Data Availability and Transparency Act 2022 (DAT Act) CTH s142 of the Act

Review Submission
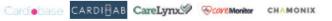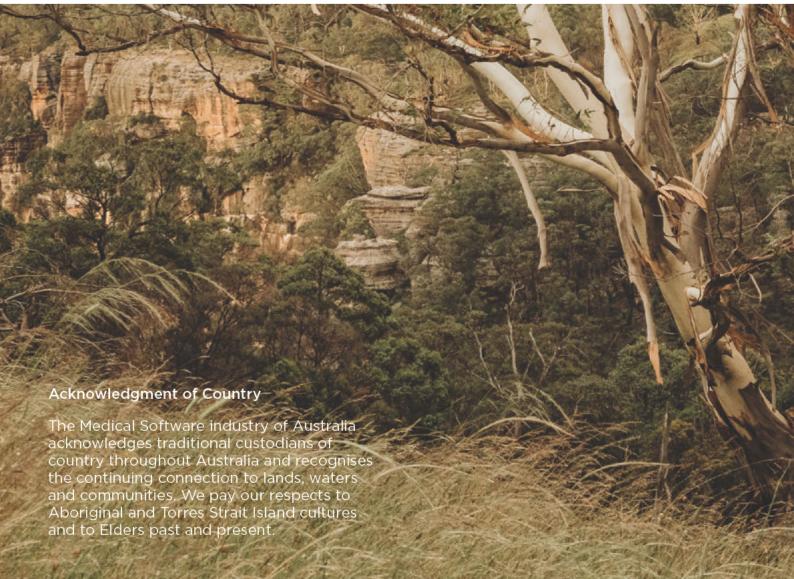
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Medical Software Industry Association (MSIA) Submission to the Statutory Review of the Data Availability and Transparency Act 2022

About MSIA

MSIA is the national peak body for Australia's digital-health sector, representing more than 140 software vendors, analytics houses and cloud providers. Members include enterprise platforms (Oracle Health, InterSystems, Telstra Health) and fast-growing SMEs (Prospection, Lyrebird & Cubiko,). Data is our oxygen. Secure timely exchange of public-sector data enables safer prescribing, prevents duplicate pathology and powers AI research for better health research which in turn facilitates best possible allocation of resources.

An internal MSIA Member Investment Survey of some members reported A$182 million in annual R&D and compliance spend. Extrapolated to 140 members this is ≈A$330 million. This aligns with ABS BERD data, which suggests ≈A$275 million in digital-health software R&D (2021-22). This demonstrates the willingness of our industry to invest in growth which is key to productivity in healthcare

The DAT Act can be a powerful catalyst for productivity and patient safety if it becomes simpler to use, better aligned with privacy and health-sector standards, and explicitly calibrated for small-to-medium Australian innovators.

Purpose of this Submission

Report to Finance's April 2025 Issues Paper on the statutory review of the DAT Act and recommend amendments that unlock secure SME access to Commonwealth data. The MSIA welcomes the opportunity to participate in this review and is open to providing more detailed responses.

[1]Internal MSIA Member Investment Survey, Dec 2024 – 79 respondents, A$182 m; extrapolated to 140 members ≈A$330 m.

Consultation questions & MSIA responses

1. Has the Act advanced its objects?

Partly. Finance confirms **34 accredited entities but only eight DATA-scheme sharing agreements, all for the National Disability Data Asset (NDDA).[1] This limited uptake shows the framework is safe but not yet scaled—no agreements yet benefit clinical-software SMEs.

MSIA's experience is that while the Act promotes availability, its accreditation framework remains resource-heavy. Only a handful of health entities have completed it; SMEs often give up when compliance quotes exceed $60 k. Alignment with the Privacy Act is conceptually sound but overlapping Commonwealth-State rules still deter sharing. Public reporting of real-world outcomes would lift confidence.

