

# RACGP response to Senate Community Affairs Legislation Committee inquiry

Health Legislation Amendment  
(Improving Choice and Transparency  
for Private Health Consumers) Bill

March 2026



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## 1. Executive Summary

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide input to the [Senate Community Affairs Legislation Committee](#) inquiry into the [Health Legislation Amendment \(Improving Choice and Transparency for Private Health Consumers\) Bill](#).

The RACGP supports transparency for patients and the principle of informed financial consent. Patients must have access to clear information about healthcare costs before receiving care.

However, the RACGP has concerns about the potential publication of specialist general practitioner (GP)-level fee and billing information derived from administrative datasets. Without appropriate safeguards, these reforms risk creating misleading comparisons, influencing patient behaviour in unintended ways, and placing additional pressure on the financial sustainability of general practice.

General practice is structurally different from non-GP specialist private practice. Fee data derived from administrative datasets does not capture the complexity, consultation length, continuity of care, or the broader role of general practice within the health system.

If implemented without appropriate safeguards and consultation with the profession, the proposed reforms may undermine access to care, particularly in rural, outer metropolitan, and disadvantaged communities.

The RACGP supports the intent of improving transparency for patients. However, the RACGP does not support the legislation in its current form. The Bill enables publication of practitioner-level fee data in a way that could lead to unintended consequences for general practice, including impacts on viability, access to care and clinical behaviour.

The RACGP recommends the legislation be amended to include appropriate safeguards, consultation requirements, and implementation constraints before any publication of general practice data occurs. The RACGP would support the Bill if amended as outlined in this submission.

## 2. RACGP recommendations

The RACGP recommends that the legislation be amended to:

- require that any publication of practitioner-level fee data incorporates appropriate clinical and service context, including factors such as consultation length, complexity, and continuity of care, to support accurate interpretation
  - limit or condition the publication of practitioner-level bulk-billing rates, including requiring appropriate adjustment or contextualisation to reflect differences in patient demographics, geography, and policy settings to avoid misleading comparisons
  - clarify that the publication framework must rely on existing administrative datasets and must not impose additional reporting or data validation obligations on general practice without further legislative amendment
  - include a requirement for consultation with the general practice profession, including the RACGP, in the design and implementation of any practitioner-level fee publication framework
  - require formal evaluation of the impacts of practitioner-level fee publication on access to care, equity, and practice viability prior to implementation as applied to general practice
  - consider the establishment of an Independent Private Health Authority to ensure appropriate oversight and integration of private health insurers (PHIs) into the healthcare system and provide independent, evidence-based advice to government
  - recommend that PHIs return a minimum of 90 cents on the dollar to consumers via hospital benefits.
  - defer or limit the application of practitioner-level fee publication to general practice until evidence gaps identified in the [Impact Analysis](#) are addressed, appropriate safeguards, evaluation and consultation processes are in place.

Amid rising cost-of-living pressures and the increasingly complex healthcare needs of patients, the RACGP also continues to advocate for increased Medicare rebates to support affordable access to care.

## 3. Background and general feedback

### 3.1 Overview of the proposed reforms

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The proposed legislation would enable the Commonwealth to publish average fees charged by individual doctors using administrative datasets such as Medicare, hospital and insurer data.

Under the proposed framework, the Government will be able to:

- use administrative datasets to calculate average fees for specific services
- attribute those averages to individual practitioners
- publish this information on a public website
- include practitioner-level bulk-billing rates derived from administrative datasets.

The [Impact Analysis accompanying the legislation](#) indicates that the publication of practitioner-level fee information is intended to influence both consumer decision-making and provider behaviour within private healthcare markets. The explanatory materials accompanying the legislation acknowledges that administrative data-derived averages may be imperfect and may influence consumers' choice of provider.

The Bill does not specify how the publication mechanism will be implemented, including whether this will occur through subordinate legislation, administrative processes or advisory structures. Given this lack of clarity, and the complexity of general practice service delivery and billing, the RACGP considers that the legislation should require formal consultation with the general practice profession, including the RACGP, in the design, implementation and ongoing oversight of the publication framework.

The proposed reforms should also be considered in the context of the constitutional limits on Commonwealth regulation of medical services. Section 51 (xxiiiA) of the [Australian Constitution](#) permits the Commonwealth to legislate with respect to medical services but prohibits "civil conscription" of medical practitioners. This provision has historically limited the Government's ability to directly regulate the fees charged by doctors. While the Bill does not directly regulate fees, the publication of practitioner-level fee data could operate as a proxy regulatory mechanism that influences pricing behaviour. Care should therefore be taken to ensure transparency measures do not evolve into mechanisms that effectively constrain professional fee setting in ways that raise constitutional concerns.

### 3.2 Medical Costs Finder and fee transparency

The [Medical Costs Finder](#) website was established in 2019 to improve transparency of non-GP specialist fees.

Participation by non-GP specialists in providing fee information has been voluntary and uptake has been very low. Internal briefing material notes only a small number of specialists have provided indicative fee information on the platform.

The current proposal signals a shift from voluntary participation toward default publication of practitioner-level information derived from administrative datasets.

