

MARSH

Australian Healthcare Insurance Market Update 2026



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Delivering industry-specific insights and trends

The **Australian Healthcare Insurance Market Update 2026** provides an industry-specific local lens on the latest trends and insights in the Australian insurance market.

This report is an addendum to the **Australian Insurance Market Update 2026**, which covers broader market-wide trends in key insurance lines including property, liability, financial and professional lines, cyber, environmental impairment liability, private health, accident and health, group life and workers' compensation.

To **read the full report**, click on the link below.

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It is important to note that reported pricing changes are averages observed in the first half of 2026. The data used to estimate the changes cover a wide range of clients in terms of size, industry, location, claims history and other parameters. Many of our healthcare clients received pricing changes that deviated from the average, some higher and some lower.

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In 2026, the Australian healthcare industry witnessed ongoing regulatory scrutiny and reforms, and continued to be impacted by medical inflation outpacing general inflation. The implementation of the new *Aged Care Act*, combined with the launch of Australian Health Practitioner Regulation Agency's (AHPRA) National Scheme Strategy 2031 and the Sexual Misconduct Register, has further intensified insurers' scrutiny of internal governance and safeguarding frameworks across all healthcare sectors.

AHPRA regulatory intervention

AHPRA's Sexual Misconduct Register launched and became publicly available in April 2026. Capturing findings from July 2010 onwards, the register steered industry focus towards professional boundary violations and sexual harassment in healthcare. Upon release, the initial register comprised of approximately [107](#) practitioners, including some 50 doctors and 21 nurses/midwives.

This development prompted insurers to heavily review and adjust their underwriting guidelines around safeguarding, staff conduct risk management and mandatory reporting protocols.

AHPRA's National Scheme Strategy 2031 was announced in March 2026, and prioritised effective harm prevention, culturally safe healthcare for Aboriginal and Torres Strait Islander Peoples, and sustainable health workforce development.¹ The strategy has influenced underwriting focus, particularly on ensuring diversity, inclusion and cultural competency frameworks are present in the delivery of healthcare to help minimise poor healthcare outcomes in this space.

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¹ [National Scheme Strategy 2031](#), Australian Health Practitioner Regulation Agency (n.d.).

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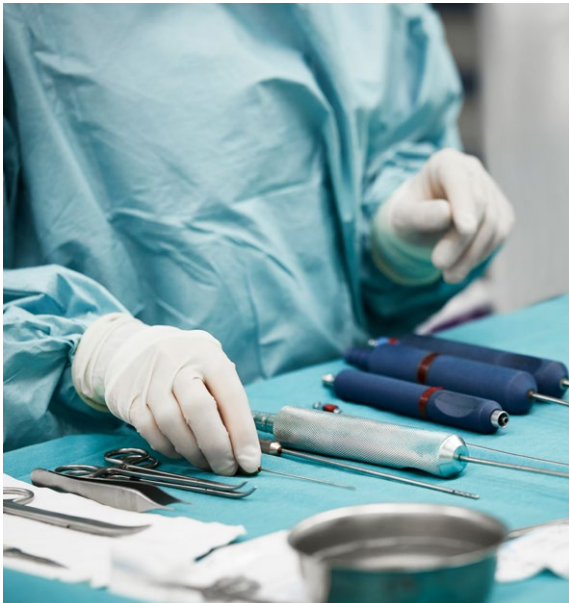
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In light of new regulations introduced in 2025, medical malpractice insurers are heavily scrutinising the use of influencer testimonials or social media incentives related to cosmetic procedures in the insured’s marketing and advertising practices.

Aged care and NDIS reforms

The [Aged Care Act 2024](#) came into effect 1 November, 2025 and introduced substantial regulatory changes including strengthened quality standards, fully funded personal care and enhanced consumer protections. The transition to the Support at Home program and associated funding model changes have not only impacted consumers, but also created operational uncertainty for aged care providers.

Additionally, NDIS reforms announced in 2026 added further uncertainty for providers as government cost pressures mount and areas of care transfer back into mainstream and community services. These developments have led to heightened underwriting caution as insurers reassessed risk in the aged care and disability sectors.

Cosmetic procedures regulation

New regulations were introduced nationally in September 2025 to impose more restrictive criteria and guidelines for the provision of cosmetic procedures.² While the regulations aimed to protect patients and uphold higher standards of care, professional liability exposure for day hospitals and cosmetic clinics consequently increased. Medical malpractice insurers began reviewing insureds’ marketing and advertising practices, particularly scrutinising the use of influencer testimonials or social media incentives, and excluding cover where regulations were evidently not adhered to.

