



RSL AUSTRALIA

DEPARTMENT OF VETERANS' AFFAIRS (DVA) FEE UPLIFT

Pre Budget Submission Briefing

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RSL
Australia

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SUMMARY OF RECOMMENDATIONS



Recommendation 1:

Review and uplift the DVA Fee Schedule, including a one-off increase to offset the effects of the Medicare Benefits Schedule freeze over the previous decade.



Recommendation 2:

Index DVA Fee Schedules in-line with CPI to reflect the increasing costs associated with medical services and other costs.



Recommendation 3:

Extend the Provisional Access to Medical Treating (PAMT) program indefinitely, beyond the current extension date of 31 June 2024.



Recommendation 4:

Extend the Non-Liability Health Care (NLHC) entitlement so that all Reservists, on completion of their initial training, become entitled to receive treatment for any mental health conditions from which they are suffering.



Recommendation 5:

Decrease the administrative requirements outline required of practitioners under the DVA scheme to ensure they can focus their time and resources on seeing veteran patients.



Recommendation 6:

Ensure that older veterans do not experience a step down in support when they enter an Aged Care Facility.

SUMMARY

The unique nature of service in the Australian Defence Force (ADF) can have a significant impact on the health and wellbeing of Defence members, veterans and their families.¹ The Australian Defence Veterans' Covenant promises to support all military veterans, but this is not always demonstrated in the ability of veterans and their families to accessing the healthcare system.

The Royal Commission into Defence and Veteran Suicide has consistently identified mental and physical health as a risk-factor for suicide and suicidality.² Given the urgent need to address the phenomenon of suicide and suicidality for current and former serving members of the ADF, and the tabling of the Final Report of the Royal Commission, access to health services for veterans should be a priority.

The RSL has received an increasing number of anecdotal reports of veterans unable to see doctors and health professionals or being placed on a waiting list to see a psychiatrist. The RSL has consulted with several health peak bodies to understand the barriers to veterans accessing health services are, whether these barriers are systematic, and potential solutions for improving this access. The consultation process identified four consistent challenges to veterans and their families accessing healthcare.

The most pressing issues for veterans and their families accessing healthcare are:

- 1. DVA Fee Scheduling** – Insufficient remuneration for service providers and unindexed fee schedules resulting in DVA patients not being seen promptly, or neglected entirely.
- 2. Access to Services** – Many veterans and their families face non-cost related barriers to accessing healthcare services, including lack of availability in rural and regional areas, workforce shortages, long waitlists in metropolitan areas and a too narrow range of approved health services.
- 3. DVA Administrative Requirements** – Service providers find DVA's administrative requirements onerous, minimising time that could be utilised to see veterans or other patients.
- 4. Step Down to Aged Care** – Older veterans may face difficulties in continuing to access their required level of healthcare when they enter a residential aged care facility.

All Australians, including veterans and their families, require timely access to safe, affordable, and high-quality healthcare across their lives. The 2024-25 Budget presents an opportunity for the Commonwealth Government to address these barriers, and more broadly to address the urgent need to improve access to healthcare for veterans and their families.

¹ Royal Commission into Defence and Veteran Suicide, Commissioner Kaldas (Melbourne Hearing Block, Transcript Day 1, 28 August 2023), [45].

² Royal Commission into Defence and Veteran Suicide (Royal Commission 2021-2023).

DVA FEE SCHEDULES

The RSL continues to hear about the lived experience of too many veterans who face too many barriers in securing the healthcare they need; this is particularly true for the 45 per cent of veterans who live outside of the major metropolitan areas.

While the recent tripling of the Veteran Access Payment is welcome, significant work remains to be done to improve the health and wellbeing of Australia's veteran population, including when veterans enter the aged care space.

Informed by the evidence identified through the Royal Commission into Defence and Veteran Suicide about the disparity between the DVA fee schedule and the fees healthcare providers would otherwise charge clients through other Australian Government scheme or private healthcare, the RSL has undertaken work to compare the different fee schedules between the DVA, NDIS and private health insurance. The findings illustrate that the DVA remuneration for healthcare providers for some of the most common types of appointments is anywhere between 45-175% less than remuneration for NDIS clients, and 15-115% less than for private patients.

TABLE 1: Fees payable to practitioners by discipline under each relevant Commonwealth-funded scheme.

