

MEDIA RELEASE

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More consultation needed on costs website to avoid repeating mistakes

Greater consultation is needed on proposed changes to the Medical Costs Finder website to ensure it genuinely supports consumers and does not simply replicate the mistakes that have plagued the existing website.

The Australian Medical Association's [submission on proposed changes to the health legislation amendment Bill](#) (Improving Choice and Transparency for Private Health Consumers) supports the intent of the Bill. However, it details serious concerns and proposes several amendments to improve the website's operation.

AMA President Dr Danielle McMullen said the Department of Health, Disability and Ageing had not consulted with the profession about the Bill and the AMA was very concerned about some of the concepts within it, including the proposal to publish a single annual "average fee" for each medical practitioner.

"The Bill's intent is good, but the proposal to publish a single figure won't deliver meaningful or fair transparency for consumers, given the diversity of clinical practice," Dr McMullen said.

"This could disadvantage both consumers and medical professionals because there are so many factors impacting fees, including insurer-hospital agreements and the complexity of cases a non-GP specialist may handle.

"Many private non-GP specialists provide discounts to some patients because of their age or financial circumstances, but not to others, so an average fee (particularly an average based on previous year's data) may be misleading.

"Some non-GP specialists also develop a well-deserved reputation for treating patients with more complex conditions, so they receive more referrals for these kinds of patients. Given the complexity of the cases and the additional time needed to treat these patients, their fees may be higher than other doctors' fees.

"It is unclear how this kind of individual circumstances can be accounted for in a single fee and we've yet to see the methodology that's being used."

The Bill also lacks clear processes for doctors to correct information if it is wrong or to have any remedy if incorrect information causes damage to their reputation or the viability of their practice.

"The department needs to stand by the accuracy of information and data on the website and must do better than an all care and no responsibility approach to publishing this information," Dr McMullen said.

Dr McMullen said the AMA had also consistently emphasised to the department that true transparency can only be achieved if the information published provides a complete and accurate picture of the factors driving patients' out-of-pocket costs.

"The Bill enables additional information, including private health insurer rebates, to be published but this should be done at the same time other information is published, and not in tranches where medical practitioner fees are uploaded first and insurance rebates are added at an undefined later date.

"Publishing fees in isolation risks misleading consumers by obscuring the significant role played by private health insurer benefit levels, product design, and contractual arrangements in determining what a patient ultimately pays."

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The AMA broadly supports the suggested approach to insurer product phoenixing and agrees private health insurers should be able to close or terminate products to manage prudential risk, while being prevented from using such product closures to facilitate phoenixing.

“There needs to be legislated definitions of the terms ‘public interest’ and ‘exceptional circumstances’, neither of which are currently defined in the *Private Health Insurance Act 2007*,” Dr McMullen said.

“The consultation paper also makes no mention of penalties for insurers who continue the practice of product phoenixing once legislative changes to outlaw the practice are made,” she said.

“Our submission makes constructive recommendations, including requirements for proper governance arrangements to ensure the information on the website is meaningful and accurate and includes a proper complaint handling process that practitioners can access when information published is incorrect.

[Read the AMA's submission](#)

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