Private Healthcare Australia
Better Cover. Better Access. Better Care.

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Hon Dr Michael Armitage
CHIEF EXECUTIVE OFFICER

Ms Laura Johnson
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Financial System and Services Division
The Treasury
Langton Crescent
PARKES ACT 2600

Dear Laura,

Private Health Insurance Changes

Thank you for the opportunity to comment on part of the proposed legislation to transfer the functions of the Private Health Insurance Administration Council (PHIAC) to the Australian Prudential Regulation Authority (APRA).

Private Healthcare Australia is the Australian private health insurance industry's peak representative body that represents 21 health funds throughout Australia and collectively covers approximately 97% of the private health insurance industry. Private health insurance today provides healthcare benefits for over 13 million Australians.

Our goal is to ensure that private health insurance members receive the best possible healthcare at the best possible prices.

The exposure draft material introduces significant uncertainty for no proposed gain to either the industry or its members. In fact, the exposure draft material is likely to increase costs for private health insurers, which must be passed on to members through premium increases.

The exposure draft material represents a fundamental shift in the prudential regulation of the Australian private health insurance industry by including the industry as part of the financial system for prudential regulatory purposes. It is vital that the industry is given the opportunity to fully understand the proposed changes and provide input on them before the changes come into effect.

The policy decision was to move the PHIAC functions to APRA to reduce costs and regulation. However the proposed Bill goes much further than this and proposes to regulate the private health insurance industry as part of the Australian financial services industry.

We are particularly concerned that there is little or no explanation of why the individual changes in the proposed Bill are thought to be necessary and how they are likely to affect the industry and its members.

It seems incongruous for the industry to only see one small part of the package, with very short response timeframes, 5 months before the changes are due to take effect. In fact, we understand that it is unprecedented for the entire prudential regulation of an industry to change within such short timeframes.

We are concerned that the exposure draft material will result in increased industry regulation, contrary to the Government's stated objective to reduce red tape and regulation. Given that there is no proposed reduction in the levy on the industry, we query whether the proposed Bill as currently drafted will fulfil the Government's objectives.

It is important to note that the Australian private health insurance has had no major industry failures to the detriment of consumers. Therefore, the current regulation is working and **no additional regulation is warranted**. In fact, if anything, regulation should reduce NOT increase.

We note that a key objective of the Australian Department of Health is to create better health and wellbeing for Australians. It is important to align the prudential regulation of private health insurance with these core goals for the Australian health system and any changes should be structured to increase the health and wellbeing of Australians.

We request full consultation on the full package of changes well before they come into effect. This would include all the documents listed below and sufficient time to read, understand, discuss and incorporate feedback internally and with the various Government departments involved. A fairer timeframe would involve consultation now for introduction in early 2016, with changes applying from 1 July 2016.

We understand that the transfer of PHIAC's functions to APRA will include the following regulatory changes:

- transitional provisions - not available for analysis and comment;
- provisions to ensure no changes will take effect before 1 July 2016[1] - not available for analysis and comment;
- a regulatory impact statement to explain the changes and how they will affect Government administration of the industry, including costs to the industry and members and the industry's goals of providing access to the best possible care at the best possible prices – not available for analysis and comment;
- changes to the *Private Health Insurance Act 2007* – not available for analysis and comment;
- changes to the relevant *Private Health Insurance Rules* – not available for analysis and comment;
- APRA's proposed regulatory Standards – not available for analysis and comment;
- full explanatory material that details the proposed changes, why they are considered necessary, how they differ from current regulation, etc – not available for analysis and comment;
- Rules that will sit under the proposed Bill – not available for analysis and comment; and
- the proposed Bill.

It is very difficult to provide comments on one isolated part of this package of changes without access to the complete package.

The stated purpose of the changes is to achieve cost savings. However, there is no explanation of what the expected cost savings are, or how these will be achieved. The cost of the levy on the industry will not change, despite staffing cuts in PHIAC.

The materials released for consultation do not give the industry an opportunity to understand what changes are being proposed, compared to the current regulatory regime or why those individual changes are proposed.

[1] The Medibank prospectus, released on 25 November 2014 by the Australian Government states "As at the Prospectus Date, APRA has not determined its approach to prudential regulation of the PHI industry except that it does not intend to make any changes to the existing capital and solvency standards for private health insurers before 1 July 2016."

