



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



## **THE SENATE**

### **PRIVATE HEALTH INSURANCE BILL 2006**

#### **PRIVATE HEALTH INSURANCE (TRANSITIONAL PROVISIONS AND CONSEQUENTIAL AMENDMENTS) BILL 2006**

#### **PRIVATE HEALTH INSURANCE (PROSTHESES APPLICATION AND LISTING FEES) BILL 2006**

#### **PRIVATE HEALTH INSURANCE (COLLAPSED ORGANIZATION LEVY) AMENDMENT BILL 2006**

---

---

**PRIVATE HEALTH INSURANCE  
COMPLAINTS LEVY  
AMENDMENT BILL 2006**

**PRIVATE HEALTH INSURANCE  
(COUNCIL ADMINISTRATION  
LEVY) AMENDMENT BILL 2006**

**PRIVATE HEALTH INSURANCE  
(REINSURANCE TRUST FUND  
LEVY) AMENDMENT BILL 2006**

**In Committee**

**SPEECH**

**Friday, 23 March 2007**

BY AUTHORITY OF THE SENATE

---

# SPEECH

**Date** Friday, 23 March 2007  
**Page** 26  
**Questioner**  
**Speaker** McLucas, Sen Jan

**Source** Senate  
**Proof** No  
**Responder**  
**Question No.**

---

**Senator McLUCAS** (Queensland) (10.22 am)—I move opposition amendment (1) on sheet 5219:

(1) Clause 172-5, page 136 (lines 7 to 12), omit the clause, substitute:

172-5 Agreements with medical practitioners

Medical purchaser-provider agreements

(1) If a private health insurer enters into an agreement with a \*medical practitioner for the provision of treatment to persons insured by the insurer, the agreement must not limit the medical practitioner's professional freedom, within the scope of accepted clinical practice, to identify and provide appropriate treatments.

Practitioner agreements

(2) If a hospital or day hospital facility enters into an agreement with a \*medical practitioner, under which treatment is provided to persons insured by the insurer, the agreement must not limit the medical practitioner's professional freedom, within the scope of accepted clinical practice, to identify and provide appropriate treatments".

Other purchaser-provider agreements

(3) If a private health insurer enters into any agreement for the provision of services or goods intended to manage a disease, injury or condition, the agreement must not limit the freedom of medical practitioners and/or other health professionals involved in the provision of the service or good, within the scope of accepted clinical practice, to identify and provide appropriate treatments.

This amendment is to do with doctors' clinical autonomy. The bill as it stands indicates that there need to be protections for doctors' clinical autonomy between the private health insurer and the medical profession. Labor are of the view that that does not go far enough and that we also need to protect medical practitioners' clinical autonomy when agreements are made between the private health insurance sector and hospitals and with other purchasers that may appear. As we know, this legislation encourages innovation and encourages the private health sector to work with the health community broadly to develop packages that hopefully—that is a very strong 'hopefully'—will deliver better health outcomes for those who are privately insured.

This amendment from the Labor Party simply ensures that doctors' clinical autonomy will always be paramount in any agreement that is made into the future. It is a sensible amendment that is supported by the medical profession. Doctors' clinical autonomy is paramount in any relationship between a patient and their doctor. The doctor needs to be making the decision that is best for the patient all the time and to not have to consider the interests of, or advices from, the private health insurance sector. I commend this amendment to the chamber. I think it is quite sensible, and it is certainly supported in the community.