Competitive momentum accelerates into 2026

Outside of the high-risk sub-sectors, the competitive momentum in the healthcare insurance market seen in 2025 persisted into 2026, with enhanced appetite from Australian insurers for preferred risk categories. Local insurers expanded their capacity, particularly for aged care, general practice (GP) groups and low-risk allied health providers who can demonstrate robust governance frameworks.

The London insurance market remained competitive for larger, more complex healthcare risks. From a global perspective, as US healthcare risk exposures continued to worsen, London insurers looked to deploy capacity to more favourable jurisdictions, such as Australia. Policy terms from London markets remained competitive, with the exception of excess levels, where local offerings were typically more competitive.

Healthcare providers with strong risk management and claims records were able to attract improved terms through increased competition both locally and abroad.

² [Putting patients first: New guidelines for cosmetic procedures](#), Australian Health Practitioner Regulation Agency (2 Sep 2025).

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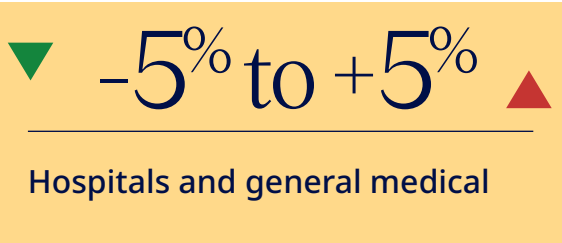
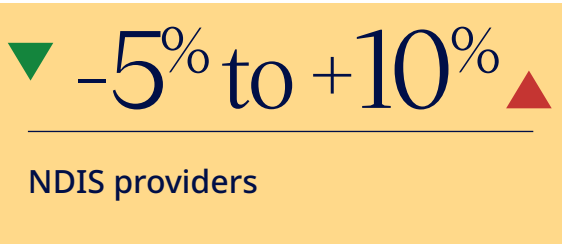
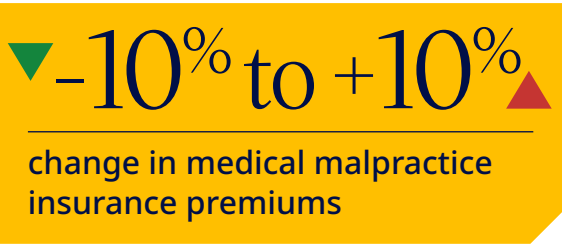
Premium movements in the first half of 2026 continued the bifurcated market trend observed in the second half of 2025, with competitive conditions seen for preferred risks offsetting more restrictive terms in select higher-risk segments. Overall medical malpractice insurance premium rate changes across the Australian healthcare market ranged from 10% reductions to 10% increases, compared to the prior year.

Premiums varied across the four main risk categories:

- **Aged care providers:** Aged care remained the most competitive segment, driven by resurgent insurer appetite from both local and London markets. Providers transitioning successfully to the new regulatory framework and demonstrating compliance with Aged Care Quality Standards were able to achieve rate reductions and improved terms. Those with historical claims allegations, quality compliance issues or inadequate safeguarding frameworks experienced slight rate increases. On average, aged care providers saw 10% reductions to 5% increases in premiums in the first half of 2026.
- **NDIS providers:** This segment continued to present underwriting challenges, with limited capacity and heightened concern regarding abuse exposure, clinical compliance and high-needs care practices. Consequently, pricing trends were less competitive in this space. Providers with clean claims records

and demonstratable safeguarding excellence achieved modest rate reductions, while providers with adverse claims experience, abuse allegations or underreporting concerns faced rate increases. Overall, NDIS providers generally saw rate changes ranging from 5% reductions to 10% increases.

- **Hospitals and general medical:** Registered health professionals and hospital operators continued to benefit from competitive market conditions. Overall, this sector saw premium changes ranging from 5% reductions to 5% increases. General medical practices and non-obstetric day hospitals achieved larger rate reductions of up to 10%. Larger hospital groups, particularly those with obstetric exposure, experienced rate increases, primarily driven by an uptick in claims severity and regulatory scrutiny following high-profile incidents.
- **Allied health and community care:** Allied health and community care providers experienced continued competitive pricing in 2026, although momentum has eased compared to 2025. Premium changes in this segment ranged from 10% reductions to 5% increases, with rate reductions generally achievable for providers with minimal youth exposure and strong governance. Providers with elevated youth risk, abuse exposure or inadequate staff conduct screening experienced more substantial rate increases and coverage reductions.