Profession	DVA	NDIS	Private	Return to Work (SA)	MBS
General Practitioners	\$47.65 ³⁴	Not Funded	\$102.00	\$44.00 - \$89.00 ⁵	
Occupational Therapists	\$122.90 ⁶	\$193.99 ⁷	\$197.50 ⁸	\$205.40 ⁹	\$58.30 ¹⁰
Physiotherapists	\$67.95 ¹¹	\$193.99 ¹²	\$142.32	\$102.80 ¹³	\$58.30 ¹⁴
Psychologists	\$147.85 ¹⁵	\$214.41	\$300 ¹⁶	\$228.70 ¹⁷	
Psychiatrists	\$297.10	Not Funded	\$500 ¹⁸	Not Funded	\$174.45

³ Commonwealth of Australia, Department of Health, 'Medicare Benefits Schedule (MBS Online) – Item 23' (Web Page, n.d 2023) < <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=23> >.

⁴ This fee includes the 15% incentive fee as outlined in the MBS Table provided by DVA.

⁵ South Australian Government, 'Return to Work SA' (Web Page 2023-24) < <https://www.rtsa.com/service-providers/provider-registration-and-payments/fee-schedules> >.

⁶ Department of Veterans' Affairs, Commonwealth of Australia, 'Occupational Therapists – Schedule of Fees 2023' (Web Page, 1 July 2023) < <https://www.dva.gov.au/files-occtherapyfees> >.

⁷ National Insurance Disability Scheme, 'NDIS Pricing Arrangements and Price Limits 2022-23' (Web Page, n.d.) < <https://www.ndis.gov.au/media-download> >.

⁸ Occupational Therapy Australia, 'Occupational Therapy Fee Schedule and Policy' (Web Page, 01 July 2022) < <https://otaus.com.au/publicassets/3cb423c6-35f0-ec11-9454-005056be13b5/Occupational%20Therapy%20Fee%20Schedule2022-23.pdf> >.

⁹ South Australia Government, 'Return to Work SA' (Web Page, 01 July 2023) < <https://www.rtsa.com/service-providers/provider-registration-and-payments/fee-schedules> >.

¹⁰ Commonwealth of Australia, Department of Health and Aged Care, 'Medicare Benefits Schedule' (Web Page, n.d.) < <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10958> >.

¹¹ Department of Veterans' Affairs, Commonwealth of Australia, 'Physiotherapists Fees – Schedule of Fees' (Web Page, 1 July 2023) < <https://www.dva.gov.au/sites/default/files/2023-07/pphysiofees.pdf> >.

¹² Ibid.

¹³ Above n.6.

¹⁴ Commonwealth of Australia, Department of Health and Aged Care, Medicare Benefits Schedule 'Category 8 – Miscellaneous Services M3 Allied Health Services, Physiotherapy' (Web Page, n.d.) < <https://www9.health.gov.au/mbs/search.cfm?q=physiotherapy> >.

¹⁵ Department of Veterans' Affairs, Commonwealth of Australia 'Psychologists Schedule of Fees' (Web Page, 01 July 2023) < <https://www.dva.gov.au/sites/default/files/2023-07/psychologistsfees.pdf> >.

¹⁶ Australian Psychological Society, 'How Much Does Seeing a Psychologist Cost?' (Web Page, n.d. 2023) < <https://psychology.org.au/psychology/about-psychology/what-it-costs> >.

¹⁷ Above n.8.

¹⁸ The Royal Australian and New Zealand College of Psychiatrists, 'Cost to See a Psychiatrist (Australia)' (Web Page, July 2023) < <https://www.yourhealthinmind.org/psychiatry-explained/cost-to-see-a-psychiatrist> >.

Health and allied healthcare providers have shared with the RSL that they struggle to refer their clients to specialist and clinical services because of the lesser remuneration from DVA. For example:

- Discussion with the Australian Psychological Society (APS) found that there is significant variation in psychology fees across compensable schemes in Australia, noting that:

‘DVA scheduled fees at \$153.35 (50+ minutes, in rooms) for psychologists and \$225.10 (50+ minutes, in rooms) for clinical psychologists are among the lowest of all the compensable schemes and less than half of the APS National Schedule of Recommended Fees for psychological services. From 1 July 2023 until 30 June 2024, the APS recommended psychology fee is \$300 for a 46–60-minute consultation¹⁹.’

- The Australian Physiotherapy Association (APA) found that the market fee for physiotherapy is approximately twice the DVA fee for physiotherapy, with physiotherapists facing a \$66-74 shortfall when they provide initial consultations, and a \$43-\$50 shortfall when they provide subsequent consultations under DVA's scheme²⁰. A study conducted by APA indicated that 79% of psychologists believed that the current fee structure negatively impacts veterans access to services²¹. 26% of physiotherapists have already limited or stopped providing DVA services, with an additional 45% of physiotherapists likely to stop or limit services if the fee schedule is not adjusted²².
- Research conducted by the Australian Medical Association Queensland (AMAQ) found that DVA rates have fallen behind those for WorkCover and the AMA Fees List, and are, on average, just 32% higher than MBS rebates for some of the key MBS specialists treating veterans²³.

