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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

Dietitians Australia's credentialing program, Accredited Practising Dietitian (APD) program, provides an assurance of safe, quality practice. It is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians play a critical role across aged care, primary care, disability, public health and food systems. Strategic investment in dietetic services strengthens prevention, improves chronic disease outcomes, reduces avoidable hospitalisations, and enhances quality of life for all Australians.

This submission was prepared by staff of Dietitians Australia in consultation with members via a national survey. Contributors include Dietitians Australia members with wide ranging expertise in areas including public health, primary care, aged care, disability, community health, hospitals and private practice.

Summary of recommendations

Dietitians Australia makes the following recommendations for the Federal Government's 2026-27 budget.

Primary Care

Recommendation 1: Expand Medicare's Chronic Disease Management program

Recommendation 2: Invest in wraparound care for GLP-1 prescription medicines before, during and after use

Recommendation 3: Fund national blended funding trials for patients who are indicated for potential use of GLP1-RA medicines (e.g. obesity, diabetes, cardiovascular disease)

Disability

Recommendation 4: Establish a NDIS Pricing Advisory Body

Recommendation 5: Develop a national integration framework

Aged Care

Recommendation 6: Invest in Multidisciplinary team-enabling infrastructure

Recommendation 7: Invest in an Aged Care Reform Monitoring and Evaluation Unit

Recommendation 8: Establish a dedicated helpline and resource hub

Nutrition policy and public education

Recommendation 9: Fund a National Public Health Nutrition Mass Media Campaign

Recommendation 10: Evolve the campaign to reinforce the Health Star Rating system once mandated

Workforce

Recommendation 11: Expand Commonwealth Prac Payments

Recommendation 12: Fund implementation of the National Allied Health Workforce Strategy

Strengthening prevention, access and workforce sustainability across Australia's health and social care systems

Dietitians Australia welcomes the opportunity to contribute to the Australian Government's 2026–27 Federal Budget process. Dietitians play a critical role across aged care, primary care, disability, public health and food systems. Strategic investment in dietetic services strengthens prevention, improves chronic disease outcomes, reduces avoidable hospitalisations, and enhances quality of life for all Australians.

This submission is informed by member feedback collected through our national survey. Responses came from dietitians working across public health, primary care, aged care, disability, community health, hospitals and private practice. Across settings, members expressed a consistent message: dietitians are under-utilised and structurally constrained from delivering the level of care the community needs. The insights provided by members reflect the profession's deep commitment to equity in access to care, team-based service delivery and sustainable workforce development.

The survey results strongly reinforce the findings of the Productivity Commission's Inquiry Report: Delivering quality care more efficiently, which calls for:

- greater investment in prevention and early intervention
- collaborative commissioning and
- reduced fragmentation across the care economy.

1. Primary Care

Primary care is the frontline of Australia's health system, yet current funding structures limit access to essential dietetic services and constrain effective multidisciplinary collaboration. The current Medicare Chronic Disease Management (CDM) program does not allow dietitians to deliver evidence-based care, particularly for people with complex or multiple chronic conditions.

These concerns are strongly supported by the Productivity Commission's Inquiry Report No. 112 (10 December 2025), which identifies primary care fragmentation, under-investment in prevention, and inadequate integration across the care economy as major barriers to quality and efficiency.

Expanding Medicare access to dietetic services

Dietitians Australia is calling for a minimum of 12 dedicated Medicare-funded APD sessions. The current 5-session cap across *all* allied health disciplines is incompatible with evidence-based chronic disease management. Current limits undermine evidence-based care and the current system is reactive, inequitable and fragmented.

The burden of chronic disease is estimated to cost the Australian healthcare system \$82 billion annually, a significant proportion of which could be avoided or reduced if we emphasised preventative health care, including nutrition care. Chronic diseases are an ongoing cause of ill health, disability and premature death, and the burden of chronic disease is a national concern.

