

Submission

Senate Community Affairs Legislation Committee - Health Legislation Amendment (Improving Choice and Transparency for Private Health Consumers) Bill 2026

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to make a submission to the Senate Community Affairs Legislation Committee's (the Committee) Inquiry into the Health Legislation Amendment (Improving Choice and Transparency for Private Health Consumers) Bill 2026.

RANZCOG is the peak professional body for women's health in Australia and New Zealand. The College is responsible for setting clinical standards and overseeing postgraduate education, accreditation, recertification, and continuing professional development for practitioners, including specialist obstetricians, gynaecologists, and GP obstetricians.

Background

RANZCOG supports the overarching intent of the Bill to improve transparency for consumers and enhance understanding of out-of-pocket costs for specialist medical care. RANZCOG recognises that many consumers have a limited understanding of what their private health insurance covers and, importantly, what it excludes. In particular, many patients are unaware that specialist professional fees are not covered by private health insurance. The College believes this should be addressed.

The Bill proposes to allow publication of specialist fees using Medicare, hospital and private insurer billing data already held by government, displayed through an improved Medical Costs Finder tool, with the goal of helping patients compare costs and make informed decisions. It also seeks to outlaw private health insurance "product phoenixing" and strengthen ministerial oversight of premium changes.

Feedback

Consider the administrative burden

RANZCOG emphasises the importance of carefully considering the obligations placed on specialists and the processes required to publish and maintain accurate fee information. Any system introduced must be sustainable and practical for clinicians to use. If the requirements are overly complex or time-consuming, specialists may not have the capacity to update their fees regularly, which would undermine the goal of improving transparency.

For many obstetric and gynaecological services, publishing fees for common outpatient consultations such as MBS items 104 and 105, as well as procedures including colposcopy, insertion of a Mirena device, and vulval biopsy, would be straightforward. The same applies to a core set of inpatient procedures, such as hysteroscopy, endometrial ablation, laparoscopy, and hysterectomy. However, requiring specialists to list all possible procedures and ensure that these lists are continually updated would create a significant administrative burden, particularly for procedures performed infrequently. There should be room for practitioner discretion in these cases.

This burden is especially challenging for small practices that lack the administrative resources to comply with extensive or onerous reporting requirements.

RANZCOG seeks further clarity on how unexpected variations in quoted fees should be managed or regulated. For example, if a specialist provides an estimate for an item such as MBS 35631, but during the procedure determines that a more complex and therefore more costly item such as MBS 35632 is required, the College assumes that it would be sufficient to communicate a potential change to the patient before the procedure and confirm exact costings afterwards. If this is not the case, RANZCOG would welcome further information on how such circumstances are intended to be managed within the proposed framework.

Improve the clarity of No-gap billing

RANZCOG believes that consumers would benefit from clearer information about no-gap provider arrangements. In Western Australia, for example, HBF holds a significant share of the private health insurance market and maintains a list of no-gap providers who receive a slightly higher rebate if they do not charge patients a gap. However, this rebate has not kept pace with inflation, resulting in fewer practitioners choosing to participate as HBF-preferred providers. Practitioners outside the preferred provider scheme receive significantly lower rebates, leaving patients with larger out-of-pocket costs compared with other insurers. This issue affects both surgeons and, in particular, anaesthetists. Many patients are unlikely to be aware of these differences when selecting their insurance.

Summary

RANZCOG puts forward the following key recommendations:

- 1. Ensure appropriate consideration is given to the ongoing administrative burden on specialists**
- 2. Improve the clarity of 'no-gap' billing.**

RANZCOG acknowledges with thanks, the contributions of Dr Anna Clare to this submission.

Yours sincerely,

Dr Nisha Khot

President