Rural, regional and remote Medicare access and funding

Bupa Submission – Rural and Regional Affairs and Transport References Committee

27 March 2026

Sara Potts
Head of Policy

Bupa Australia
255 George Street, Sydney NSW 2000
E: sara.potts@bupa.com.au
W: www.bupa.com.au

About Bupa

Bupa is an international healthcare group which has been committed to a purpose of helping people live longer, healthier, happier lives and making a better world for more than 75 years.

Bupa Australia supports 6.5 million customers through a broad range of health and care services including health insurance, aged care, dental, medical, optical and hearing services.

Bupa Health Insurance has one of the largest hospital networks in Australia, providing high-value cover to 4.5 million members. In 2025, we paid out $6.5 billion in hospital and extras benefits to our Australian customers, up from $6.3 billion the previous year.

Bupa Health Services operates 33 medical centres (including four Urgent Care Clinics), 11 mental health clinics, over 170 dental clinics, and 48 optical and hearing stores. These health services are open to everyone, not just Bupa customers. We also partner with the Australian Government to deliver visa medical checks to migrants, and health services to Australian Defence Force (ADF) personnel and veterans.

Bupa Villages and Aged Care is one of Australia's largest aged care providers offering a wide range of residential aged care services. As a trusted care provider, we currently operate 57 residential aged care homes across four states, employing around 7,000 team members and caring for more than 5,500 residents. Bupa has committed to invest more than $500 million to renew older homes as well as building the next generation of homes.

We care about the health and wellbeing of Australians and believe that we can make a real difference to the lives of customers through our values, purpose and the way that we deliver personalised care.

Executive Summary

Bupa is pleased to make a submission to the inquiry into *Rural, regional and remote Medicare access and funding* by the Rural and Regional Affairs and Transport References Committee (**the Committee**).

Bupa recognises that rural, regional and remote Australians experience disproportionately poorer health outcomes, higher rates of chronic disease and greater barriers to accessing timely, continuous care. These challenges are compounded by workforce shortages, geographic isolation and the financial fragility of many rural general practices. Medicare plays a central role in shaping the availability, affordability and quality of care in these communities.

We commend the Committee for inquiring into this issue and its focus on the impacts of recent Medicare changes, the sustainability of rural practices, the adequacy of support for multidisciplinary care models, and the need for reforms that ensure Medicare remains fair, workable and sustainably funded for rural, regional and remote Australians.

We therefore propose the following to support expanded and affordable access to health services in regional, rural and remote communities and improve the sustainability of Australia's health and care systems.

Recommendation

Recommendation: Bupa recommends removal of the requirement for Nurse Practitioners (NPs) to see Aged Care residents face-to-face every 12 months in order to be eligible for Medicare billing.

Supporting quality aged care access for older Australians in rural, regional and remote areas

Over the last two years, Bupa has introduced Wellness Hubs, a telehealth enabled Nurse Practitioner led model of care, across our aged homes. This model is the first of its kind in Australia, adopting a multidisciplinary model of care which enables fast coordinated access to health services, improving the health and wellbeing outcomes of our residents. Our model complements GP services and enhances continuity of care to ensure our residents receive timely access to allied health and clinical support using telehealth as the primary mode of delivery.

As one of Australia's largest providers of residential aged care in regional areas, Bupa has seen first-hand the healthcare challenges in regional Australia and the benefits of telehealth models in improving access and reducing waiting times, however, the introduction of the "established clinical relationship" for NP Telehealth Medicare Benefits Schedule (MBS) items threatens the viability of this care model, which has seen significant benefits for residents.

Benefits of Bupa's Wellness Hubs

Wellness Hubs provide coordinated access to primary and allied health services and are staffed by a dedicated NP and allied health team using a universal charting and patient information system. This enables seamless continuity of care regardless of which NP is available and the location of the resident. Our residents already have established relationships with our NPs and importantly, this model has delivered measurable improvements in resident outcomes including a 10% reduction in falls, 8% reduction in unplanned weight loss, faster wound healing times and helping reduce wait times across the broader health system, especially in regional Australia. The Wellness Hub model is an extension of the care provided in the home with a Care Manager supporting the residents through their telehealth consultation. This is done in conjunction with the resident's overall healthcare plan, with their GP continuing to play a key clinical role in the residents' care

Our residents have also benefited from having NPs available via telehealth when GPs are unavailable. For instance, in one of our regional homes, an NP provided urgent medication reviews for residents while local GPs were on leave. Without this service, we would have had to rely on an after-hours locum GP unfamiliar with our residents. We believe that the "established clinical relationship" requirement and in particular, the need for that relationship to be established via a face-to-face consultation should be amended with an exemption for NPs supporting aged care residents so older Australians, particularly in regional, rural and remote areas can continue to receive flexible, proactive, and preventive care.

The impact of MBS changes on regional health care coordination

While face-to-face services remain essential, virtual healthcare plays a critical role in improving access to primary care for individuals, particularly in regional or rural areas. The new "established clinical relationship" requirement makes it more difficult for NPs to service regional communities.

When The Hon. Ged Kearney MP announced removing barriers for NPs to provide services under Medicare in 2024, a key focus of this announcement was to help make care for rural and regional communities more accessible. She stated her commitment to "ensuring Australians can access high-quality care, particularly in rural and remote communities where we know there are workforce challenges in healthcare."[1] Bupa supports the work of the Government to ensure health practitioners can work to their full scope of practice. NPs play a critical role in aged care, particularly in regional areas where access to primary care remains limited.

While we understand the rationale for aligning NP standards with those of GPs, providers who are unable to comply with face-to-face requirements will bear additional costs and threaten the financial

[1] The Hon Ged Kearney MP, 'Making it easier to get top quality care from a nurse practitioner and midwife' Media Release, 20 March 2024.

viability of telehealth models. It is not practical to have NPs travel to regional and remote locations to do face-to-face consultations with residents as they would spend most of their time travelling rather than supporting better health outcomes for residents. In a residential aged care setting, the new requirement also fails to recognise the relationship that exists with the homes' clinical team. The current approach also entrenches dependence on GPs, which are often undersupplied in rural, regional and remote locations, meaning some older Australians will face longer waiting times to access care, with potentially worsened health outcomes.

Current exemptions from the "established clinical relationship" rule for NPs are limited to:

- Children under the age of 12 months.
- People who are homeless.
- Patients of NPs at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
- People isolating because of a COVID-related State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order.
- People affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory government.
- Patients for Blood Borne Virus and Sexual or Reproductive Health (BBVSRH) consultations (excluding assisted reproductive technology or antenatal care).

It would be a logical and straightforward change to include aged care residents in the list of exemptions, to improve access to timely clinical care and health outcomes.

Recommendation: Bupa recommends removal of the requirement for Nurse Practitioners (NPs) to see Aged Care residents face-to-face every 12 months in order to be eligible for Medicare billing.