Even though Australians enjoy one of the longest life expectancies in the world, more people are living with chronic illness than ever before. On average Australians live almost 11 years in poor health, or around 13% of their life, and over the past 50 years the prevalence of chronic conditions has increased. The Australian Burden of Disease study (2023) estimates 5.6 million years of healthy life is lost due to injury, illness or premature death.

Some of the highest disease burden in Australia is caused by cancer, cardiovascular disease, diabetes, mental health and substance disorders. These chronic conditions can be improved with nutrition therapy. More Australians are being diagnosed with chronic diseases that could be prevented with good nutrition care. The current restrictive funding models increase the risk of Australians being hospitalised for conditions that could have been avoided if they had access to early care.

Targeted and effective action is urgently needed to implement comprehensive health measures, reduce the current levels of chronic disease and curb escalating costs to Australians.

This position is reinforced by the Productivity Commission which called for a national framework to support government investment in prevention and early intervention, emphasising that prevention is both cost-effective and essential to reducing downstream hospital demand.

The Commission also highlighted the need to embed collaborative commissioning and strengthen integration across care services—an approach that is not possible when dietitians cannot deliver sufficient sessions to participate meaningfully in team-based care.

Benefits of increased access to dietetic care:

- **Prevent illness and reduce hospitalisations** - proper nutrition can prevent many chronic illnesses and reduce the need for hospital visits, saving money for both individuals and the healthcare system
- **Improved quality of life** - by improving access to dietitians, we can help people manage their health, maintain independence, recover from illness more quickly, and live longer, healthier lives
- **Cost-effective care** - investing in dietetic services now can save money in the long run by preventing costly complications, hospitalisations and improving overall health outcomes.

Recommendation 1: Expand Medicare's Chronic Disease Management program

Introduce a minimum of 12 APD sessions, with longer session options, as a realistic and cost-effective step toward uncapped access.

This aligns with the Commission's call for:

- greater investment in prevention and early intervention
- improved integration of care services
- more efficient, outcomes-focused primary care models.

Enable consumer access to nutrition and dietetic support for the safe and effective use of GLP-1 medicines

Despite the ability of the breakthrough Glucagon-like peptide-1 receptor agonists (GLP-1RA) medicines to produce significant weight reduction and related health benefits, challenges such as gastrointestinal side effects, risk of malnutrition, loss of muscle and bone mass, high costs, frequent discontinuation, and weight regain create challenges for the long term success of these medicines in individuals and populations.

A 2025 study found over 20% of consumers using GLP-1RAs for diabetes and obesity developed nutrient deficiencies within a year. This finding underscores the need for carefully managed nutritional support to prevent deficiencies and ensure safe, effective nutritional outcomes.

Consumers prescribed GLP-1RA medicines should be supported through multidisciplinary care plans that include thorough nutritional and lifestyle counselling by an Accredited Practising Dietitian.

Such comprehensive care will achieve outcomes beyond body weight alone and ensure effective use of GLP-1RA medicines and, ultimately, maintain and improve patients' overall health.

Accredited Practising Dietitians must be a core part of the care team for Australians using GLP1-RA medicines, and these Australians should be supported to access these services.

Recommendation 2: Invest in wraparound care for GLP-1 prescription medicines before, during and after use

- a. Invest in comprehensive consumer access to holistic, wrap-around care that includes Accredited Practising Dietitians (APD) before, during and after using GLP-1RA medicines; and
- b. require mandatory referral to an APD on prescription of GLP-1 RA medicines for any therapeutic purpose

Investing in blended funding trials focusing on diet related conditions

Dietitians Australia and national strategies (e.g. National Obesity Strategy) explicitly call for improved funding models that reflect the complexity and chronicity of diet-related conditions and enable equitable access to allied health care. The Strengthening Medicare Taskforce Report highlighted that current Medicare funding is too reliant on fee-for-service and needs blended and flexible funding models that better support high-value, comprehensive care — including longer consults, continuity, and care partnerships with allied health professionals.

