



17 July 2018

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Committee/Senators,

#### **Inquiry into Private Health Insurance Legislation Amendment Bill 2018 and Related Bills**

I am writing on behalf of Neurosensory to draw your attention to the potential impact of the Government's Private Health Insurance (PHI) reforms on access for hearing implants for privately insured Australians.

As a professional organisation dedicated to securing the best hearing health and wellbeing for our clients, we support the Government's PHI reforms, in so far as they meet their stated objectives of making PHI simpler and more affordable.

Unfortunately, the proposed categorisation of PHI products into four categories of hospital products - Gold, Silver, Bronze and Basic – has the potential to reduce the choice of PHI for hearing impaired Australians, and the access to implanted hearing devices. Cochlear implants, an Australian invention, are revolutionary in their ability to assist those most vulnerable in the hearing impaired population.

In April 2018, the Government's Private Health Insurance Taskforce proposed what could constitute as minimum coverage in the new product categories. This proposal was offered for consultation. It is noted that the proposal suggests 'implanted devices for hearing loss surgery' will only be required to be included in Gold level PHI, which is the top tier. This proposal substantially alters access to intervention for hearing impaired Australians.

Further, the Government has been clear in indicating that any PHI reform will ensure that there is a *no worse* position, however, this proposal does not reflect the current level of coverage across the market. Currently, the majority of private health insurance companies provide hearing implant coverage for all of their hospital policy holders. Neurosensory requests the Committee ensures that the status quo is maintained.

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1300 965 513 | [info@nsu.com.au](mailto:info@nsu.com.au) | [www.nsu.com.au](http://www.nsu.com.au)

Neurosensory Ltd ABN/ACN (21) 060 595 155

Neurosensory is deeply concerned regarding the diminution of PHI cover for hearing implants, and therefore fewer people being able to rely on the private health sector, may become an unintended consequence of reform.

We urge the Committee to consider the broader PHI reform program and its potential impact on vulnerable Australians, when reviewing the legislation currently the subject of this Inquiry. Please contact Nina Quinn for further information.

Yours faithfully

Nina Quinn  
Chief Executive Officer