

Department of Veterans' Affairs funded health treatment

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Recipient

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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.

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9,000 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.

The Accredited Practising Dietitian (APD) program is the credentialling program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. The Department of Veterans' Affairs (DVA) funds dietetic services for Veteran Card holders only when they are delivered by an APD.[1] APDs work with veterans to manage chronic conditions, malnutrition and unintended weight loss, and the nutritional effects of mental illness and its treatment.[2]

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia. It draws on DVA's published rules and fee schedules, and on accounts that veterans gave to APDs for Dietitians Australia's 2021 submission on the terms of reference for the Royal Commission into Defence and Veteran Suicide.[2]

Dietitians Australia is a member of Allied Health Professions Australia (AHPA). This submission is consistent with AHPA's submission to the inquiry and adds evidence specific to dietetic care. It addresses the terms of reference in order.

Terms of Reference

The use and impact of monetary, expenditure-based and numerical restrictions on Department of Veterans' Affairs-funded health treatment, with reference to:

- a. the use of monetary limits, expenditure thresholds, numerical treatment limits, review points, additional approval requirements, co-contributions or other restrictions affecting access to treatment;
- b. the consequences of such restrictions for continuity of care, clinical outcomes and veterans with complex, chronic or multiple service-related conditions;
- c. the particular impact on veterans and health service providers in regional, rural and remote Australia;
- d. the adequacy of existing statutory protections and options for strengthening legislative protections against monetary and numerical restrictions on veterans' health treatment;
- e. the financial, clinical and administrative implications of restricting, removing or legislatively prohibiting monetary and numerical limits on veterans' health treatment;
- f. consultation undertaken with veterans, ex-service organisations, health practitioners and other affected stakeholders; and
- g. any related matters.

Executive summary

The Senate referred this inquiry on 17 September 2026, the same day the Government withdrew its proposed \$5,000 annual threshold on allied health treatment for Veteran Card holders. Existing arrangements continue to apply. For dietetic care the principal arrangement is the allied health treatment cycle, under which a referral lasts for 12 sessions or one-year, whichever ends first.

Veterans with chronic conditions may require nutrition care over many years. When a veteran reaches 12 sessions and care is continuing, DVA's rules require the dietitian to write an end of cycle report, the veteran to obtain a new GP referral, and the next session to be a new initial consultation held in person. These steps add cost and delay to care that is already under way, and veterans have told APDs that repeated referrals bring them no benefit.

Dietitians Australia recommends that clinical need determine the amount of treatment a veteran receives, and that this principle be protected in legislation. It recommends that the treatment cycle be removed, as the Government proposed in the 2026-27 Budget, and that until then, continuing care should not require an end of cycle report or a new initial consultation. Dietitians Australia also makes recommendations on telehealth for veterans in regional, rural and remote Australia, on consultation, and on the dietetic fees that will apply from 1 July 2027.

If limits on veterans were removed, providers would remain accountable for the care they deliver. DVA monitors provider claims and can recover payments or end a provider's registration. Every APD is bound by Dietitians Australia's Code of Conduct and complaints process, and a dietitian who is suspended or expelled from the APD program can no longer provide DVA-funded care.

Recommendations

Dietitians Australia recommends that the Australian Government and the Department of Veterans' Affairs:

1. **Fund dietetic care on clinical need (Terms a, d and e):** Adopt a needs-based model in which clinical need decides the amount of treatment and no monetary or fixed numerical limit applies to the veteran. Protect this principle in veterans' legislation and the Treatment Principles, so that any future restriction is clinically justified, published, consulted on and made by disallowable legislative instrument.
2. **Remove the treatment cycle and protect continuing care (Terms a and b):** Remove the 12-session treatment cycle, as the Government proposed in the 2026-27 Budget. As an immediate step, stop requiring an end of cycle report and a new initial consultation when a veteran's dietetic care continues beyond 12 sessions.
3. **Provide telehealth parity in regional, rural and remote Australia (Term c):** Allow the first consultation in a course of dietetic care to be delivered by telehealth. Include travel payments that cover full distance travelled and remoteness loadings.
4. **Consult before limits change (Term f):** Establish a standing consultation mechanism with veterans, ex-service organisations and Dietitians Australia and other peak bodies. Consult, and publish an impact analysis, before introducing or changing any limit on treatment.
5. **Publish and index the new dietetic fees (Term g):** Finalise and publish the dietetic fees that will apply from 1 July 2027 as soon as possible. Set them to reflect the full cost of care and index them at least annually.

