SUBMISSION

Inquiry into Rural, Regional and Remote Medicare Access and Funding

March 2026

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Acknowledgement of Country

The National Mental Health Consumer Alliance acknowledges the Traditional Custodians of the lands and waters across Australia where we live, work, and advocate.

We pay our deepest respects to Aboriginal and Torres Strait Islander peoples, and to their Elders past and present. We acknowledge that First Nations lived experience is inseparable from the impacts of colonisation, dispossession, racism, and structural inequity. These ongoing injustices must be named, understood, and addressed.

The National Mental Health Consumer Alliance works in solidarity with the Indigenous Australian Lived Experience Centre, recognising the critical leadership of First Nations peoples in truth-telling, healing, and social and emotional wellbeing.

The National Mental Health Consumer Alliance (the Alliance) has prepared this submission in response to the invitation from the Rural and Regional Affairs and Transport References Committee to provide a submission to the Inquiry into the State of rural, regional and remote Medicare access and funding. This submission is based on consultations with each State and Territory mental health consumer peak body.

All references to 'Consumer' and 'lived experience' in this submission refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term "mental health consumers" as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this report.

About us

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues. We are the people experiencing mental health issues/distress, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website: nmhca.org.au.

Executive Summary

Recent changes to the Medicare Benefits Schedule (MBS), introduced on 1 November 2025, have worsened access to mental health care for people living in rural, regional, and remote Australia. These changes removed the exemption that previously allowed consumers to access telehealth appointments for Mental Health Treatment Plans (MHTPs), reviews, and referrals without an established clinical relationship. Under the new rules, a consumer must have either attended a face-to-face appointment within the past **two years** (24 months) or be registered with a *MyMedicare* practice to get a MHTP through a telehealth service. For regional and remote consumers—who already face a thin market of GPs, long travel distances, and limited access to technology—this requirement creates substantial and often insurmountable barriers.

The Alliance's consultations with mental health consumers highlight deep concern that the new requirements disproportionately affect people outside metropolitan areas. In these areas, many consumers report being unable to secure timely GP appointments, experiencing high practitioner turnover, or lacking a choice of providers with appropriate cultural awareness, mental health literacy, or understanding of neurodivergence. In communities where a single GP practice serves large geographic areas, the new rules effectively make *MyMedicare* registration the only realistic way to maintain access to telehealth supported MHTPs. This shifts what is described as a voluntary program into a de facto mandatory requirement for remote Australians, amounting to indirect discrimination.

The MBS changes also fail to account for the well documented digital divide affecting regional and remote communities. Consumers lack stable internet access, appropriate devices, or the digital ability required to engage with *MyMedicare* or telehealth platforms. Many were unaware that *MyMedicare* existed at all, and some who attempted to register were adversely affected when their GP left their practice or had not yet joined the platform. These gaps further restrict access to early supports intended for people experiencing mild distress, increasing the risk that symptoms worsen before care is available.

The consequences of reduced access to timely, low intensity mental health supports are profound. Without the ability to obtain MHTPs or referrals easily, many consumers will continue to experience deterioration of their mental health and ultimately present to Emergency Departments—settings widely recognised as inappropriate for mental health crises. Strengthening primary care access is essential to preventing avoidable emergency

presentations and reducing preventable hospital admissions in regional and remote areas.

The Alliance calls on the Rural and Regional Affairs and Transport References Committee to recommend urgent action to address these inequities. This includes reinstating the exemptions for telehealth access to MHTPs, improving public awareness of *MyMedicare*, establishing a publicly accessible register of participating practices, and ensuring that responsibility for promoting *MyMedicare* registration rests with government and primary care providers—not consumers.

Submission

The Alliance thanks the Rural and Regional Affairs and Transport References Committee for the invitation to make a submission to the inquiry into the state of rural, regional and remote Medicare access and funding. Noting the wide scope of the Terms of Reference, this submission focuses on the following two topics as consultations with regional members and mental health consumer peaks across states and territories identified these as the areas of greatest concern for consumers:

- the impact of the 1 November 2025 MBS changes on access to primary care (including telehealth) for rural, regional and remote Australians, and
- the extent to which current Medicare settings contribute to avoidable emergency presentations and preventable hospital admissions in these areas.

1. Background: The November 2025 MBS Changes

It is crucial to note the context of the Medicare changes that relate to mental health care that came into effect on the 1st of November 2025, which were described by the government as a way to address the findings of the Evaluation of the Better Access Initiative Final Report. The government response to many of the recommendations of this report frequently invoked the rollout of Medicare Mental Health Centres (MMHCs) as a backdrop for limiting provisions, introduced during the COVID-19 pandemic response, that allowed consumers to more easily utilise the Better Access program through telehealth.[i] While MMHCs represent a welcome addition to the landscape of available supports, many regional consumers miss out on these options as the MMHCs are concentrated in metropolitan areas.