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For most healthcare providers, 2026 presented favourable insurance market conditions. However, there were areas of care that persistently attracted insurer scrutiny, including:

- **Virtual care and digital health platforms:**

Underwriting scrutiny heightened for telehealth models, particularly asynchronous care, online prescription services and digital mental health platforms. Insurers required:

- Detailed comparative analysis of digital versus traditional care quality metrics,
- Liability allocation clarity between the various parties involved in care,
- Cybersecurity standards compliance, and
- Regulatory compliance with TGA digital health guidance.

- **AI-enabled healthcare:** Insurers increasingly focused on organisations deploying AI tools for administrative and clinical functions, and expected detailed documentation of:

- AI model validation and bias testing,
- Liability allocation between healthcare provider and AI vendor,
- Staff training and oversight protocols,
- Informed consent documentation, and
- Compliance with AHPRA guidelines and regulations.

- **Mental health and psychological services:**

The persistent increase in mental health-related total and permanent disablement (TPD) claims in the life insurance market drove insurer concerns regarding associated healthcare service providers and their professional risk exposures. With Australians' increasing demand to access mental health services despite treatment capacity constraints, medical malpractice insurers are anticipating mental health negligence claims to become a larger proportion of negligence claims overall.

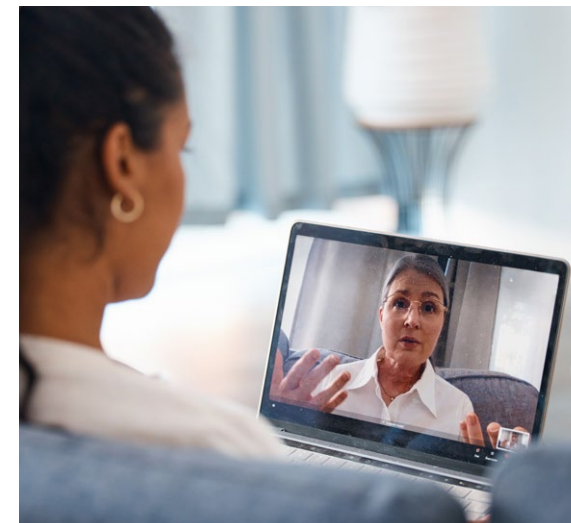
Accordingly, insurers have applied more stringent underwriting and conservative pricing when assessing service providers in this space.

- **Cosmetic and aesthetic procedures:**

New regulatory requirements have prompted renewed underwriting attention to cosmetic day hospitals and aesthetic clinics. Insurance policies increasingly exclude non-qualified practitioners, require documentation of psychological screening for under-18s and mandate compliance with the new regulations.

- **NDIS and disability support services:**

Heightened scrutiny of abuse risk, staff conduct and safeguarding frameworks continued in this sector. Insurers required evidence of compliance with NDIS Code of Conduct and evidence of mandatory reporting compliance.



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Abuse cover

Abuse cover availability remained constrained across all sectors, in particular, for NDIS, disability support and youth-focused providers, with many insurers withdrawing or further restricting cover in 2026. In response, insureds have increasingly adopted multi-policy strategies by procuring abuse cover limits across general liability, medical malpractice and standalone abuse policies to ensure comprehensive protection.

Insurers now require comprehensive documented safeguarding protocols in place, as well as evidence of robust oversight from executive and board stakeholders. These are no longer optional.

Directors and officers (D&O) liability insurance

D&O insurers have been increasingly scrutinising the financial viability of healthcare providers with funding pressures exacerbated by the increasing costs of providing care. Tighter regulatory oversight and potential uplift in governance and care standards across the board have the potential to increase D&O exposure, for example:

- AHPRA’s Sexual Misconduct Register launch: Increased D&O liability exposure for governance failures related to staff conduct.
- Cosmetic Procedures Regulation: Elevated compliance risk for day hospital operators and aesthetic clinic directors.