The current exposure material does not provide details about some fundamental aspects of private health insurance industry regulation or how its regulation will be affected, including:

- premium change process;
- current standard operating procedures issued by PHIAC after substantial industry consultation;
- industry analysis performed by PHIAC but not yet finalised or published;
- annual report on insurers – which has been published every year for 40 years and should be published every year by December;
- state of the health funds report – which would probably better fit under the PHIAC/APRA role;
- risk equalisation; and
- reporting/industry statistics.

We asked these questions during the consultation sessions. The Treasury, the Department of Health and APRA are unable to provide clarity on these issues, as much of the necessary detail has not been finalised. It is concerning that the scope of the changes seem to not be fully comprehended by either the new nor the old regulator, just a few short months before the changes are proposed to take effect.

Given that we have access to only part of the package, our current comments are interim in nature. We look forward to receiving the rest of the package of regulatory changes so that we can provide you with our full comments and feedback.

We have structured our interim feedback as follows:

- general comments – these comments cover the regulatory change package as a whole; and
- comments on specific clauses of the Exposure Draft Bill – detailed in Attachment One.

General Comments

The Bill fundamentally changes the regulation of private health insurance going forward and therefore requires full consultation with sufficient time for everyone to understand the changes and their implications.

Lack of Consultation and Overly Short Timeframes

It is disappointing that Government has only chosen to release for consultation one small part of the proposed changes to the prudential regulation of the private health insurance industry. We are informed that some other aspects of the change may (or may not) be released for consultation separately. If they are released, we understand the timeframes for reading, understanding them and providing comments will be significantly less than the current 13 business days.

The exposure draft material is a profound shift in the prudential regulation of private health insurers. Currently, private health insurers are regulated as part of the health industry. The exposure draft material proposes to regulate private health insurance as a financial service. As discussed further below, **the private health insurance industry has several legal obligations that make it very different from financial services, including a lack of risk rating business decisions in relation to members, guaranteed portability, community rating, a collapsed insurer levy and risk equalisation.**

Despite this fundamental shift, there has been a disappointing lack of industry consultation. The industry has not been consulted on whether it should be regulated as a financial service. The industry has not been provided with an overview of the proposed changes to prudential regulation and how these will affect the industry, its operations and members.

In fact, the only consultation is the current exposure material, which has been presented in isolation from the whole new regulatory package and does not explain why or how the new regime will apply to private health insurers, or how it differs from the current regulation. We have been given less than 13 business days to provide our comments. We have not been provided with the consequential amendments, or the amendments to the current Acts and Rules, which would help us better understand the proposed changes from the current regime.

The new regulatory regime is proposed to occur in two stages.

1. Transfer PHIAC functions to APRA from 1 July 2015. We have been advised that there will be no changes to the prudential supervision of the industry until 1 July 2016. However, we are also told that there will need to be some changes to accommodate the new Act and structure. We look forward to receiving an explanation of these changes and why they are necessary.
2. New APRA regime from 1 July 2016. We have been promised that any changes to prudential regulation of the industry will involve extensive industry consultation. However, we have also been told that some changes are non-negotiable, as APRA needs to align its regulation across the industries that it regulates. As noted elsewhere, we have not been provided with explanations of why the individual changes are thought to be necessary.

We are concerned that the industry is being subjected to two changes in its prudential regulation in less than twelve months with minimal consultation and notice of what the changes will be and why. APRA has stated that the first stage will involve changes. The second stage must also involve changes.

Implications of Treating Private Health Insurance as a Financial Service

Currently, private health insurance is part of the Australian health system. The Bill, however, proposes to regulate the private health insurance industry as part of the Australian financial services sector. This is a substantial change to the way the industry will be regulated and is likely to have flow-on effects to private health insurers and the premiums their members pay. In particular, it is likely to increase the costs of doing business as a private health insurer and therefore flow-on to premium increases.

In contrast, it is commonly acknowledged that private health insurance is not part of the Australian financial sector.[2]

By treating private health insurance as a financial service, the Bill increases regulation of the private health insurance sector. This appears incongruous given that there have been no systemic market or regulatory failures to the detriment of consumers in the private health insurance sector. On the other hand, the financial services sector has experienced several high profile failures.