The Medicare changes that took place in 2025 make it more difficult for regional and remote consumers to access support for their mental health from GPs, who act as the first point of contact for most people who live in Australia about emerging mental distress.[ii] The changes ended the exemption from having an “established clinical relationship” for telehealth MHTPs, reviews, and referrals. Consumers must now either have had a face-to-face appointment in the past 12 months or be registered with the practice through MyMedicare.

For regional consumers, MyMedicare policy recognises a 24month window for face-to-face- recency in registration—yet this does not resolve broader access barriers.

The utilisation of the voluntary *MyMedicare* platform and registration to help alleviate the limitation on access to Medicare supported long-telehealth appointments, required for Mental Health Treatment Plans (MHTPs) is, once again, a measure that fails to adequately accommodate consumers living in regional and remote locations. Regional consumers face a range of heightened barriers to engage with digital platforms such as *MyMedicare*, especially amongst certain cohorts that tend not to see General Practitioners (GPs) regularly or who do not have consistent access to technology.

2. The impact of the 1 November 2025 Medicare changes on access to primary care, including telehealth, for rural, regional and remote Australians

In our response to the above issue of primary care access in the wake of the MBS changes, we will focus on the impact of changes to telehealth on regional and remote consumers accessing MHTPs, review of MHTPs, and referrals. The access pathway of telehealth is of paramount importance for regional consumers, who often face limited options for primary care, severe delays in being seen by a practitioner, and inordinate travel distances to access face-to-face services.

Longstanding structural barriers to Primary Care

For consumers living in regional and remote Australia, there are longstanding issues surrounding access to GPs and other primary care pathways. Outside of metropolitan areas, consumers face a severely limited range of GP practices to choose from, along with other challenges such as the lack of availability of appointments for GPs that exist in their community. If a consumer's local GP does not have capacity to see them when needed, consumers must often travel long distances to be seen by a different practitioner or simply wait for an available timeslot to become available.

Consumers often report that access to primary care in regional and remote areas is influenced not only by Medicare rules, but also by the limited availability of psychosocial, peer and community-based supports. Where these supports are not available, people may rely more heavily on GP pathways, which can increase the impact of changes to MBS settings.

The November 2025 changes to MBS ended the exemption of requiring a consumer to have an 'established clinical relationship' with a GP to receive a Medicare rebate appointment for a MHTP, reviews of MHTPs, and referrals via telehealth using an MBS.[iii]

To fulfill this requirement for an established clinical relationship, consumers need to either a) have seen the GP face-to-face at some stage in the last 12 months, or b) be registered with the practice they need a telehealth appointment with through *MyMedicare*. This serves to limit the access of regional and remote consumers to important telehealth services and exacerbates an already extant issue with the availability of primary health care.

These increased barriers to access severely impact regional consumers, who already experience a 'thin market' of available GPs. Further barriers to telehealth MHTP access mean that it may be impossible for a consumer to find a GP that understands their concerns and treatments preferences to help build a rapport.

Consumers have told the Alliance about the difficulties in navigating circumstances where the only available GP in their community may hold outdated or stigmatizing views about mental health challenges. Other factors may be preferences around the gender of a GP, or having familiarity with particular health conditions, intersectionality or other needs, such as neurodivergence or chronic health challenges.

This issue is especially important for neurodivergent consumers, who have told the Alliance of their experiences with many regional and remote GPs who are unfamiliar with different ways in which neurodivergent people may experience or express symptoms of distress. The lack of access to a range of different practitioners means that, in these cases, consumers may in turn not be able to acquire referrals to other kinds of treatment or specialists, severely impacting the support available to them.

In regional areas, consumers also describe difficulties navigating a complex and fragmented system, particularly where there are few services available. Lack of clear pathways can delay help-seeking and increase reliance on emergency or hospital-based care.

Consumers in metropolitan regions, by contrast, face less barriers in selecting practitioners that they work well with.

Tyranny of Distance

The impact of long travel times to access primary health services is a reality for many consumers in regional and remote Australia, increasing the importance of offering readily accessible telehealth pathways to facilitate support when needed. Consumers have spoken to the Alliance about the reluctance of some members of their community to visit medical practitioners, and it is important that the provision of psychology sessions through the *Better Access Initiative* are made easily accessible for those in mild distress who are generally reluctant to see GPs or who face long travel times to do so. By requiring MHTP

telehealth appointments to be with practices that the consumer has registered as their *MyMedicare* practice, or with practitioners with an 'established clinical relationship' founded on a face-to-face visit in the prior 12 months, the MBS changes from November 2025 have increased the barrier for these cohorts to access critical supports for mild distress, and increased the likelihood of such incidents escalating to severe moments of crisis.