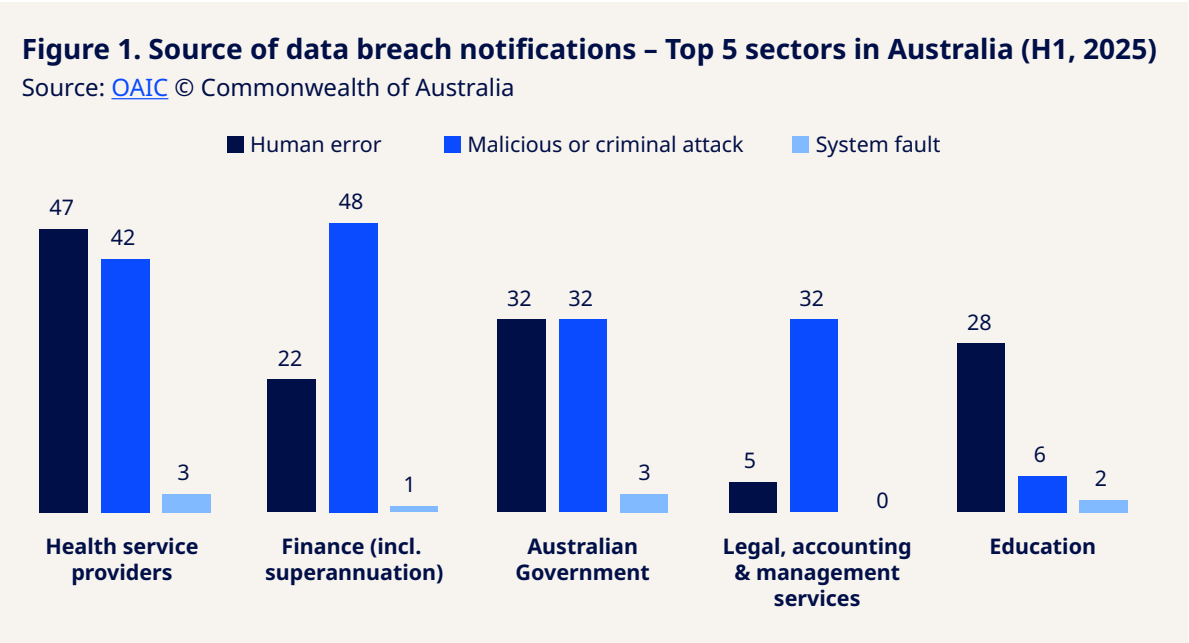
- Aged Care Quality Standards: Enhanced compliance obligations and potential director liability for governance failures.
- Private hospital market scrutiny: Ongoing regulatory focus on private hospital operational standards and potential systemic failures shone the spotlight on management accountability and duty of care.

Cyber insurance

With the sector’s sensitive data and personal information highly attractive to cyber criminals, healthcare topped the list again as the industry with the highest number of reported data breaches in Australia. (Refer to **Figure 1.**) Based on [OAIC data](#) for the period January to June 2025,

there were 96 confirmed data breach notifications in the healthcare sector, followed by 73 in the finance sector.

- Numerous cyber incidents affected the industry in 2026, including:
- Continued impact from a 2024 breach at a national digital prescription and e-prescribing service provider (12.9 million Australians affected),
 - A 2026 ransomware attack on women’s health clinic in South Australia, and
 - A 2026 data compromise at an Aboriginal community-controlled health and dental service in regional New South Wales.



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In the regulatory space, ongoing legislative reforms continued to put pressure on the healthcare sector. The *Cyber Security Act 2024* now mandates ransomware incident reporting for organisations with annual turnover of \$3 million or more.³ Hospitals designated as critical infrastructure under the *Security of Critical Infrastructure Act 2018* face enhanced compliance obligations.⁴ *Privacy Act 1988* amendments impose additional civil penalties as well as a new statutory cause of action for serious invasions of privacy.⁵ The second tranche of privacy reforms are currently in consultation and likely to further increase healthcare providers' privacy obligations.⁶

The impact of intensified regulatory intervention on the cyber insurance market has been evident through the divergent pricing trends across the healthcare industry. Insureds' cyber risk maturity influenced pricing outcomes at renewal. I.e. Healthcare providers with legacy systems, inadequate cyber incident documentation and outdated security audits have typically experienced premium rate increases, compared to providers demonstrating robust cyber governance, cyber resilience frameworks and incident preparedness, who achieved average rate reductions of approximately 5% to 10%.

