematic for medical practitioners if they have undiagnosed health issues that negatively affect their performance and increase risk to patients. Current regulatory measures are failing to detect some late career practitioners with health issues, with consequent increased risk of patient harm and increased risk of regulatory action by the Medical Board of Australia at the end of a long career.

The Medical Board of Australia, AHPRA, proposes that late career doctors (aged 70 and older) have regular health checks to support their health and wellbeing and to prevent patient harm.

The C-RIS was prepared by Medical Board of Australia, AHPRA, and is considering the following options:

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- Option 1 – Rely on existing guidance (Status quo)
 - Option 2 – Require a detailed health assessment of the ‘fitness to practise’ of doctors aged 70 years and older. Detailed health assessments would be undertaken by a specialist occupational environmental physician, and would include an independent clinical assessment of the current and future capacity of the doctor to practise in their particular area of medicine
 - Option 3 – Require general health checks for late career doctors aged 70 years and older. A general health check for doctors would provide information about the doctor’s health that could lead to discussions with the health concern/s on their practice.

Decision-making body: National Transport Commission

Draft Code for the Land Transport of Dangerous Goods

Closing date: 10 December 2024

The National Transport Commission (NTC) is progressing the first comprehensive update of the Australian Dangerous Goods Code (the Code) since 2007. Since then, many parts of the Code have become outdated and no longer align with modern industry practices or technologies.

This update aims to address gaps in the Code’s safety requirements, ensure closer alignment with international standards and produce a more streamlined and clear Code, making it easier for businesses to follow the rules. Updating the Code will ensure the requirements for transporting dangerous good keep Australia’s transport system safe, efficient and easier to maintain.

This C-RIS seeks feedback on the draft Code and to obtain additional evidence on the costs and benefits of proposed changes to the Code. This feedback will inform the government policy development around the best approach to regulate the movement of dangerous goods by rail and road.