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Date: 12 October 2026

The Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme
minister.butler@health.gov.au

RE: Inclusion of registered Chinese medicine practitioners in GP chronic condition management plan as an allied health profession

Dear Minister,

We acknowledge that the Medicare Benefits Schedule (MBS) Review Advisory Committee (MRAC) is currently reviewing the MBS referral for GP chronic condition management plan (GPCCMP). The review aims to assess if the existing chronic condition services delivered by allied health are adequately supporting patients with chronic conditions. The review is also considering whether the list of eligible allied health providers should be expanded and, if so, which professions should be included.[i]

This letter is prepared and jointly submitted by the: Australian Acupuncture and Chinese Medicine Association (AACMA), Australian Natural Therapists Association (ANTA), Australian Traditional Medicine Society (ATMS), Chinese Medicine & Acupuncture Society of Australia (CMASA), Chinese Medicine Industry Council of Australia (CMIC) and Federation of Chinese Medicine & Acupuncture Societies of Australia (FCMA). These six associations together represent the majority of registered Chinese medicine practitioners in Australia and are dedicated to promoting the safe practice of acupuncture and Chinese herbal medicine in support of the Chinese medicine profession in Australia.

Chinese medicine is one of the allied health professions in the Australian healthcare system. Following its entry into the *National Registration and Accreditation Scheme* (NRAS) as a registered profession in 2012, and pursuant to the agreement of the *Council of Australian Governments* (COAG), the profession of Chinese medicine was recognised as an allied health profession. The Department of Health's publication on the Allied Health Workforce reported: *"A further four allied health professions joined NRAS on 1 July 2012: Aboriginal and Torres Strait Islander health practitioners,* ***Chinese medicine practitioners****, medical radiation practitioners and occupational therapists.*" [ii] The Australian Institute of Health and Welfare

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published its first *Allied Health Workforce 2012*. The report stated that Chinese medicine was one of the regulated allied health professions alongside other allied health professions such as physiotherapy, chiropractic and osteopathy etc. governed by the *Health Practitioner Regulation National Law* and managed by the Australian Health Practitioner Regulation Agency (Ahpra).[iii] On 22 July 2021, the Executive Officer from the Chief Allied Health Office (CAHO) reconfirmed the recognition of Chinese medicine as one of the allied health professions by the Australian government.[iv]

Chinese medicine has experienced institutional isolation from the Australian healthcare system in spite of the profession's statutory recognition under the NRAS since 2012. Chinese medicine profession is the only allied health profession excluded from the MBS system among the 10 regulated professions recognised by the Australian government as allied health profession (Chinese medicine, chiropractic, medical radiation, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry, psychology). With the sole exception of Chinese medicine, all allied health services are subsided by MBS under the current CDM scheme (MBS 10950-10970). Registered chiropractors, osteopaths, physiotherapists, podiatrists, occupational therapists and psychologists can all provide Medicare-rebated care to patients with chronic conditions under the GPCCMP allied health items (MBS items 10950-10970). Registered Chinese medicine practitioners, who also deliver ongoing hands-on treatment of chronic conditions in primary care, cannot. In addition, acupuncture attracts a Medicare rebate when it is provided by a medical practitioner (MBS items 173, 193, 195, 197 and 199), but not when it is provided by a registered acupuncturist trained to degree level. [v]

Registration of health practitioners is required to ensure high professional and clinical standards in order to protect the public. Professional standards for all registered health practitioners are set by the NRAS. Those common registration criteria apply to all allied health professions including Chinese medicine. Registered Chinese medicine practitioners have maintained their professional capabilities and provided high quality primary health care services to the public since 2012 when Chinese medicine was included in the NRAS just like other allied health professionals.[vi] Working with the medical and other allied health professions, Chinese medicine practice was affirmed as one of the essential health care services in the public health orders issued by the state or territory governments during the COVID-19 pandemic.[vii]

The efficacy and safety of Chinese medicine practice including acupuncture and Chinese herbal medicine for a variety of chronic conditions such as chronic pain,[viii] migraines[ix]