Workers' compensation

The healthcare workers' compensation market remained under pressure in 2026. Rising claim costs, increasing claim complexity, scheme funding constraints in several jurisdictions and ongoing legislative reform have reshaped renewal outcomes. With the latent effects of the COVID-19 pandemic still impacting the healthcare workforce, psychological injury claims continued to be a major source of volatility. Increasing frequency, longer claim durations and higher average costs placed sustained pressure on scheme performance.

Ongoing legislative reforms continue to put pressure on the healthcare sector, with the impact on the insurance market evident through divergent trends in cyber insurance pricing.



³ [Factsheet: Mandatory ransomware and cyber extortion payment reporting is active from 30 May 2025](#), Australian Government Department of Home Affairs (n.d.).
⁴ [Cyber Security Legislative Reforms](#), Australian Government Department of Home Affairs (4 Sep 2025).
⁵ [Statutory tort for serious invasions of privacy](#), Office of the Australian Information Commissioner © Commonwealth of Australia (19 Jun 2025).
⁶ [Privacy Amendment \(Personal Data Protection\) Bill 2026](#) - Exposure Draft and Consultation Paper, Australian Government (31 Aug 2026).

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Increasing AI adoption and digital health integration

AI adoption in Australian healthcare has accelerated significantly, with around 40% of GPs now using AI tools, almost doubling in one year.⁷ With feedback from early adopters being generally positive, growth of AI utilisation across healthcare is expected to increase rapidly.

Common applications of AI in healthcare include:

- Administrative automation: referral processing, appointment scheduling, medical coding,
- Clinical decision support: natural language processing, diagnostic accuracy enhancement,
- Predictive health risk identification, and
- Patient engagement: virtual nursing support, health coaching, chronic care management.

As AI risk does not neatly fall within one insurance policy, insureds have been seeking coverage under multiple insurance policies to address AI-related risks, e.g. medical malpractice insurance for clinical liability; cyber insurance for data and system security exposures; professional indemnity insurance for technology advice liability; and product liability insurance for software defects.

Albeit still early stages, insurers have responded to fragmented coverage solutions with the development of specialised combined policy wordings to better address the emerging risk of AI.

Workforce and contractor liability exposure

Healthcare providers with complex staffing models require explicit confirmation of coverage for contracted practitioners and staff. With the prevalent use of labour hire, locum practitioners and independent contractors across healthcare, 2026 saw continued industry focus on ‘contractor’ versus ‘employee’ liability policy definitions.

Gaps in cover existed where:

- General liability policies excluded contractor liability or imposed high deductibles,
- Professional liability policies’ definition of ‘insured’ was narrow and excluded contractors,
- Workers’ compensation insurers pursued cost recovery from the provider’s general liability policies on the basis that workers were technically classified as third-party contractors, despite substantive employment relationships.



With the significant rise of AI adoption across Australian healthcare, insureds are navigating the evolving risk and seeking AI-related coverage options across multiple insurance policies, as AI risk does not neatly fall within one insurance policy.

⁷ Based on data from [2024 and 2025 NEWSGP polls](#) from the Royal Australian College of General Practitioners (12 Dec 2025).