These significant gaps between the DVA fee schedules, other schemes, and market rate private fees represent a significant barrier to veterans looking to access the health system. While veterans do not pay gap payments, which the RSL vigorously supports, the fee shortfall is passed on to providers themselves:

‘Fees are entrenched below the cost of care provision, with DVA rebutting provider concerns about viability of service as a ‘business decision for the providers concerned²⁴.’

¹⁹ Conversation with Australian Psychology Society policy staff, and Psychologists (RSL NSW policy team, 20 October 2023).

²⁰ Ibid.

²¹ Above n. [19].

²² Australian Physiotherapists Association, Physiotherapy in Veteran's Care: The Evidence is Clear (Submission, July 2023) <https://australian.physio/sites/default/files/APA_VETERANS_July2023_FW.pdf> [16].

²³ Conversation with AMAQ policy staff and doctors (RSL NSW policy team, 18 December 2023).

²⁴ C. Swannell, 'Veterans' Rebate not enough to keep Practices Viable' (Report, 2023) <<https://www.medicalrepublic.com.au/veterans-rebate-not-enough-to-keep-practices-viable>>.

Whilst veterans do not pay out-of-pocket, this gap is shifted to the providers and the loss absorbed by the practice.²⁵

This disparity in fees has also been noted with concern by the Royal Commission into Defence and Veteran Suicide, which noted the disparities between the fee schedule and rates available to people funded by the National Disability Insurance Scheme²⁶.

‘There is a rule that prevents veterans from ‘topping up’ so effectively veterans told me that they would go to a psychologist or a psychiatrist and their books would be full, but the other people on the NDIS could go and the books were open for them, and it was to do with the different rates that were paid. Veterans felt they weren’t getting access to services because the clinicians were not getting paid at a comparable rate to the other – and NDIS was given to me as an example on a number of occasions.’²⁷

These barriers are further exacerbated for the 45% of veterans who live in rural or regional areas²⁸. A recent paper from Ross et. al, “*Exploring the Experiences of Australian Veterans with Accessing Healthcare: A Qualitative Study*²⁹”, found that:

‘Veterans in regional and remote areas said that at times they had to either travel significant distances or wait significant amounts of time before they were able to access a clinician who would accept DVA clients... Veterans discussed how this exacerbated already existing difficulties relating to lack of health professionals in rural areas.’

In effect, the current DVA fee schedule entrenches veterans as an unattractive patient for health care providers, for many of whom it is unviable to treat veteran patients. The RSL advocates that the Government cannot ignore the clear evidence that the DVA remuneration to healthcare providers needs to be comprehensively reviewed and substantially uplifted.

²⁵ Above n.24.

²⁶ Ibid ‘*Transcript of Proceedings – Public Hearing Block 1, Day 2*’, (Mr. Gray, Royal Commission into Defence and Veteran Suicide, 30 November 2021), [2-174].

²⁷ Ibid, Dr. K Boss [2-174].

²⁸ Ross et al, ‘*Exploring the Experiences of Australian Veterans Accessing Healthcare: A Qualitative Study*’ (Journal of Veteran Studies, 2023) < <https://journal-veterans-studies.org/articles/10.21061/jvs.v9i1.399> > [60].

²⁹ Ibid.

Call to Action

The RSL is calling on the Government to make provisions in the 2024-25 Budget to:

- Promptly undertake a fulsome review and significantly uplift the DVA fee schedule to be indexed annually in line with CPI rises. Similar schemes of indexation exist with base pension rates undergoing indexation twice a year, in March and September, tied to the Consumer Price Index to better reflect the changes cost of living.
- Include a one-off rise to account for the Medicare Indexation Freezes that have been imposed over the past decade.

ACCESS TO SERVICES

Improving access to health services for veterans and their families can be achieved through means additional to the review and uplift of the DVA fee schedule. DVA has several programs that, if extended in both time and eligibility, would enhance this access.

Non-liability health care (NLHC) enables eligible veterans to access treatment at the Department of Veterans' Affairs expense for specified conditions, without needing to establish a link to service. All regular ADF members are eligible for *nonliability mental health treatment after serving one day*. The first period in the ADF for recruits of all services is dated from the initial military training.

