



# Consultation on the remaking of private health insurance instruments (sunsetting) – April and October 2027

## Introduction

The [Legislation Act 2003](#) sets an automatic repeal of instruments after a fixed period of 10 years. This repeal of the Rules is referred to as ‘sunsetting’.

Instruments that are still required beyond their sunsetting date need to be remade, rather than extended. This ensures that legislation remains up to date and relevant.

There are 6 instruments due to sunset in April 2027 that relate to Private Health Insurance. They are the:

- [Private Health Insurance \(Accreditation\) Rules 2011](#)
- [Private Health Insurance \(Benefit Requirements\) Rules 2011](#)
- [Private Health Insurance \(Complying Product\) Rules 2015](#)
- [Private Health Insurance \(Incentives\) Rules 2012 \(No. 2\)](#)
- [Private Health Insurance \(Lifetime Health Cover\) Rules 2017](#)
- [Private Health Insurance \(Health Insurance Business\) Rules 2018](#)

There is one instrument due to sunset in October 2027 that relates to Private Health Insurance. It is the:

- [Private Health Insurance \(Risk Equalisation Levy\) Rules 2017](#)

Through this consultation we aim to:

1. understand whether the instruments are considered fit for purpose by those who rely on them and
2. seek feedback on the proposed amendments.

Please note – this consultation is limited to administrative amendments to the 7 identified instruments for the purpose of replacement. Consideration of significant policy changes, including broader sector reform, is not part of this process.

## Proposal

We are proposing that the instruments noted above remain fit for purpose and the laws expressed are still required.

## Regulation change

If determined that the existing instruments are not fit for purpose and that the laws are no longer required, the instruments will cease to be in effect on either:

- for instruments sunsetting in April 2027 - 31 March 2027 or
- for the instrument sunsetting in October 2027 - 30 September 2027.

If determined that the existing instruments are fit for purpose and that the laws are required, the existing instruments will cease to be in effect on the date that replacement instruments come into effect.

## Questions for response

We seek feedback on the proposal and invite stakeholders to provide input by responding to the following questions:

- Do you agree that the [Private Health Insurance \(Accreditation\) Rules 2011](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Benefit Requirements\) Rules 2011](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Complying Product\) Rules 2015](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Incentives\) Rules 2012 \(No. 2\)](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Lifetime Health Cover\) Rules 2017](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Health Insurance Business\) Rules 2018](#) are fit for purpose and that the law is still required?
- Do you agree that the [Private Health Insurance \(Risk Equalisation Levy\) Rules 2017](#) are fit for purpose and that the law is still required?
- Are there any other changes you would recommend to make these instruments administratively more efficient?

## How to respond

Please submit your response via email to [PHIconsultation@health.gov.au](mailto:PHIconsultation@health.gov.au) by 19 June 2026.

To support stakeholder engagement, the department intends to publish responses. Respondents are asked to clearly identify specific elements of the response which are considered confidential and not for publication, as well as the reasons the specific elements are considered confidential. Confidential feedback may still be subject to access under freedom of information laws. The freedom of information process includes consultation with a respondent prior to a decision about the release of information.