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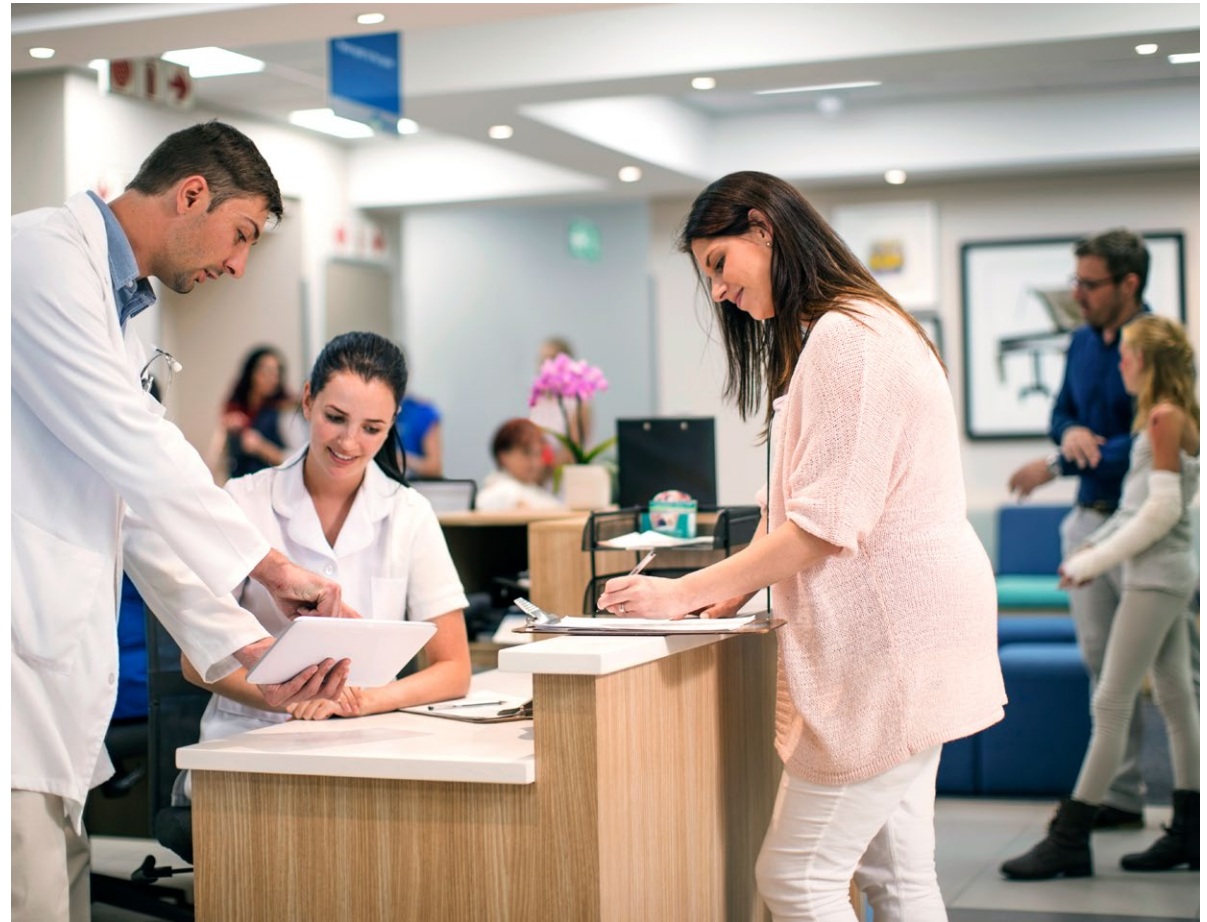
Heightened M&A activity

The healthcare industry has seen strong mergers and acquisitions activity over the last 12 months, particularly in radiology and pathology, virtual care and the broader aged and disability care sectors. These have consequently impacted the insurance market as risk profiles and their respective insurance programs merge, expand and change. Both targets and acquirers were able to take advantage of the current favourable market conditions to limit insurance costs and program friction during M&A transactions.

Abuse cover opens up for safeguarding framework

With the limited capacity for abuse cover available in the insurance market, organisations that can demonstrate exceptional safeguarding and abuse prevention frameworks have been able to access cover on more favourable terms. Evidence of differentiation include:

- Documented abuse risk assessment protocols,
- Comprehensive staff conduct screening and ongoing monitoring,
- Mandatory reporting training and documentation systems,
- Victim support and trauma-informed care frameworks,
- Board-level governance of safeguarding.



Strong M&A activity in the healthcare sector has impacted the insurance market as risk profiles and their respective insurance policies merge, expand and shape into new programs.

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Package policy adoption grows

Healthcare providers continued to show preference for industry-specific package policies (e.g. aged care, e-health, combined liability coverage packages) over standalone policies. The adoption of package policies has driven pricing efficiencies, with our clients achieving premium savings of up to 20% in the first half of 2026, compared to purchasing standalone policies.

Package policies can also help facilitate seamless coverage and minimise coverage gaps. Some trends we observed from insureds in 2026 include:

- **Abuse cover consolidation:** Insureds procuring limits across general liability, medical malpractice and standalone policies.
- **Cyber cover enhancement:** Well-managed healthcare providers expanding cyber limits and breadth of coverage.
- **D&O limits review:** Aged care and NDIS providers reviewing D&O limits in light of increasing regulatory scrutiny.
- **Workers' compensation focus:** Heightened attention to psychological injury coverage and stress-related claims support.

Proactive strategies in high-risk sectors

Throughout 2026, there has been an increasing trend for healthcare providers in high-risk sectors (e.g. obstetric services, disability and youth support, cosmetics and IVF) adopting more proactive approaches to their insurance renewals in order to achieve desirable renewal outcomes. These insureds have been strategising early and targeting insurers' underwriting concerns with direct interaction.