We are concerned that there is little explanation of why the individual changes (such as treating private health insurance as a financial product) are proposed and a lack of exploration of how these changes may impact the private health insurance industry, its members and its

[2] For example, see the *Financial System Inquiry 2014* (The "Murray Review").

fundamental tenets, e.g. community rating. Aligning regulation with that of other insurance types and the financial services sector does not recognise that unlike private health insurers, organisations in other insurance forms and banking risk rate their decisions to provide insurance and/or other financial services to particular individuals. Other insurance types also have reinsurance and underwriting. Unlike other insurance types, private health insurance also has a collapsed insurance levy, risk equalisation, portability among other issues.

This increase in regulation is at odds with the Government's stated intention to cut red tape and remove and streamline unnecessary regulation.

Increased Regulation and Increased Red Tape

The Government's stated intention is to cut red tape and remove and streamline unnecessary regulation. However, the impact of the move from PHIAC to APRA will increase red tape on both the industry and affected government departments and regulators.

Between now and 1 July 2015, the entire health insurance industry (as well as affected governments departments and regulators) - a significant number of people and resources - will need to spend time reviewing a suite of draft legislation, rules, standards as well as new associated legislation that does not currently apply to the industry. In addition, the industry will need to consider and action the resulting business impacts.

Until 1 July 2015, the industry will be forced into an ongoing cycle of reviewing potential amendments to that legislation, standards and rules, and considering and actioning the resulting business impact of those changes.

This comes at a significant cost in terms of time and resources, distracting the attention of management and Boards from the core functions of private health insurance - improving the health outcomes and cost of health management of Australians.

The explanation we have received for many of the changes is a perceived need to ensure APRA aligns regulation to make it easier for them to regulate and achieve potential cost savings. There is no explanation how the changes relate to these potential cost savings – we note however that there are no cost savings for the industry in the foreseeable future and ultimately there will be less transparency in cost recovery than currently exists for PHIAC.

We are concerned that both the industry's resources and the Government's resources are being diverted from "creating better health and wellbeing for Australians". Given that there are currently no projected savings for the industry from the changes, but rather increased regulatory costs for the foreseeable future, we query whether the mooted changes are necessary.

Financial Sector (Collection of Data) Act

We understand that the *Financial Sector (Collection of Data) Act* (CoD Act) will be broadened to apply to private health insurance. This is more complex than simply setting out reporting requirements under the new APRA Rules.

The CoD Act only applies to a small number of APRA-regulated sectors and currently excludes the following sectors:

- approved deposit taking institutions;
- life insurance; and
- general insurance.

In fact the CoD Act only seems to apply to finance bodies, investment banks and financial sector business subsidiaries.[3] It is inappropriate to extend this Act to private health insurance given a lack of similarities between private health insurance and the sectors regulated by the CoD Act.

Including private health insurance in the small number of sectors governed by the CoD Act appears to run counter to division of Ministerial responsibilities in the proposed Bill. Under the proposed Bill, the Treasurer (the Minister under the CoD Act) has the power to make determinations regarding prudential regulation alone for private health insurance. All other policymaking powers for private health insurance remain with the Minister for Health. However, the objects of the CoD Act (section 3) enable the collection of information to assist the "Minister to make financial policy". It seems inappropriate to empower APRA to collect private health insurance information that does not relate to the prudential regulation of private health insurers. The responsibility to collect general private health insurance information resides with the Minister for Health. Any additional powers will result in duplication and additional regulation and red tape.

References to the CoD Act should be removed from the Exposure Draft and replaced with a section stating what data the industry needs to supply. A section, rather than a whole new Act, is far simpler and involves less red tape than applying a whole new Act to the industry.

Penalties and Defences

From the limited information available to us, it appears that proposed Bill is likely to result in increased regulation for the industry. Due to significant director liabilities outlined in the proposed Bill, directors will seek additional assurances that compliance is achieved and this will likely often result in additional unnecessary compliance costs for internal compliance and regulatory systems. This will add an unnecessary overlay of compliance costs for little additional value/benefit to the organisation and/or policyholder/consumer benefit.

It is essential for private health insurers to be able to attract and maintain directors and other officers of high calibre, without the disincentive of an overly onerous liability regime being imposed.