2. Does the Act improve information flows?

Yes, but mainly for large agencies and universities. Pain-points include:

1. Accreditation – a "one-size-fits-all" process that treats a start-up the same as a global cloud provider. Process clarity is welcome, yet accreditation can still take six months and be costly - A$60 000—is unaffordable for many innovators.
2. Contracting friction – every new share triggers bespoke clauses and months of negotiation.
3. Parallel frameworks – healthcare participants must satisfy multiple gatekeepers, producing piecemeal adoption.

3. Value relative to other schemes

In comparison to other schemes:

- Privacy Act reform – MSIA supports the draft exposure Bill but seeks an explicit DAT cross-reference, so accredited sharing is deemed "fair & reasonable".
- ADHA interoperability & My Health Record – duplicate cyber-assessments and FHIR conformance should be folded into one national "GovData-Ready" certificate[2].
- Productivity-linked funding (ePIP, NDIS, aged-care grants) – current grants pay providers, not builders. Tie DAT projects to MSIA's outcome-based enablement model so vendors are paid only when live data-flows meet KPIs.

The DAT Scheme should become a single "front door" recognised across OAIC privacy reforms, My Health Record and ADHA FHIR certification to eliminate duplicate audits.

4. Improvements

A. MSIA proposes tiered accreditation, a "test-once accept-many" sandbox, SME vouchers and mandated benefits dashboards. Class A (low-risk de-identified), Class B (personal, low-sensitivity, ISO 27001), Class C (high-risk health identifiers). Could trim 4–6 months from 70 % of projects. launch a national 'test-once accept-many' conformance sandbox and provide SME vouchers.

5. Sunset clause

Letting the Act lapse in 2027 would disrupt around 250 live analytics and AI projects[3]. Extend to 2032 with a cost-benefit review in 2030.

MSIA recommends extending to 2032 with a 2030 cost-benefit review.

MSIA strongly recommends the DAT Act continue with the above amendments. A lapse in 2027 could force agencies back to slower pathways, and hobble AI-enabled health services.

6. Recommendations

1. Retain the DAT Act and embed tiered accreditation with mutual recognition of health certificates.
2. Legislate a National Data-Governance Certificate recognised by Finance, ADHA, OAIC and states.
3. Create a conformance sandbox for security/FHIR with SME voucher support.
4. Publish an annual public dashboard of datasets shared, approvals and measured benefits.
5. Introduce programmatic pathways for repeat high-value feeds (e.g. real-time PBS feeds).
6. Establish a priority implementation roadmap. (See next page)

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[1] Finance, "Statutory Review of the DAT Act – Issues Paper", April 2025, p. 12: 34 accredited entities; eight sharing agreements, all NDDA.
[2] MSIA, "Incoming Government Brief for Productivity – National Data-Governance Unification," 13 January 2024 https://www.msia.com.au/public/137/files/MSIA240113%20Briefing%20Incoming%20Government%20-%20FA%202%20Digital.pdf
[3] https://www.datacommissioner.gov.au/node/311 - (119 registered, 50 requests, 20 + agreements registered. https://www.datacommissioner.gov.au/sites/default/files/2024-10/ONDC_Annual%20report_2023-24.pdf https://www.datacommissioner.gov.au/sites/default/files/2024-11/DATA%20Scheme%20Working%20Group%20findings%20and%20actions.pdf

Priority implementation roadmap.

Quarter	Milestone	Lead agency
Q1 FY25-26	Publish tiered accreditation rules	Finance / OAIC / ADHA
Q2 FY25-26	Launch sandbox & SME vouchers	ADHA / DTA
Q3 FY25-26	First Class B shares; benefits dashboard live	Finance
Q4 FY25-26	Real-time PBS feed pilot	Services Australia / ADHA

Conclusion

With targeted amendments the DAT Act can unlock billions in healthcare productivity, rapid AI innovation and world-class patient outcomes while strengthening privacy and public trust. MSIA and its members stand ready to co-design the sandbox, accreditation tiers and national certificate so that by the next review Australia is the safest, fastest place to turn public data into public good.6. Establish a priority implementation roadmap

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