Dietitians Australia calls for investment to trial blended funding models that combine block funding with fee-for-service MBS items. The Productivity Commission notes that fragmented funding arrangements undermine quality and efficiency, and that new commissioning models should be tested—particularly in areas where access is poor or where multidisciplinary care is essential. On this basis, these trials should:

- prioritise rural and regional primary care deserts;
- include dietitians as core members of multidisciplinary teams;
- evaluate outcomes, cost-effectiveness, and workforce impacts.

This approach directly aligns with the Productivity Commission's call for:

- integrated, team-based care models
- reduced fragmentation across the care economy
- better commissioning within existing systems.

GLP-1 medicines are already transforming obesity and metabolic disease care in Australia, but are being used in fragmented and inequitable ways. Focusing the trial on GLP-1-indicated patients allows government to test how these medicines can be used appropriately, safely and cost-effectively when embedded within structured primary care and nutrition support. This approach targets patients at highest risk of costly disease progression, supports equity, and generates the real-world evidence needed to inform future Pharmaceutical Benefits Scheme and Healthcare funding decisions.

Recommendation 3: Fund national blended funding trials for patients who are indicated for potential use of GLP1-RA medicines (e.g. obesity, diabetes, cardiovascular disease)

2. Disability

Establish an independent advisory body on NDIS pricing policy

Dietitians Australia calls on the government to establish an independent advisory body to monitor the impacts of pricing changes and to inform future policy.

We urge the government to prioritise this recommendation to ensure NDIS participants continue to be able to access all the supports they need. Current pricing is misaligned with rising costs, placing significant pressure on businesses to maintain operations. Further impacting the sustainability and availability of services are the newly imposed travel reimbursement limits (undermining viability especially in rural areas). Dietitians Australia firmly believes that pricing changes need to be carefully monitored and transparently evaluated. An independent advisory body could achieve this.

Dietitians Australia recommends the following functions of such an advisory body be prioritised:

- monitoring therapy and travel pricing impacts
- ensuring viability of home and community-based services
- supporting equitable access across regions.

Recommendation 4: Establish a NDIS Pricing Advisory Body

This body should include allied health representation and provide transparent, evidence-based advice.

Integrating dietitians into schools and Early Childhood Education and Care (ECEC)

Dietitians Australia believes it is fundamental to integrate dietitians into education settings as part of foundational supports.

Autistic children are approximately 5 times more likely to experience feeding challenges than their peers, often due to heightened sensory sensitivities that result in selective eating, food aversions, and restrictive diets. Children with developmental delays may also experience feeding difficulties due to oral-motor, swallowing, or gastrointestinal issues. These challenges can lead to faltering growth, nutrient deficiencies, disordered eating, and reduced functional capacity — all of which affect learning, energy, and participation.

Dietitians play a pivotal role in multidisciplinary teams — assessing nutritional needs, recommending feeding modifications, and supporting families with practical, evidence-based strategies to optimise growth and development. Early intervention is essential and schools represent a critical setting for early access to Accredited Practising Dietitians and other essential supports.

Recommendation 5: Develop a national integration framework

This would strengthen early intervention, reduce long-term support needs, and align with the Thriving Kids initiative.

3. Aged Care

Dietitians Australia supports the critical nutrition-related and other reforms made in Aged Care that are aimed at helping older Australians enjoy better health outcomes and improved quality of life. These reforms, however, need to be backed by a systematic approach to implementation. Below we outline measures that the government should consider as part of such an approach.

Enabling multidisciplinary team (MDT) care in home-based and residential Aged Care services

Nutrition and dietitians are critical to quality of life, prevention of malnutrition, and management of chronic conditions in older Australians. Investment in dietetics within aged care settings can reduce hospital admissions, improve functional capacity, and support healthy ageing.

While Multidisciplinary team (MDT) care is important in delivering high-quality aged care, current guidance and structures do not adequately support this, resulting in fragmented service delivery and inconsistent access to allied health. Furthermore, current systems are reactive rather than preventative; dietitians are often excluded from care planning, despite clear need; and MDT processes are poorly defined, leading to duplication, confusion and inconsistent access.