We are concerned that the Bill removes the current procedural fairness defences for failing to comply with regulation, for example if the insurer is not notified of a requirement, or a change in requirement. In addition, the Bill does not require APRA to notify insurers, e.g. s 92. This may mean that when APRA provides a direction to a particular insurer, but does not notify that insurer, the insurer has no defence for non-compliance with a direction it never knew about. As discussed at the 16th January industry consultation session, this result seems to run counter to natural justice.

Strict liability offences should be removed and a materiality threshold should apply for all breaches – this simple change will help reduce the compliance burden on industry and the administrative burden on Government, by ensuring that time is not spent on non-material breaches.

All penalties for failure to comply should specify that penalties can only be applied after notification has been provided and a reasonable period of time has elapsed.

[3] http://www.apra.gov.au/NonReg/Pages/Registered-Financial-Corporations-list.aspx

Levies

We note that one of the Government's stated aims for moving the regulatory role of PHIAC to APRA is to "remove duplication and reduce impost on industry."[4] However, the Exposure Draft Bill does not reduce the industry levy, but rather proposes to continue previous increases. In addition, contrary to the Government's increased efficiency dividend, the Exposure Draft material proposes to index the levy's cap by the Consumer Price Index plus an unexplained amount of 0.03. The levy should continue to be linked to the actual costs of regulating the industry and the actual number of policies issued by the industry, overseen by the Minister for Health, rather than CPI and an arbitrary number.

Given that the costs of running PHIAC are known, and the proposed PHIAC staffing reductions are also known, we would expect to see a cost saving for the industry of the changed regulatory environment. According to the public PHIAC annual report, the levy should reduce by over $1 million to reflect staff and Council reductions - proposed back office efficiencies would increase this saving.[5]

Prudential regulation of the industry is funded by the industry. The proposed Bill will substantially increase penalties for late payment of these levies, from a maximum of 15% to a flat 20%. In addition, the proposed Bill removes current protections for insurers that allows waiver of the late payment penalty. Under the proposed Bill, a simple bank error could result in insurers paying a substantial penalty with no room for the penalty to be waived.

Given the Government's intention to better align industry regulation, the General Interest Charge, at the regulator's discretion, would seem a more appropriate penalty for late payment.

Timeframes for Prudential Regulation Changes

To help provide certainty for the industry, the transitional provisions should clearly state there will be no changes to the way the industry is prudentially regulated (as opposed to by whom) until at least 1 July 2016. This will give the Department of Health, APRA, Treasury and the industry time to settle into the new arrangements and help provide stability.

Regarding changes post 1 July 2016, the Explanatory Memorandum states that APRA will substantially use the current PHIAC standards. APRA confirmed at the industry meeting of 16th January that it will essentially replace the word "Council" with "APRA" through the Standards and Rules, and not make other changes or impose additional regulation without extensive industry consultation.

Consultation

Prudential regulation of private health insurers impacts how the industry goes about its business and the benefits it can offer members. Any change to regulation involves changing systems and processes. To help maintain the Government's goal of reducing red tape and not increasing it, it is important to ensure:

- full, timely consultation with the industry to help reduce unintended consequences; and
- sufficient timeframes to allow the industry to update its systems and processes before the change comes into effect.

We note that the prudential standard for capital adequacy has recently changed and insurers have made the relevant changes to their systems and practice. Moving regulators is another

[4] Budget Related Paper no. 1.10 p 119.
[5] Based on PHIAC annual report 2013/14, pages 71-73. For example, the Council will go.

significant regulatory change and open discussion between APRA and the industry is necessary to ensure a smooth transition for both APRA and the industry.

APRA noted during the industry consultation sessions that it will publish its standards and Rules for the industry and consult broadly with the industry while developing those standards. We look forward to working closely with APRA to develop those standards to help reduce unintended consequences and ensure that the new standards meet the Government's goal of reducing red tape, rather than increasing red tape.

We are pleased that APRA and the Treasury have committed to joining the work that Private Healthcare Australia and the Department of Health are doing to streamline the Private Health Insurance Rules. As discussed on 16th January, given that the Department and Private Healthcare Australia have already commenced substantial work on this issue, it makes sense for APRA and the Treasury to join the Working Group, rather than doing separate work on the same Rules. We look forward to meeting APRA and the Treasury on 5th February.

