3 August 2018

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia, and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA welcomes the opportunity to provide input to the Private Health Insurance (Reforms) Amendment Rules 2018.

The legislation will create a potential regulatory vacuum

Private health insurers play a regulatory role in natural therapies in Australia, which will be removed by this legislation for many therapies. Although this was not the original role insurers were meant to play, the Private Health Insurance (Accreditation) Rules were often the only instrument that required unregistered natural therapies practitioners to have minimum standards of training and accountability in practice. This role was recognised by the Australian Health Minister’s Advisory Council examination of regulatory requirements for unregistered practitioners, and was even cited as one of the protective mechanisms that meant additional regulatory imposts were not required.

Removal of these therapies from insurance rebate eligibility will necessitate that new regulatory provisions are developed to ensure that the public remains appropriately protected. This may include enhanced self-regulatory mechanisms (such as the UK Professional Standards Authority model), or examining whether some professions should be folded into the National Registration and Accreditation Scheme (for example, the PHAA has advocated for registration of naturopaths to appropriately protect the public on several occasions).

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The evidence informing the legislation should be current

The PHAA acknowledges that some natural therapies lack an evidence base and as such should not be included in various public and institutionalised healthcare provision arrangements. We would, however, note that the NHMRC review upon which the recommendation was based is now 5 years old, and the evidence base may have changed significantly in that time. One of the examples we note is yoga, which has been included in the legislation based on a lack of evidence found in the Review, but has also been incorporated into clinical guidelines in the UK and US for low back pain based on more recent evidence assessments\(^5\).

The PHAA will defer to research experts and ongoing systematic evidence reviews on assessment of the evidence base, but does believe that all policy decisions should be based on current and best available evidence, and as such updated reviews may be required to examine whether the listed therapies should remain on the list (or whether there are additional therapies not currently included that should be added). Using a rapid review methodology (pioneered by the Sax Institute in Australia but now used globally for policy decision-making)\(^6\) for only those specific therapies that warrant an updated review may be more feasible than conducting an additional review.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved regulation of natural therapies.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Yours Sincerely,

Terry Slevin
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