

## AACMA Submission

### Re: Draft Determination relating to the submission from Private Healthcare Australia Limited (PHA)

*“On 15 July 2020, the ACCC issued a draft determination proposing to grant conditional authorisation to the Participating Parties for six months from the date on which final authorisation is granted.”*

#### Introduction

As an interested party, the Australian Acupuncture and Chinese Medicine Association (AACMA) is pleased to provide follow up information to our initial submission provided to the ACCC regarding the provision of telehealth/virtual health consultations in particular, as part of the Private Health Funds response to health care during the COVID-19 pandemic. The ACCC interim decision was to enable health funds to work together so that the consumer was not disadvantaged and appropriate competition was pursued.

#### Information Discovered

Since the draft determination issued by the ACCC on 15 July 2020, further investigation by AACMA <sup>appendix 1</sup> has found that none of the 37 private health funds listed by PHA as participating parties, are providing their members with extras cover rebates for telehealth consultations with registered Chinese medicine practitioners.

While we understand that it is up to the individual health funds to conduct business in the way they choose, it is apparent that the consumer is paying for a service that is being denied them by these health funds.

Some health funds are providing benefits for limited telehealth consultations with a few allied health practitioners but not for any Chinese medicine consultations whether, acupuncture (acupressure demonstrated by the practitioner via video link to the patient) or Chinese herbal medicine that can provide contactless delivery of the herbal remedies right to the person's door.

AACMA feels that this denies the Australian health care consumer the ability to safely access the proper quality care for their needs especially during the COVID-19 pandemic when many of them are not receiving an income or are on benefits and are in isolation due to the necessary Government restrictions to contain the Coronavirus spread.

COVID-19, while seriously curbing the way we have lived and worked this year, has not stopped the other health issues that people still suffer and for which they require treatment.

Back and neck pain due to working from an ill-suited “home office”, mental and emotional health issues such as anxiety and stress related headaches have all increased during this time combined with already existing ailments such as arthritis, allergic rhinitis and sinus complaints, gut issues and poor sleep to just mention a few, Chinese medicine practitioners are able to shoulder some of this burden, taking the pressure off the doctors and the stretched Medicare budget by providing treatments rebated by private health insurance extras cover for which the consumer has paid.

Though, now, it is only a rebate paid if the consultation is face to face and not via a video link thus severely disadvantaging people in isolation and in lock down areas around Australia,

especially now in Melbourne where Stage 4 Lockdown comes into effect from midnight tonight August 2, 2020 and Stage 3 Lockdown for the rest of Victoria.

All the while, the health funds are still charging and taking health insurance premiums for extras cover.

### **Future Added Benefits**

Further benefits to the delivery of telehealth consultations beyond COVID-19 will be for our rural and remote Australians to be able to conveniently access health care that would otherwise require long distance travel and potential overnight accommodation to receive this care thus increasing their costs if their health fund does not offer travel and accommodation benefits under their policy.

### **Potential Discriminatory Conduct**

Another contentious issue is that despite being a [registered allied health profession](#) under [The National Health Practitioner Regulation Law \(2009\)](#) through the COAG National Regulation and Accreditation Scheme (NRAS) since 2012, the private health funds still categorise Chinese medicine under natural therapies thus paying a much lower rebate to their members who pay for extras cover.

Chaired by the former Commonwealth Chief Medical Officer, a review of [16 natural therapies](#) found no clear scientific evidence that these natural therapies are effective which resulted in these therapies being removed from the private health fund rebate list.

Chinese medicine was not one of these therapies reviewed because

- ✓ The Federal Government recognises it as an allied health profession
- ✓ There is a growing body of scientific evidence proving its efficacy
- ✓ The high standard of education- minimum 4 year Bachelor degree or equivalent with 1000 hours of clinical practice mandated for registration as a Chinese medicine practitioner.

From the Federal Government's Health Department website (*"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. A description of the above disciplines included under NRAS is outlined in Chapter 2".*)

Despite repeated approaches to these health funds regarding the recategorisation of Chinese medicine as an allied health modality as recognised by the Federal, State and Territory Governments, they still choose not to pay the rebate comparable with the other allied health professions, again denying the consumer what they are entitled to under their extras cover policy.