Structure

The Exposure Draft is for a new Bill. We urge you to use this opportunity to modernise the legislation that governs private health insurers and their regulators. The current Act and Rules contain many exceptions and some exceptions to exceptions. This results in legislation that is overly complex and difficult to follow for both regulators and the industry.

The following changes would help streamline the Exposure Draft Bill and make it easier to administer and comply with.

1. Definitions should refer directly to section numbers, rather than just referring to an Act and users then having to look up the dictionary in that other Act.
2. A logical structure would help make the Act more readable, so that it tells a story and is easier to follow for all users – we suggest the following structure:
   - Insurers obligations – what insurers are required to do;
   - Regulatory powers and triggers - What powers do regulators have if insurers don't comply with their obligations? And what triggers those powers to operate?
   - Worst case scenario – external management, termination, Federal Court
3. Simpler legislative drafting would make the provisions easier to follow. The Act should be written in the modern legislative style:
   - state the principle/what it is meant to do;
   - give example/notes if necessary; and
   - provide exceptions if necessary.
4. Ensure terminology is consistent across all legislation that applies to private health insurers. For example, Part 5 of the Exposure Draft Bill uses both the terms "Appointed Actuary" and "Actuary". If there is a substantive difference between the two terms, this should be made clear.

Please find attached our interim specific comments on the *Private Health Insurance (Prudential Supervision) Bill 2015*.

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We are keen to meet with you to further discuss ways to ensure that the PHIAC to APRA legislative package reduces red tape and unnecessary regulation. Please contact me on (02) 6202 1000 with any queries.

Yours sincerely,

Michael Armitage

HON DR MICHAEL ARMITAGE

CHIEF EXECUTIVE OFFICER

30.1.15

Attachments: ONE: Interim Specific Comments on *Private Health Insurance (Prudential Supervision) Bill 2015*

ATTACHMENT ONE: Interim Specific Comments on *Private Health Insurance (Prudential Supervision) Bill 2015*

Part 1

4: definition of "business rules" - the Exposure Draft includes a definition of "business rules" which does not refer back to the PHI Act. It would be clearer to refer to the PHI Act, rather than create a new definition, as the Bill does for other definitions.

Part 2

12: The equivalent section in the PHI Act 2007, section 126-10(3), states "the applicant must also provide a copy of its rules to the Secretary of the Department." Where will this requirement sit in the new legislation package?

15(1): This section states that APRA may grant the application subject to such terms and conditions as APRA considers appropriate. Previously this has been based on the PHI (Registration) Rules and the ability to comply with obligations under the Act. The regulations (Act, Explanatory Memorandum or Rules) should provide more clarity on the terms and conditions APRA will expect and consider in granting applications for registration.

15(3): This section seems to be related to restricted access insurers, however this is not clear. Please clarify.

15(5): The current *PHI (Registration) Rules* set out restricted access groups for restricted access insurers. Please clarify where this will be catered for in the new legislative package.

19(3)(b): This refers to the Private Health Insurance Ombudsman. As this function is moving to the Office of Commonwealth Ombudsman. We suggest using this opportunity to update this. This also applies to section 19(6)(b).

This demonstrates the issues associated with presenting the Bills to change private health insurance regulation separately. No doubt, there will be other such issues that have not yet been discovered in the current and future proposed Bills and subordinate legislation.

Part 4

91(1): This appears to increase regulation of the industry. Div 163 of the PHI Act provides for Prudential Standards to be complied with by insurers. The proposed subsection relates to standards "that must be complied with by, or *in relation to*, private health insurers". The additional words "in relation to" are unnecessary and likely to create additional confusion – please remove them.

91(9) and 172(4): The power to make, vary and revoke standards and rules is able to be delegated to APRA staff at an executive level. This is very different from current regulation, which can only be changed by a majority decision of independent Council members, who are much more senior than executive level staff. This power should be limited to APRA members.

If you proceed with this change, please explain in the Explanatory Memorandum the reasons behind this change and how the new regulation will ensure there is a sufficient level of scrutiny of these decisions and also consultation with industry during the development/changing of standards.