“The current funding model does not support multidisciplinary collaboration or initiatives to prevent the development of health problems.” APD

To overcome these constraints and drive better outcomes for people accessing aged care services across Australia, Dietitians Australia calls for government investment in:

- facilitating collaboration in needs assessment, care planning and service delivery
- developing templates, processes and practical supports
- integrating MDT requirements into workforce development.

Recommendation 6: Invest in MDT-enabling infrastructure

The Government should fund the development of national MDT templates, processes, and implementation supports to ensure older Australians receive coordinated, evidence-based care.

Establishing an Aged Care Reform Monitoring and Evaluation Unit

Dietitians Australia recommends the Department of Health, Disability and Ageing establish a dedicated unit to monitor the impacts of aged care reforms.

Priority functions should include:

- ensuring older people are appropriately referred to allied health
- monitoring timely access to assessments, care planning and services
- assessing overall reform impacts.

More transparent auditing, better visibility of referral pathways and clearer accountability mechanisms are also needed.

Recommendation 7: Invest in an Aged Care Reform Monitoring and Evaluation Unit

This unit should be co-designed with allied health peak bodies and include transparent reporting mechanisms to ensure reforms deliver meaningful improvements in access, timeliness, quality and outcomes.

Establishing a Departmental helpline and online resource hub

Dietitians Australia's members frequently report significant challenges navigating the new Aged Care Act and associated policies.

Key challenges include: difficulty finding accurate, up to date information; duplication and conflicting guidance; and lack of clarity in new legislation. These issues particularly impact those working in private practice and small business.

Dietitians Australia therefore identifies a strong need for:

- clear, consolidated guidance
- direct access to departmental contacts
- tailored support for small providers
- practical tools and frequently asked questions for day-to-day compliance.

Recommendation 8: Establish a dedicated helpline and resource hub

This investment would reduce administrative burden, improve compliance, and support consistent implementation of reforms across the sector.

4. Nutrition Policy & Public Education

Dietitians Australia calls on the government to fund national public education campaigns accompanying both the revised Australian Dietary Guidelines (ADGs) and the Health Star Rating (HSR) system. We caution that without clear, authoritative, and accessible public communication, neither policy will achieve its intended impact.

This call to government aligns with international evidence and the Federal Government's own precedent in tobacco control.

Fund a National Public Health Nutrition Mass Media campaign

Australia is due to release its revised ADGs before the end of 2026. Without a nationally coordinated, evidence-based mass media campaign to support their rollout, the opportunity to shift population-level dietary behaviour, reduce preventable disease, and curb escalating health costs will be lost. The public cannot meaningfully act on dietary guidance without clear, consistent, and authoritative communication.

Dietitians Australia is seeking \$60 million over 4 years to fund a National Public Health Nutrition Mass Media campaign, championed by the Department of Health, Disability and Aged Care and delivered by an agency experienced in public health campaigns. The campaign would launch alongside the revised ADGs in 2026–27 and evolve in subsequent years to reinforce the HSR system once mandated.

This investment mirrors the Federal Government's 2023-24 budget commitment of \$63.4 million over 4 years to national tobacco mass media campaigns — recognising their central role in reducing smoking prevalence and health system costs. Nutrition now warrants the same level of ambition.

The World Health Organization identifies mass media campaigns for healthy diets as a global “best buy” intervention, capable of reducing intake of free sugars, sodium and unhealthy fats while increasing consumption of core foods. Public education is essential to counter the influence of heavily funded unhealthy food marketing.

Why a national campaign is urgently needed

Australia faces a worsening nutrition-related disease burden:

- Living with overweight or obesity has now overtaken tobacco smoking as the leading risk factor contributing to disease burden.
- Poor diet is the 3rd leading risk factor
- Only 6% of Australians meet recommended fruit and vegetable intake.
- Consumption of discretionary foods high in added sugars, saturated fats and sodium remains persistently excessive.

Decades of messaging focused solely on “eat more fruit and vegetables” have not been sufficient to shift entrenched behaviours. What is missing is clear guidance on what to limit, why it matters, and how to make healthier choices in real-world food environments.