State and Territory bodies such as [Work Cover Queensland](#) recognise Chinese medicine acupuncturists as registered providers and pay comparable rates for the respective treatments delivered by Chinese medicine acupuncturists and physiotherapists for example.

## Conclusion

Certainly the private sector, compared to government bodies, is all about making money but in this instance, AACMA feels that the private health funds are making money by charging their members for extras cover that they actively choose not to pay on.

Health funds generally use standard form contracts that deny the consumer the ability to negotiate, in this instance, the chance to receive a rebate for a health consultation delivered electronically via a video rather than face to face.

ACCC Chair Rod Simms spoke about the necessity of competition for the recovery of our economy at the Australian Financial Review Banking & Wealth Summit Crisis Briefing on 30 March 2020.

Mr Simms said *"My new topic, given to me by the AFR, is 'Will competition survive the current crisis?'*

*My answer is it must, and it will.*

*It must because an open, market economy is essential to the prosperity of all Australians, and such an economy depends for its success on robust competition".*

If the health funds are selectively choosing to pay rebates for telehealth consultations, AACMA asks, are they not deliberately stifling fair competition while also denying the consumer the opportunity to negotiate fairer terms when a standard form contract is used?

These are unprecedented times for all businesses, which private health funds are, but making money by charging and not providing the paid for service does not generate any good will as it puts the consumer at a clear disadvantage.

Please contact Waveny Holland at [president@acupuncture.org.au](mailto:president@acupuncture.org.au) for any further information .

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## APPENDIX

1. List of health funds AACMA investigated regarding the provision of telehealth rebates

AHM

<https://help.ahm.com.au/hc/en-us/articles/360001461075-Access-to-telehealth-services>

HBF

[https://www.hbf.com.au/members/useful-articles/telehealth-treatments?intcmp=what-is-telehealth:promopanel\\_Stay-at-home-telehealth#details](https://www.hbf.com.au/members/useful-articles/telehealth-treatments?intcmp=what-is-telehealth:promopanel_Stay-at-home-telehealth#details)

NIB

<https://www.nib.com.au/health-information/member-services/telehealth>

GU Health

<https://www.guhealth.com.au/docs/telehealth-factsheet-apr2020>

Medibank

<https://www.medibank.com.au/livebetter/newsroom/post/medibank-and-ahm-boost-access-to-telehealth-during-covid-19-pandemic>

Defence Health

<https://www.defencehealth.com.au/media/3037/defence-health-covid-19-faqs.pdf>

<https://healthhq.defencehealth.com.au/member-updates/member-update-april-2020/#telehealth>

HCF

<https://www.hcf.com.au/members/access-medical-resources/telehealth-services#telehealth>

Bupa – What benefits are available for telehealth services

<https://www.bupa.com.au/health-insurance/covid-19/bupa-telehealth-consultation>

Australian Unity/Remedy Healthcare

<https://www.australianunity.com.au/health-insurance/programs/covid-19>

<https://www.remedyhealthcare.com.au/telehealth/>

HIF

<https://www.hif.com.au/news/hif-news/hif-includes-benefits-for-some-services-via-telehealth-as-standard-on-extras-cover>

Mildura health fund

<http://www.mildurahealthfund.com.au/COVID-19-Update-Page>

GMHBA

<https://www.gmhba.com.au/healthier-at-home/telehealth>

<https://www.gmhba.com.au/health/articles/telehealth>

CUA

<https://www.cua.com.au/about-us/cua-news/blog-items/media-releases/2020/march/cua-health-delays-premium-increase-as-part-of-covid-19-support-package>

CBHS

<https://www.cbhs.com.au/health-well-being-blog/blog-article/2020/04/03/supporting-your-mental-and-physical-health-safely-at-this-time>

<https://careconnected.com.au/individuals/>

RT Health

<https://www.rthealthfund.com.au/covid-19> (updated on 17 April 2020)

Navy Health

<https://navyhealth.com.au/covid-faqs/>

The AACMA logo watermark is a circular emblem with a central cross and a caduceus-like staff. The text 'AUSTRALIAN ACUPUNCTURE & MEDICINE ASSOCIATION' is written around the perimeter of the circle.  
**AACMA**

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