92: This is a significant change and has the potential to tie up time and resources of both the regulators and industry dealing with non-material breaches. The section states that a standard is still valid whether or not APRA fails to fulfil its obligation to advise those affected. Defences

for non-compliance, however, seem to have been omitted from the Bill. Notification requirements should be inserted back into the Bill. In addition, the Bill should codify current regulatory practice and state that only material breaches of prudential standards will be punished. This will reduce both Government and industry resources tied up in dealing with non-material breaches.

94(1)(a)(i): Please insert a materiality threshold, as is the case for paragraph (ii) and elsewhere in the Bill.

96: Again, this section provides broader and more explicit directions powers. It is unnecessarily broad and unclear (further details below).

96(1)(b): This is another significant expansion of regulatory powers. APRA would be empowered to remove a director from office, including a CEO or senior management member. This is not currently possible, even when a fund is being externally managed. Please revert to the current powers.

96(1)(f): The terminology "financial accommodation" is unnecessarily vague and needs clarification. For example, does it include granting suspensions to policy cover and the waiving of waiting periods?

96(1)(g): "undertake any liability under any policy" is unclear and requires clarification. For example, private health insurers do not "undertake" liability when they assess and pay a benefit according to existing policy conditions. If APRA will have the power to direct an insurer *not* to pay benefits contractually required under its policies, then this must be stated expressly in the legislation and explained in the Explanatory Memorandum.

An APRA direction in relation to (1)(g) could contravene community rating, one of the fundamentals of the Australian private health insurance system.

103: The obligation for Directors and Officers to ensure insurers comply with regulator directions was covered under s163-20 of the Private Health Insurance Act. Under the proposed Bill these offences can now occur continually over multiple days and criminal liability has been applied without a corresponding requirement for dishonesty. Please remove the criminal penalty and ensure a one-off penalty, unless exceptional circumstances exist.

As stated above, any changes/differences should be fully explained in the Explanatory Memorandum.

Part 5

This Part is largely based on *Life Insurance Act* and brings private health insurance appointed actuaries under APRA's existing processes. This Part again appears to impose additional regulation on the industry.

Various sections of this Part compel the disclosure of information and documents without referring to the protection of legal privilege. This Part should be amended to include a specific provision to ensure the protection of legal privilege in the same manner that Part 6 includes section 149.

Part 6

126: APRA can investigate risk equalisation trust fund issues. Please provide further details in the Explanatory Memorandum of how risk equalisation will work under the new regulatory environment.

127, 128 and 131: enforcement of these sections could include imprisonment (see s147). This seems overly harsh for failure to provide information or a report in a reasonable time and should be replaced with a financial penalty.

129: The powers under this section are too broad and introduce significant uncertainty and duplication. The role of the Department of Health is to protect consumers, by overseeing portability, community rating, etc. However this section appears to expand the powers of APRA to overlap those of the Department of Health. This imposes additional, unnecessary red tape and regulation on the industry.

Subsection (1) introduces new uncertainty for insurers and seems to conflict with other legal requirements. For example, directors have a fiduciary duty to shareholders, rather than policy holders under the Corporations Law.

This power may be exercised in circumstances where APRA reasonably suspects that the affairs of the insurer are being carried on in a way "that is not in the interests of the policy holders of a health benefit fund" conducted by the insurer. This appears to contradict the following actions that are legal under the Private Health Insurance Act:

(a) alter a private health insurance product to no longer cover a particular treatment;
(b) reduce the benefits that apply under a particular product for a particular treatment;
(c) cease to offer insurance under particular products and migrate current policyholders to different products offered by the insurer (i.e., 'forced migration');
(d) make payments out of the health benefits fund in circumstances that take advantage of and comply with the conditions in subsection 137-10(5) of the PHI Act;
(e) risk-rating for health-related business comprising the insuring of persons who are not eligible persons under the Medicare regime (excluding, of course, holders of overseas student health cover policies); or
(f) changes in the non-regulated business affairs of a private health insurer, i.e., activities undertaken by the same entity that are neither health insurance business nor health-related business and which have no connection to the insurer's health benefits fund(s).

Section 129 should be altered as follows:

- introduce a materiality test;
- add a requirement that APRA suspect breaches of the Prudential Regulation Act or the PHI Act; and
- ensure that APRA discusses issues prior to commencing an investigation.