Working with Women Alliance

P: +61 477 232 134
E: communications@wwwa.org.au

The Secretary
Department of Health, Disability and Ageing
GPO Box 9848
Canberra ACT 2601

Via Email: specialistaffordability@health.gov.au

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RE: Options to address excessive fees (Submission)

Dear Secretary,

I am writing on behalf of the Working with Women Alliance (WwWA) to highlight the gendered implications of specialist fees on women. WwWA welcomes the department's investigation into the excessive fees charged by specialists. WwWA is one of the five National Women's Alliances funded by the Office for Women to provide evidence-based policy advice to government on women's safety and economic equality.

Australia should continue to do everything it can to keep healthcare universal, affordable and accessible. However, according to the Grattan Institute, more than one in five Australians who saw a specialist in 2023 were charged an extreme fee at least once. Even more concerning, the accessibility and affordability of medical specialists has a disproportionate impact on women. For example:

- Over the 2018-2023 period, median out-of-pocket costs for obstetrics and gynaecology have increased from $121 to $149, and neonatal and perinatal medicine has increased from $16 to $53.
- Women are more likely than men to access their superannuation early to cover health costs, with almost $1.4 billion approved for withdrawal for medical costs in 2024-25.
- Overall, women spend more on health ($96 billion) compared to men ($85 billion), particularly during childbearing years and between the ages of 70-74.

Women are more likely to access healthcare for reproductive, chronic and mental health conditions. Reproductive healthcare is more likely to be delivered through practitioners who have done post-graduate and specialist training in women's health. The Victorian Women's Pain Inquiry found that of the 90% of women who experience chronic pain, half (52%) accessed six or more services to manage pain, and almost a quarter (23%) accessed more than ten services. This means that the cumulative impact of specialist fees is greater for women.

The current fee system facilitates a healthcare environment that contributes significantly to health inequality and power imbalances between consumer and provider. Without full price transparency, patients are subject to information asymmetry, which limits their ability to compare specialist fees and expertise. Additionally, where specialist healthcare is essential, patients have little choice but to pay the set fee – this power imbalance is amplified for women.

For example, as we note in our policy paper on access and affordability of abortion services in Australia, the cost of abortions and the various specialists required in delivering them are opaque and vary substantively across the country. Costs can vary between free in some jurisdictions to almost $4,000 for those without access to Medicare in NSW. There are currently no Federal tools to identify, track or navigate these costs, which means there are few ways to ameliorate them and ensure access. We know very little about who bears these costs, but a 2017 Australian study found that more than two in three people receiving abortion procedures needed financial assistance. The same study found that people who travelled more than four hours to receive the procedure, were experiencing financial insecurity or were Aboriginal and/or Torres Strait Islander, faced significantly higher costs for the procedures.

We therefore note that cost transparency will not improve choice or affordability for women living in regional, rural or remote areas where specialists are far and few between or where women need to take time off work and travel to access specialists. We also note that transparency will not necessarily put downward pressure on the price of specialists, except perhaps in cases of high competition. Market competition does not always have an impact on the cultural safety or accessibility of services and does not always shift the options women are choosing between.

Intervention options that aim to increase transparency place the onus of educative responsibility onto the patients, rather than onto government or providers. This is unfair and impractical, especially when emergency care is required, or circumstances mean that the patient is unable to spend the time and energy comparing specialist providers. WwWA supports measures to increase transparency of specialist fees; however, these types of measures - such as the Medical Costs Finder - must also support structural reform and are not the sole answer to the issue of affordability.

The WwWA supports an approach based on the Grattan model, where the average rate of provider billing is reviewed to determine if fees are excessive. The Grattan model takes a structural approach to incentivise providers to comply with the definition of reasonable and excessive fees.

This model also provides regulators with the levers to penalise providers or remove them from Medicare eligibility when they charge excessively.

Yours sincerely,

Dr Gemma Killen
Executive Director – Working with Women Alliance
Gemma.killen@wwwa.org.au
https://wwwa.org.au/
M: 0477 232 134
Level 2, 71 Northbourne Avenue Canberra, ACT 2601