Public literacy and support are also essential for implementing complementary nutrition policies—such as improved food labelling, restrictions on unhealthy food marketing, and pricing measures that make healthier choices more affordable. A national campaign builds understanding of the evidence behind these reforms, strengthening public acceptance and enabling smoother implementation across government portfolios.

Education campaigns are a critical component of a comprehensive approach to obesity prevention, but they cannot stand alone. Social marketing must be introduced alongside environmental and regulatory measures that make healthy choices easier and more routine.

“The revised ADGs will only improve the eating habits of Australians if people understand and implement them.” APD

A national campaign grounded in the revised ADGs would directly address the behaviours driving chronic disease, while reinforcing other government actions to improve the food environment.

Campaign design principles

The campaign must be credible, evidence-based, and protected from commercial influence.

Dietitians Australia recommends that the campaign be:

- directly aligned with the evidence underpinning the revised ADGs, as determined by the NHMRC’s expert advisory process
- delivered through the Department of Health, Disability and Aged Care, ensuring scientific oversight and consistency
- subject to rigorous review, safeguarding public trust and protecting against misinformation.

This approach ensures the campaign reflects the best available science and reinforces confidence in government dietary advice.

What the campaign must communicate

To be effective, the campaign must include:

- clear guidance on limiting discretionary and ultra-processed foods, and their links to chronic disease and poorer nutrient intake
- practical, accessible messaging for different life stages, including older Australians with higher protein and calcium needs
- integration of sustainability and food security considerations, recognising the links between dietary patterns, climate change and long-term population health
- acknowledgement of real-world eating contexts, including food availability, cost pressures, marketing influences, eating outside the home, and habit formation from childhood

- accessible delivery, using clear visual tools, diverse foods and imagery, easy-read resources, games, and translations into languages other than English
- target priority populations with highest intake of discretionary foods.

The campaign must also be designed to ensure weight stigma is avoided and not further amplified.

We also recommend evolving the campaign in later years to reinforce the HSR system once mandated, strengthening Australians' ability to make healthier choices at the point of purchase.

Recommendation 9: Fund a National Public Health Nutrition Mass Media Campaign (\$60m over four years)

Cost: \$60 million over four years

Recommendation 10: Evolve the campaign to reinforce the Health Star Rating system once mandated.

5. Workforce

Addressing future workforce risk

Dietitians Australia highlights concern about future dietetic workforce shortages or maldistribution, despite current stability. Current workforce trends indicate the potential for rural and regional vulnerability and placement pressures further exacerbating maldistribution, and the need for stronger regulation and clearer career pathways.

Expanding Commonwealth Prac Payments

Dietitians Australia calls for the extension of Commonwealth Prac Payments to dietetics students. Placements are financially burdensome, rural placements are often unaffordable, and expanded practical placement payments would improve equity and workforce distribution.

An expansion of the Commonwealth Prac Payment program would strengthen the dietetic workforce pipeline, improve rural placement uptake and ensure dietetics students have reduced financial barriers to placements.

Recommendation 11: Expand Commonwealth Prac Payments

This investment would support high-quality placements and ensure a sustainable future workforce.

Implementing the National Allied Health Workforce Strategy

Dietitians Australia calls on the government to fund the implementation of the Strategy and include in that investment:

- a consistent national workforce dataset
- strategic workforce planning
- improved visibility of allied health needs.

Recommendation 12: Fund implementation of the National Allied Health Workforce Strategy

This will enable evidence-based planning and ensure the right workforce is available where it is most needed.

6. Conclusion

Across all domains, Dietitians Australia identifies 3 overarching priorities for government investment:

- Strengthening access to dietetic care
- Building a sustainable and well-distributed workforce
- Embedding prevention and nutrition into national policy

Dietitians Australia urges the Federal Government to invest in the initiatives outlined in this submission to ensure all Australians can access high-quality, evidence-based nutrition care when and where they need it.

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