Response to the terms of reference

(a) Restrictions on access to treatment

Dietetic care for Veteran Card holders is subject to a numerical limit on each referral, a review point at the end of each treatment cycle, and prior approval for some services. The table sets out the main requirements.

Restriction	What DVA's rules require
Treatment cycle	A referral lasts for up to 12 sessions or one year, whichever ends first. The veteran's usual GP must make each later referral.[3]
Start and end of each cycle	Each cycle must start with an initial consultation, at which the patient care plan is completed or updated, and end with an end of cycle report to the GP. This applies when care is continuing.[3][4]
In-person rule	The initial consultation must be in person. Telehealth is allowed only with prior approval, case by case.[3][4]
Prior financial authorisation	Shaded schedule items, services in public hospitals and telehealth outside the standard rules all need DVA's approval in advance.[4]
Veteran White Card	Treatment must relate to an accepted condition, and eligibility must be established before treatment starts.[4]
Residential aged care	DVA pays only where the facility is not otherwise funded to provide the service.[4]

DVA allows a tailored referral of 3, 6 or 12 months in what it describes as rare and exceptional cases, after an assessment by the GP.[3] Veterans who hold a Totally and Permanently Incapacitated Gold Card are exempt from the treatment cycle for physiotherapy and exercise physiology, but not for dietetics.[3]

The Government withdrew the proposed \$5,000 annual threshold on 17 September 2026. The Minister's statement described the Budget plan as removing the treatment cycle in favour of a new system but did not say whether that removal will go ahead, and the treatment cycle remains in force.[5] In alignment with recommendation 1 and 2, Dietitians Australia recommends removing the 12-session treatment cycle, and adopt a needs-based model in which clinical need decides the amount of treatment with no monetary or fixed numerical limit applying to the veteran.

(b) Continuity of care and clinical outcomes

In 2019-20, 17 per cent of ex-serving members were living with two or more selected chronic conditions. On age-standardised figures the most common were cardiovascular disease (21.1 per cent) and mental health conditions (20.0 per cent).[6]

Nutrition care is part of managing these conditions. A systematic review of 26 randomised controlled trials found that consultations with a dietitian in primary care improved diet quality and diabetes outcomes.[7] Dietitians Australia's 2021 submission set out trial evidence that dietitian-led interventions improve symptoms of depression and anxiety.[2]

Because these conditions are long term, nutrition care can continue well beyond 12 sessions. When it does, the cycle ends only because the session count has been reached, and treatment continues.

DVA's rules still require the dietitian to write an end of cycle report, the veteran to return to the GP for a new referral, and the next session to be a new initial consultation, held in person, at which the patient care plan is completed or updated.[3][4].

An end of cycle report is appropriate when a course of treatment has finished, and an initial consultation when the dietitian has not yet assessed the veteran, but neither is appropriate for a veteran in the middle of continuing care. A number of veterans told APDs in 2021 that repeated referrals took up their time, caused them stress and brought them no benefit. One 76-year-old Gold Card holder asked why he needed a new referral for his dietitian when he did not need one for his physiotherapist.[2]

DVA applies a different arrangement to veterans with a Totally and Permanently Incapacitated Gold Card who see a physiotherapist or exercise physiologist. They hold an annual or indefinite referral, can have as many sessions as are clinically necessary, and their provider does not report to the GP after 12 sessions.[8]

AHPA proposes that, as an immediate step, veterans with complex, chronic or multiple service-related conditions be exempt from treatment cycle requirements, and Dietitians Australia supports that proposal. Whichever review point applies, a veteran whose care continues beyond 12 sessions should not need an end of cycle report or a new initial consultation (recommendation 2). A short progress note from the dietitian would give the reviewer what is needed, and care would continue with a subsequent consultation.

