
From: William Blake [REDACTED]
Sent: Sunday, 6 June 2021 9:12 AM
To: Exemptions
Subject: AA1000542 –Honeysuckle Health – submission

Thank you for the opportunity to provide a submission in relation to this matter.

NIB is a profit making business and aims to increase its profitability by increasing its market power. Such concentration of market power is anathema to the proper role of the Australian Competition and Consumer Commission. The Commission should oppose the proposal and reverse its preliminary decision.

I am a provider of health services and see every working day how clumsy Private Health Insurers are when involving themselves in health care. For example they frequently leave their customers believing they are covered whilst selling products with broad carve outs or they restrict access to certain procedures inadvertently denying basic care - like cancer surgery reconstruction. They are not nimble or sophisticated players.

This lack of capacity informs my objection to having PHIs and NIB/Honeysuckle specifically adopting a bigger role in managing health care. The patients will suffer from reduced choice of provider, reduced access to facilities and ultimately lower quality of care.

Arguments in favor of the proposal have been made along the lines that similar arrangements work well in the USA. I would argue that similar arrangements are the problem in the USA. The USA achieves less and pays more for healthcare and group purchasing arrangements have a dramatic effect on compliance costs for clinicians whilst providing restricted care. My colleagues in the US employ a staff member to manage coding and compliance - an expense I hope to avoid in my lifetime!

To address the draft determination specifically: the calculus of accepting the benefits over the detriments seems to place the interests of corporations over the interests of Australians. The draft determination recognises that the primary benefits "are a greater choice of buying group for healthcare payers and more competition between buying groups" whilst also acknowledging the risk of "public detriment by reducing competition between acquirers of medical specialist services." Please put this right by rejecting the whole proposal, not just its most egregious and ambit claim for a "Broad Clinical Partners Program."

I am very happy for my contribution to be made a public document and many thanks for the opportunity to contribute,

yours sincerely,

William Blake.

National Chair

Australian Board of Plastic and Reconstructive Surgery

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