The alternative modes of support that prefigured the rationale for MBS, namely the development of MMHCs, fundamentally fail to address this reduction in support for consumers in most regional and remote locations. For consumers in these circumstances, the changes to how telehealth can be supported via the MBS profoundly impact an already limited set of options to get support.

> *"In my community (Port Hedland) we have some GP's and visiting specialists, but you just have to hope that those professionals available are skilled and have suitable training on things like different symptomatic expressions from people with neurodivergence. You don't have the option of going to the city to see someone better suited to provide you with support. We lack self determination out here."*
>
> *Anonymous, Port Hedland, Australia*

Navigating the Digital Divide and MyMedicare

To negate the impact of the MBS changes that have ended the clinical relationship exemption criteria for getting MHTPs, reviews and referrals, people can register with the *MyMedicare* platform. We note that this includes a specific clause wherein regional consumers can register for *MyMedicare* with a longer timeframe after a face-to-face appointment than their peers in metropolitan areas (24 instead of 12 months) and still have access to MHTPs. However, even with this provision, there are clear issues with using *MyMedicare* as an option to address access to GPs and other forms of primary health care in the regions.

People living in regional, remote or rural areas may lack appropriate technology, or may struggle to learn how to use the software involved in participating in telehealth. Access to technology can be particularly hard for consumers navigating mental health challenges, who have told us that, even in periods of mild distress, there can often be a loss of access to standard technological devices alongside difficulties navigating online platforms that they find frustrating and hard to understand.

Issues relating to telehealth and online access to information are especially noteworthy given that those people who have the greatest need for services are also often the least well-resourced in various ways, including in relation to the digital divide. Regional

consumers may face challenges with technological access: The Digital Inclusion Index data reveals a significant gap in digital accessibility and ability between those living in capital cities and people living regionally and remotely. The latest Australian Digital Inclusion Index reports that areas outside capital cities in 2025 were, on average, 7.8 points less than capital cities for digital ability, and 5.3 points lower than capital cities for digital affordability.[iv] This means that people living in regional, rural and remote areas are less likely to have the necessary equipment and ability to make use of technology such as a *MyMedicare* registration.

Concerningly, the majority of consumers that the Alliance has spoken with about these changes were ***completely unaware*** of the *MyMedicare* platform. This speaks to, at the very least, the need for promotional campaigns that increase awareness about *MyMedicare* for consumers.

Recommendation 1: The *MyMedicare* platform should be advertised widely to consumers to ensure that they are aware of this program and the benefits that it can provide them in relation to access to certain forms of support.

By linking MHTPs to a system that assumes regular, convenient access to general practice, the policy risks entrenching existing inequities and effectively penalising people based on where they live.

Additionally, consumers noted the lack of a publicly accessible registry of GPs that are registered with *MyMedicare* and felt that this should be provided if participation in this system would alleviate primary care access.

In cases where a practice is not registered with *MyMedicare,* the advice provided to consumers is to speak to the practice staff and suggest that they consider the benefits of registering their practice. Consumers have told us that this advice is unacceptable, and that advocating for increased accessibility through asking practices to register for *MyMedicare* should not be a consumer's responsibility. This is especially important to consider when this request could be perceived as creating work for a medical practice, which concerned consumers have told us may potentially increase the stigma they experience in this service.

Recommendation 2: The Government should implement a publicly accessible register of medical practices that have signed on to *MyMedicare* to inform consumers what local services are registered.

Recommendation 3: The Government should proactively encourage GPs and GP operators to register for *MyMedicare* removing the burden of the current expectation that consumers should advocate directly to medical services to register on the platform.

We have also heard about difficulties that emerged when consumers have registered for the *MyMedicare* platform and of changes to GP clinics that are outside of a consumer's control. In one example from Queensland, a consumer's regular GP left their practice, and the newly hired GP who took on their care had not yet registered with the practice on *MyMedicare* and so they were unable to make use of the benefits associated with the platform.

In these circumstances consumers would be faced with the requirement to attend a face-to-face meeting if they needed a new MHTP, a review of an existing plan, or a referral. Without the ability to access referrals to specialised treatment, or obtain MHTPs easily, there is a risk that consumers in regional and remote settings may find themselves at increased risk of increasing distress and crisis.

The Alliance notes that the November 2025 MBS changes were also of concern to the Royal Australian College of General Practitioners (RACGP), who, in their response to these proposed changes, outlined that some practices faced difficulties in registering for the platform. The RACGP also flagged their own concerns with the requirements for face-to-face consultations for MHTPs, noting the risk of increasing barriers to utilise the Better Access Initiative.[v]

Indirect Discrimination

While the Australian Government frames MyMedicare as a voluntary registration system designed to "formalise the relationship between patients and their general practice" and support continuity of care[vi], the practical effects are not evenly distributed across the population. For people in regional and remote Australia, the new linkage between registering for a MyMedicare practice or GP and access to a MHTP via telehealth creates a disproportionate barrier.

