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**From:** David Dickison [REDACTED]  
**Sent:** Thursday, 10 June 2021 9:21 PM  
**To:** Exemptions  
**Subject:** Honeysuckle Health Buying Group Authorisation number: AA1000542

Dear Sir

**RE: Honeysuckle Health Buying Group Authorisation number: AA1000542**

I am writing to express my opposition to the proposal by NIB/Honeysuckle Health.

There are many issues in this proposal that have not been carefully evaluated. Once in existence any damage created will be difficult to reverse and we will be further down the path towards managed care.

There are concerns about NIB's partner Cigna in the USA. A proposed merger with another Health Insurer in the USA, was rejected by the Courts on anti-competitive grounds. The rejection rate for health services by Cigna have been demonstrated at nearly 40%. Even the timing of its submission to the ACCC is worth noting, December 24th. Trying to slip under the radar? There are many instances where health services have not been supplied when required. Some have caused serious harm and even death. Many have proceeded to legal settlements. Is this the type of approach we wish to see enter into Australian Health Practice? Has the ACCC performed due diligence on the character of this company?

The actual consideration shown by ACCC to allow an exemption from anticompetitive business arrangements, in itself, is remarkable. The only outcome of this can be a playing field tilted totally in favour of the Honeysuckle Health to the detriment of all other health service providers. If Honeysuckle Health thought that this could be achieved in normal business practice, they would not have sought the exemption.

The argument that this exemption will benefit the health consumer public is based on a lowering of costs that will flow back into lower premiums. This is unlikely to happen. 70% of the Private Health Insurers in Australia are for-profit organisations. Their responsibility is to their shareholders.

The practice of medicine in Australia is reliant on the strength of the Doctor-Patient relationship. A third party provider breaks this relationship, as all clinical decisions will have an overbearing commercial bias. In their efforts to control costs, patients with complex comorbidities will be forced away from Private Health Insurers and then fall onto the already stressed Public Hospital System.

In the proposal, Value-based Services are named as the basis for care. There is no description of how "value" is measured. This must have a clear definition before ACCC can give credence to this proposal.

With all these issues clearly unresolved, the ACCC should take more time and deeper enquiry before handing over the Australian Health System to an Anti-competitive structure with doubtful benefits to the Australian Public.

Yours Sincerely

David Dickison

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