Currently, members of the ADF are required to have at least one day of continuous full-time service to qualify for NLHC. This excludes persons who serve, or have served part-time, (such as members of the Reserve Forces) where such service is not deemed to be continuous full-time service by ministerial instrument, despite what may be a significant length of service. Non-Liability Health Care (NLHC) is a safety net which should logically cover the same periods and conditions of service. There is no apparent reason to exclude certain reservists from NLHC, particularly where there is an identified health and wellbeing need for them to access services.

Another important DVA program is the Provisional Access to Medical Treatment Program (PAMT). This program enables eligible veterans who are waiting for their claims to be considered by DVA, to receive medical and allied health treatment on a provisional basis for one or more of the 20 most commonly accepted conditions for ex-serving members of the Australian Defence Force.

While the RSL acknowledges that the time taken to process liability and impairment claims is improving, the average number of days between lodgement and claims being decided for all claim types is still far above DVA's KPIs. For example, the percentage of MRCA liability claims processed within 90 days was 20% in 2022-23³⁰. As such, the PAMT is an important proactive and preventative measure for veterans during this waiting period which can be a time when veterans and their families experience episodes of increased vulnerability and need.

Call to Action:

The RSL is calling on the Government to make provisions in the 2024-25 Budget to:

- Extend the Non-Liability Health Care (NLHC) entitlement so that all Reservists, on completion of their initial training, become entitled to receive treatment for any mental health conditions from which they are suffering.
- Extend the Provisional Access to Medical Treatment (PAMT) program indefinitely, and urgently, beyond the current extension

ADMINISTRATIVE REQUIREMENTS FEE SCHEDULES

The current administrative requirements for practitioners engaged with provided health services to DVA clients acts as a barrier for service providers engaging with veteran clients. Additional, complex, and time-consuming reports are required by DVA and request detailed information regarding the treatment, progress and outcomes likely to occur from veteran-engagement with a medical professional. The Patient Care Plan template³¹ for allied health providers has been provided on the DVA website and requires complex information which may not always be readily available.

The RSL acknowledges the value of administrative in ensuring the accountability of patient and practitioner, evaluating treatment effectiveness, and recording

³⁰ Commonwealth of Australia, 'Transparency Portal; Timeliness: the percentage of claims processed against benchmark of 50%' (Annual Report, 2022-23) < <https://www.transparency.gov.au/publications/veterans-s-affairs/department-of-veterans-affairs/department-of-veterans-affairs-annual-report-2022-23/04-annual-performance-statements/outcome-1> >.

³¹ Commonwealth Government, Department of Veterans' Affairs 'DVA treatment cycle, Patient Care Plan template for allied health providers' (Patient Form, n.d.) < <https://www.dva.gov.au/sites/default/files/files/providers/healthcycle/patient-care-plan-template.pdf> >.

engagement of the patient throughout the care cycle. However, practitioners have raised concerns that this additional administrative burden is not compensated, while it is not always possible to have all information consolidated prior to submission due to the complexity of issues veteran patients can present.

Occupational Therapists Australia (OTA) outlines that these reports result in:

'Reduced time available for these therapists to see other clients, extending wait times for other veterans. Similarly, this applies to the treatment cycle referrals where occupational therapists are spending more and more time chasing up referrals from GPs rather than treating clients³².'

The APS states that:

The DVA's...high administrative burdens for practitioners acts as a disincentive for psychologists to participate in the Scheme (including psychologists holding endorsement in clinical, counselling, neuropsychology or health psychology). This is particularly concerning in the context of a higher demand for psychological services within the general community since the COVID pandemic³³.

Research from the APA shows that, in comparison to the administrative duties associated with non-DVA patients³⁴:

- 44 per cent of physiotherapists answered that the DVA administrative burden is 'highly burdensome compared to the administrative duties of other clients'.
- An additional 44 per cent answered that the DVA administrative burden is 'moderately burdensome compared to the administrative duties of other clients'.

While DVA's efforts aimed at improving DVA medical assessment forms is a good start, more work needs to be done to reduce the administrative burden on health and allied health providers, or to provide appropriate compensation for providers to undertake this work. Doing so would increase the time available for consultation with, and treatment of, veterans and improve the attractiveness of veterans as clients.

³² Occupational Therapy Australia, Royal Commission into Defence and Veteran Suicide (Submission, October 2022) < <https://otaus.com.au/publicassets/66a56aca-17c2-ed11-947a-005056be13b5/OTA%20Submission%20to%20Royal%20Commission%20into%20Defence%20and%20Veteran%20Suicide.pdf> > [8].