Although the rule is presented as a universal measure applying to all Australians, its consequences are not universal. For urban populations with multiple GP clinics nearby, establishing an ongoing relationship or registering for MyMedicare is relatively straightforward. In contrast, individuals in remote regions may be forced to travel hundreds of kilometres simply to satisfy the requirement of a face-to-face appointment — unless they enrol in MyMedicare. As a result, what is nominally a voluntary program effectively becomes mandatory for these communities if they wish to maintain access to subsidised mental health care.

3. The extent to which current Medicare settings contribute to avoidable emergency presentations and preventable hospital admissions in rural, regional and remote areas

Without an MBS schedule that encourages more services to be established in regional Australia and, crucially, maximises their accessibility, regional consumers will be forced to utilise Emergency Departments (EDs) in Regional Hospitals when distress is not addressed early through GPs/primary care. This in turn will add an additional burden on regional hospital staff which ultimately effects all hospital "patients".

As outlined in the Evaluation of the Better Access Initiative Final Report, the support offered through psychology sessions in the *Better Access Initiative* is best suited to assist people experiencing "mild levels" of mental health distress.[vii] If access to this form of early support is made more difficult there is a likelihood that some consumers will face deterioration of their mental health and eventually be forced to attend EDs to address distress and personal crisis.

It is well established that EDs are inappropriate settings for people experiencing mental health challenges,[viii] and without easy to access pathways to obtain lower-intensity supports early, many consumers will find themselves forced to attend settings that all too often fail to provide trauma-informed care.

Recommendation 4: Early intervention pathways must be retained to reduce unnecessary Emergency Department presentations.

Conclusion

The November 2025 MBS changes have deepened inequities for regional and remote consumers by restricting critical telehealth pathways. Reinstating exemptions, fixing MyMedicare accessibility issues, and shifting responsibility to systems and providers are essential steps to improve access and prevent avoidable crises.

Recommendations

The Alliance recommends:

1. The Government should immediately reinstate the exemption for 'usual GP/medical practitioner' and 'Established clinical relationship' for telehealth MHTPs, reviews and referrals to ensure people living in rural, regional and remote parts of Australia have ongoing access to mental health services.

2. The *MyMedicare* platform should be advertised to consumers to ensure that they are aware of this program and the benefits that it can provide them in relation to access to certain forms of support.

3. The Government should implement a publicly accessible register of medical practices that have signed on to *MyMedicare* to inform consumers what local services are registered. The Government should proactively encourage GPs and GP operators to register for *MyMedicare* removing the burden of the current expectation that consumers should advocate directly to their service provider.

4. Early intervention pathways must be retained to reduce unnecessary Emergency Department presentations.

Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience. We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

Nothing about us without us.

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See nmhca.org.au for more information about the Alliance.
For questions about this submission, please contact us at policy@nmhca.org.au.

[i]Australian Government (2024) Australian Government response to the Better Access evaluation. https://www.health.gov.au/sites/default/files/2024-08/australian-government-response-to-the-better-access-evaluation.pdf

[ii]RACGP (2025) Health of the Nation Report https://www.racgp.org.au/FSDEDEV/media/documents/Health-of-the-Nation-2025.pdf

[iii]Australian Government (2025) *MBS changes under the Better Access Initiative from 1st November 2025* https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/650f3eec0dfb990fca25692100069854/a6bbccd4e1519234ca258d0f00120c7e/$FILE/PDF%20Version%20-%20MBS%20changes%20to%20the%20Better%20Access%20Initiative.pdf

[iv] Digital Inclusion Index. (2025) https://digitalinclusionindex.org.au/the-2025-findings/

[v] RACGP (2025) Changes to Medicare Benefits Schedule (MBS) mental health items from 1 November 2025 – General practitioners (GPs) https://www.racgp.org.au/advocacy/advocacy-resources/changes-to-mbs-mental-health-items-gps

[vi] *MyMedicare* | Australian Government Department of Health, Disability and Ageing, https://www.health.gov.au/our-work/*MyMedicare* (accessed 12 February 2026)

[vii]University of Melbourne (2022) Evaluation of the Better Access initiative https://www.health.gov.au/sites/default/files/2022-12/executive-summary-evaluation-of-the-better-access-initiative.pdf

[vii] Roennfeldt et al., 2024. Sacre, M., Albert, R. and Hoe, J. (2022). What are the experiences and the perceptions of service users attending Emergency Department for a mental health crisis? A systematic review. Int J Mental Health Nurs, 31, 400-423. https://doi.org/10.1111/inm.12968