Industry-specific package policies can enable premium savings of up to 20% compared to purchasing standalone policies.



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2026 continued to see similar upward trends from 2025 in medical malpractice negligence claims severity against the backdrop of elevated healthcare inflation. CPI for medical and hospital services rose [5%](#) in June 2026, outpacing general inflation which was 3.8% in the same period.

Cost pressures have been particularly acute in the following areas:

- **Lifetime care cost calculations:** Severe injuries resulting in permanent disability have seen escalating claim costs due to the long-term costs of medical rehabilitation, ongoing care, aids and appliances. The outcome of the [Stewart v Metro North Hospital and Health Service \[2025\]](#) case may impact the severity of future catastrophic injury claims, with the High Court ruling that severely injured individuals are entitled to damages reasonably required to fund living and receiving care at home, which departs from the lower-cost option of institutional care.
- **Regulatory inquiry defense:** Legal costs of defending investigations and regulatory inquiries have increased over the years. The average number of days it takes to complete an investigation increased by [52%](#) over 6 years (2018 versus 2023), with [25%](#) of investigations taking more than two years to complete.
- **Medical expert witness fees:** Engagement of medical experts for claim defense and settlement negotiation has become more expensive, adding to the total cost of claim.



Escalating lifetime care costs, legal defense costs for regulatory inquiries, and medical expert witness fees are driving the continued upward trend in medical malpractice negligence claims severity.

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The current level of market capacity and competition are expected to continue for the remainder of 2026 and into early 2027 for preferred healthcare risk categories (e.g. aged care, general medical, non-maternity day hospitals, low-risk allied health). Competitive pricing and expanded coverage are likely to remain accessible for healthcare providers demonstrating robust risk management and governance frameworks, subject to no major unforeseen events impacting the market. (E.g. Significant adverse claims activity, regulatory action against major provider groups, catastrophic events affecting healthcare insurance capacity.)

Regulatory intensity is expected to increase in the near to medium future, driven by:

- Ongoing implementation of *Aged Care Act 2024* requirements,
- AHPRA's National Scheme Strategy 2031 focus on effective harm prevention,
- Ongoing cyber security regulatory development (TGA, OAIC, *Cyber Security Act 2024* enforcement),
- Enhanced focus on healthcare workforce safety and mental health support.



Tips for maximising your healthcare insurance outcomes

Early engagement and strategic planning for higher-risk sectors

Healthcare providers in higher-risk sectors (e.g. maternity services, IVF, NDIS, disability support, cosmetic procedures, virtual/telehealth, youth-focused services) should implement early engagement strategies with specialist healthcare brokers, commencing at least six months prior to renewal. Key strategic renewal actions include:

1 Risk differentiation

Develop comprehensive risk management and governance documentation that clearly articulates robust clinical governance frameworks aligned with AHPRA expectations, evidence of effective safeguarding and abuse prevention protocols, technology governance and AI risk management frameworks, and workforce safety and mental health support programs.

2 Regulatory compliance

Ensure complete compliance with AHPRA registration and notification requirements, [Aged Care Act 2024 compliance](#) (if applicable), TGA medical device regulations (if deploying AI/digital health tool), privacy legislation and cyber security requirements, and state-based health and safety legislation.

3 Claims management

Demonstrate proactive claims management through documented claims prevention initiatives, rapid incident response and documentation protocols, claims tracking and analysis, legal support and expert engagement where appropriate, and lessons learnt documentation and governance improvements.

4 Market options

Although complex and higher-risk accounts are commonly placed through the London insurance market, insureds should not overlook the local market as Australian insurers, albeit limited, are starting to expand their risk appetite and bring additional competition to renewals.

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Opportunity to leverage competitive market for lower-risk sectors

Healthcare providers in lower-risk sectors (e.g. aged care, general practice, non-maternity day hospitals, allied health with minimal youth exposure) should take advantage of favourable market conditions to:

1 Expand coverage

Review insurance program to identify coverage gaps and opportunities to broaden protection in critical areas such as cyber cover, D&O and management liability coverage and limits, abuse cover (where available), business interruption and contingency cover.

2 Efficiency gains

Leverage package policy options to achieve premium savings as well as comprehensive coverage through coordinated multi-policy strategies.

3 Long-term agreements

Consider multi-year terms or renewal strategies to lock in pricing certainty, with timing being a careful consideration to balance current benefits against potential for further market improvement in the future.



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