Approval processes can also delay care. In 2021 Dietitians Australia reported the case of an 82-year-old veteran who waited six weeks for a nutritional supplement while the request passed between the dietitian, the GP and DVA, and who lost a further 3 kg in that time.[2]

A monetary limit pooled across professions would cause a further problem for veterans with several conditions. The withdrawn threshold counted spending across allied health professions against a single annual figure.[9] A veteran who sees several professions may reach a pooled limit sooner than one who sees a single profession. Medicare's chronic condition items illustrate a shared numerical limit: under the standard arrangements, a patient can access five individual allied health services per calendar year across eligible professions. One dietetic consultation and four podiatry consultations therefore use the full shared allowance.[10]

(c) Regional, rural and remote Australia

Every treatment cycle must start with a consultation in person.[3] DVA's fee schedule does not allow initial or extended dietetic consultations by telehealth, and allows phone consultations only when video is unavailable.[4] The dietitian can ask DVA for prior approval to hold a first consultation by telehealth, but must do so case by case.[3] For a veteran with no dietitian nearby, this means travel or an approval step at the start of care and again at each new cycle.

Dietitians Australia recommends that DVA allow a first consultation by telehealth as a standing rule for rural and remote veterans (recommendation 3). It also supports AHPA's proposals for travel payments and remoteness loadings.

(d) Statutory protections

Dietitians Australia supports protecting the needs-based principle in veterans' legislation and the Treatment Principles (recommendation 1). Any future restriction on treatment should be clinically justified, published, subject to consultation with veterans and clinicians and made by disallowable legislative instrument. A requirement of this kind would still allow clinical review of treatment, and would make any restriction subject to public justification and to disallowance by either House of Parliament.

Any protection should apply to allied health care, including dietetic care, on the same terms as other treatment.

(e) Financial, clinical and administrative implications

At the fees in force since 1 July 2026, a full 12-session cycle of standard dietetic consultations in rooms costs DVA \$955.65, excluding the end-of-cycle report.[4] Each renewal requires a new GP referral and attracts an end-of-cycle report fee of \$35.40, followed by an initial consultation fee of \$107.55 rather than the subsequent consultation fee of \$77.10.[3][4] Removing these cycle-related requirements while maintaining clinically necessary continuing care could therefore save DVA \$65.85 in dietetic fees, excluding GST, per renewal, with potential additional savings where a separate GP appointment solely to renew the referral is avoided.

The rules for dietetic care are spread across four DVA documents: the general notes for allied health providers, the notes for dietitians, the fee schedule and the treatment cycle guide.[1][3][4] Dietitians Australia supports AHPA's proposals for a single rules document for each profession and for published decision timeframes. It also supports AHPA's call for an independent, published evaluation of the treatment cycle and other restrictions.

Professional accountability

Providers would remain accountable for the care they deliver if limits on veterans were removed. DVA monitors provider claims, recovers payments and, in serious cases, ends a provider's registration.[11]

The profession also regulates its members. Dietitians Australia is a member of the National Alliance of Self Regulating Health Professions, and the APD program follows its standards.[12] Every APD is bound by Dietitians Australia's Code of Conduct, whether or not they are a member.[12] Any person can make a complaint about an APD (By-law clause 1.1).[13] The Dietitian and Nutritionist Regulatory Council, which holds the authority of the Board and can act independently of it, makes the final decision on an APD's credential.[13] Its sanctions include suspension from the APD program for up to 12 months and expulsion (clause 16.6).[13] APDs who are suspended or expelled for disciplinary reasons are named on a public register.[13][14]

Because DVA funds dietetic services only when an APD delivers them, a dietitian who is suspended or expelled from the APD program is no longer eligible to provide DVA-funded care.[1]

AHPA proposes a pilot of outcomes-focused allied health care, with routine patient-reported outcome and experience measures, to test whether accountability can be maintained through outcomes. Dietitians Australia supports the pilot.

(f) Consultation

Dietitians Australia recommends a standing consultation mechanism, with consultation and a published impact analysis before any limit on treatment is introduced or changed (recommendation 4). DVA's consultation on allied health arrangements remains open until 30 October 2026, and Dietitians Australia will respond to it.[15]

(g) Related matters

Dietitians Australia welcomes the increase to DVA allied health fees from 1 July 2027, which includes dietetics.[9] The Minister has confirmed that the increase will go ahead.[5]

The increase responds to recommendation 71 of the Royal Commission into Defence and Veteran Suicide, which called for DVA fees to align, at a minimum, with those of the National Disability

Insurance Scheme, in order to mitigate the challenges veterans face in accessing health care.[16] Dietitians Australia would welcome confirmation that the new dietetic fees meet that benchmark. It recommends that DVA finalise and publish those fees as soon as possible, set them to reflect the full cost of care, and index them at least annually (recommendation 5).

References

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