While the immediate focus of the reform is on non-GP specialists, the legislative framework enables future publication of GP fee and billing data.

The limited uptake of voluntary fee disclosure through the Medical Costs Finder appears to be one of the factors contributing to the proposed shift toward publication of practitioner-level fee information derived directly from administrative datasets.

### 3.3 Implications for general practice

General practice differs from non-GP specialist private practice in several important ways.

General practice:

- delivers a high volume of publicly subsidised care through [Medicare bulk billing](#)
- operates predominantly through community-based small businesses
- provides services across a wide spectrum of consultation types and clinical complexity
- plays a gatekeeping and care coordination role within the broader health system that reduces the provision of low value care and cost to the health system.

These differences have important implications for how fee data should be interpreted and presented.

### 3.4 Publication of information about treatments covered by health insurance policies

Over the past five years, net profits within the insurance sector (including returns from private health insurance investments) have increased at a substantially higher rate than the benefits disbursed to patients. During this period, insurers experienced an approximate 50% growth in net profits, whereas the patient rebates for medical services saw an increase of just over 10%.

As per [Schedule 2, Division 324](#) (publication of information about treatments covered by health insurance policies, etc.) the RACGP supports fit-for-purpose [expansion of oversight](#) of premium setting for private health insurance products, to ensure consumers receive transparency and value for the cover they purchase. As discussed, these measures are distinct from the proposed publication of practitioner-level fee data and should be considered separately in assessing impacts on general practice.

## 4. Issues for general practice

### 4.1 Data accuracy and clinical context

Primary care operates within a complex funding environment where patient demographics, clinical complexity and practice cost structures vary widely.

Administrative billing data does not capture important aspects of general practice care, including:

- consultation length
- patient complexity and multimorbidity
- preventive care
- chronic disease management
- continuity of care.

As a result, published averages are unlikely to accurately represent the nature of services provided by individual practitioners.

### 4.2 Evidence gaps identified in the Impact Analysis

The [Impact Analysis accompanying the Bill](#) identifies a number of areas where the available evidence regarding the effects of practitioner-level fee transparency is limited or uncertain.

In particular, the analysis notes uncertainty regarding:

- the extent to which publication of provider-level fee information will influence consumer choice of provider
- how practitioners may respond to the publication of their individual fee information
- whether publication of fee data may lead to convergence of fees toward market averages
- the broader impacts on access to services in different geographic and socioeconomic contexts
- unintended consequences arising from changes in patient demand or provider behaviour.

These uncertainties are particularly relevant for general practice.

In this context, introducing practitioner-level fee publication without robust evidence regarding behavioural impacts creates risks for:

- access to care in disadvantaged communities
- the viability of small community-based practices
- the provision of longer or more complex consultations.

Given the evidence gaps, careful consideration must be given before extending the proposed transparency framework to general practice.

### 4.3 Publication of practitioner-level bulk-billing rates

The publication of practitioner-level bulk-billing rates presents particular challenges.

Bulk-billing rates are strongly influenced by:

- patient demographics
- workforce profile
- socioeconomic conditions
- geography
- government incentive settings.

Comparisons between practices serving different patient populations are likely to be misleading.

#### 4.4 Consumer interpretation and behaviour

Publication of provider-level averages is likely to encourage patients to compare healthcare providers primarily on price.

These risks create a perception that lower cost represents better value, despite differences in consultation length, complexity, and continuity of care.

#### 4.5 Practice viability and billing behaviour

General practice is currently operating in a financially constrained environment characterised by:

- rising operating costs
- workforce shortages
- declining real value of Medicare rebates
- increasing complexity of patient care.

Public comparison of GP fees is intended to influence pricing behaviour and place downward pressure on practice revenue. This may reduce the capacity of practices to sustain consultations that require more time and clinical input, influencing the mix of services that can be provided to patients.

#### 4.6 Workforce and access implications

Changes to billing behaviour driven by public fee comparison affect patient access to care, particularly in:

- rural and remote communities
- outer metropolitan areas
- disadvantaged populations.

Reduced [access to general practice](#) increases pressure on hospital emergency departments and other parts of the health system.

#### 4.7 Regulatory and administrative impacts

While the current proposal relies on administrative datasets, the RACGP notes the potential policy trajectory toward:

- mandatory provider reporting
- data validation requirements
- compliance and enforcement frameworks.

General practices already face significant regulatory obligations, and additional reporting requirements would increase administrative burden.

## 5. Conclusion

The RACGP supports appropriate transparency for patients and recognises the importance of [informed financial consent](#) in healthcare. However, the Impact Analysis accompanying the legislation highlights substantial uncertainty and concern regarding the behavioural and system impacts of publishing practitioner-level fee data. In this context, extending such measures to general practice without further evidence and consultation will result in unintended consequences for access to care and practice viability.

Transparency initiatives must be carefully designed to ensure they do not undermine the financial sustainability of general practice or reduce access to care. The RACGP recommends that any reforms affecting general practice fee publication be developed in consultation with the profession and implemented with appropriate safeguards.