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or tension headaches,[x] opioid dependence,[xi] mental health[xii] or cardiovascular diseases[xiii] are supported by a growing body of systematic reviews and randomised controlled trials.[xiv] In addition, an economic analysis by KPMG commissioned by AACMA (2024) estimated the social benefit, measured as quality-of-life improvement, of acupuncture for pain, mental health and digestive conditions at $372.3 million in 2022-23, and of Chinese herbal medicine for selected cardiovascular, dermatological and digestive conditions at $268.4 million.[xv] Private health insurers commonly provide extras rebates for acupuncture and Chinese herbal medicine consultations, in line with other allied health professions. However, low-income earners, pensioners, or disabled persons who are unable to afford contributions to private health funds premiums or to pay out of pocket, desperately need support from the GPCCMP for their chronic conditions. Inclusion of Chinese medicine into the MBS system not only benefits the public, but also would leverage the existing workforce of 4,898 registered Chinese medicine practitioners (at 30 June 2025) to meet the unmet demand to: potentially reduce Medicare expenditure by directing patients to cost effective acupuncture, take pressure off the stretched general practice and hospital services, support multidisciplinary, integrative care models that are increasingly sought by Australian patients, strengthen the government's preventive health agenda, reduce longterm costs associated with chronic disease, and improve the economic and cultural fabric of the health workforce.

We therefore respectfully request that you include registered Chinese medicine practitioners in the GPCCMP, and that you ask the MRAC Chronic Condition Management Working Group to formally consider this as part of its current review. We are happy to meet with you or your team members and discuss this issue face to face.

If more information is needed, kindly contact any of the below representatives.

Yours sincerely

Co-signed by:

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Carbon Copy to:

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Acronyms

AACMA	Australian Acupuncture and Chinese Medicine Association
Ahpra	Australian Health Practitioner Regulation Agency
ANTA	Australian Natural Therapists Association
ATMS	Australian Traditional Medicine Society
CAHO	Chief Allied Health Office
CMASA	Chinese Medicine & Acupuncture Society of Australia
CMIC	Chinese Medicine Industry Council of Australia

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COAG	Council of Australian Governments
COVID-19	Coronavirus disease 2019
FCMA	Federation of Chinese Medicine & Acupuncture Societies of Australia
GPCCMP	GP chronic condition management plan
MBS	Medicare Benefits Schedule
MRAC	MBS Review Advisory Committee
NRAS	National Registration and Accreditation Scheme

[i] https://www.health.gov.au/our-work/review-of-mbs-referred-chronic-condition-management-services?language=en accessed on 8 October 2026

[ii] Department of Health | 8.2 Allied health workforce accessed on accessed 28 April 2022

[iii] https://www.aihw.gov.au/getmedia/ceeac63a-1670-4e75-85d2-61225ffb4ca9/15993.pdf?v=20230605180842&inline=true accessed on 30 September 2026

[iv] Danforn Lim, Chair, Chinese Medicine Board of Australia, Ref: OUT21/1248, 22 July 2021

[v] https://www9.health.gov.au/mbs/search.cfm?q=10950-10970&Submit=&sopt=S accessed on 30 September 2026

[vi] https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Professional-capabilities-for-Chinese-medicine-practitioners.aspx accessed on 30 September 2026

[vii] https://acupuncture.org.au/resources/covid19 accessed on 30 September 2026

[viii] Vickers AJ et al Acupuncture Trialists' Collaboration. Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis. J Pain. 2018 May;19(5):455-474. doi: 10.1016/j.jpain.2017.11.005. Epub 2017 Dec 2. PMID: 29198932; PMCID: PMC5927830, accessed on 1 October 2026

[ix] Zhang X, Chen Q, Liu Y, et al. Acupuncture for Migraine Without Aura and Connection-Based Efficacy Prediction: A Randomized Clinical Trial. JAMA Netw Open. 2026;9(1):e2555454. doi:10.1001/jamanetworkopen.2025.55454 accessed on 1 October 2026

[x] https://www.neurology.org/doi/10.1212/WNL.0000000000201075 accessed on 1 October 2026

[xi] Fan AY et al Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management-White Paper 2017. J Integr Med. 2017 Nov;15(6):411-425. doi: 10.1016/S2095-4964(17)60378-9. PMID: 29103410 accessed on 1 October 2026

[xii] Jorge Magalhães Rodrigues, et al Mental health benefits of traditional Chinese medicine – An umbrella review of meta-analyses, Brain Behavior and Immunity Integrative, Volume 2, 2023, 100013, ISSN 2949-8341, https://doi.org/10.1016/j.bbii.2023.100013 accessed on 1 October 2026

[xiii] https://www.acc.org/about-acc/press-releases/2017/06/12/14/57/traditional-chinese-medicine-may-benefit-some-heart-disease-patients accessed on 1 October 2026

[xiv] Documents are available upon request.

[xv] Traditional Chinese Medicine Industry in Australia. A KPMG report for the AACMA, February 2024.