³³ Australian Psychological Society, Royal Commission into Defence and Veteran Suicide (Submission, October 2023) .< aps-submission-rc-into-defence-and-veteran-suicide_due-13-oct-2023.pdf (psychology.org.au) > [19].

³⁴ Above n.22 [16].

Call to Action:

The RSL is calling on the Government to make provisions in the 2024-25 Budget to:

- Ensure that older veterans do not experience a step down in support when they enter an Aged Care Facility.

VETERANS IN AGED CARE

The RSL is aware of the difficulties older veterans face in continuing to access their required level of healthcare when they enter a residential aged care facility. The complicated intersection between DVA and My Aged Care processes have been identified as confusing barriers to veterans, their families and their carers which can result in lesser support and care for the veteran themselves.

Particularly of concern is the reduced access to entitlements under Part 7 of the *Veterans Entitlements Act (1986)*³⁵, which include:

- a) audiology
 - (aa) diabetes educator services;
- b) dietetics.
- c) chiropractic services;
- d) community nursing;
 - (da) exercise physiology;
- e) occupational therapy;
- f) optometry;
- g) orthoptics;
 - (ga) orthotic services;
- h) osteopathic services;
- i) Home Care service (category A); Home Care service (category B);
- j) physiotherapy;

Consideration should be given to making those entitlements covered in Part 7 more readily available to eligible DVA card holders in aged care facilities. These are services that an eligible card holder can access prior to entering an aged care facility – but in their time of greater need they are often required to accept a lesser level of

³⁵ *Veterans' Entitlement Act 1986* (Cth), Part 7.

service. While Part 7 states that, 'it is fair for the owner or operator of the residential care facility to bear the cost of supplying the service', access to services has been variable because an owner or operator has not been prepared to bear the additional cost.

The Royal Commission into Aged Care Quality and Safety's final report made the following findings into the Aged Care system:

'People in aged care have limited access to services from allied health professionals, including dietitians, exercise physiologists, mental health workers, occupational therapists, physiotherapists, podiatrists, psychologists, speech pathologists and specialist oral and dental health professionals³⁶...'

...We are particularly concerned about access to aged care services in regional, rural and remote areas. Older people make up a greater share of the population in these areas than in major cities. Furthermore, people in regional, rural and remote areas experience multiple disadvantages, which can magnify the need for support in older age. The data shows that the availability of aged care in outer regional and remote areas is significantly lower than in major cities and has declined in recent years.³⁷

While the RSL agrees that services should not be duplicated between the Veterans Affairs and Aged Care systems, it is essential that previously provided services are not simply removed from our eligible veterans. Existing standards should not be reduced when a veteran is also covered under Aged Care provisions. This includes for the 45% of veterans living in rural and regional areas.

DVA clients have a legislated entitlement to receive treatment benefits and both DVA and Aged Care legislation should facilitate their access to these entitlements. At a time of increasing vulnerability, older veterans should not experience a step-down in their level of care nor a step-up in the complexity to access what they need.

Call to Action:

The RSL is calling on the Government to make provisions in the 2024-25 Budget to:

- Ensure that older veterans do not experience a step down in support when they enter an Aged Care Facility.

³⁶ Commonwealth of Australia, *Royal Commission into Aged Care Quality and Safety* (Royal Commission, 2020) <<https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-1.pdf>> [66].

³⁷ Ibid.

RESOURCES

A Articles/Books/Report

Australian Government, Department of Veterans' Affairs 'Defence, Veterans' and Families' Acute Support Package Act 2022' (Web Page, 08 October 2022) < <https://www.dva.gov.au/about/overview/legal-resources-/current-bills-and-acts-summary/defence-veterans-and-families-acute-support-package-act-2022#about-the-act> >

Australian Physiotherapists Association, Physiotherapy in Veteran's Care: The Evidence is Clear (Submission, July 2023) < https://australian.physio/sites/default/files/APA_VETERANS_July2023_FW.pdf>

Australian Psychological Society, 'How Much Does Seeing a Psychologist Cost?' (Web Page, n.d. 2023) < <https://psychology.org.au/psychology/about-psychology/what-it-costs> >

Australian Psychological Society, Royal Commission into Defence and Veteran Suicide (Submission, October 2023) ,< [aps-submission-rc-into-defence-and-veteran-suicide due-13-oct-2023.pdf](https://aps-submission-rc-into-defence-and-veteran-suicide-due-13-oct-2023.pdf) (psychology.org.au) >

Commonwealth of Australia, Department of Health, 'Medicare Benefits Schedule (MBS Online) – Item 23' (Web Page, n.d 2023) < <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=23> >

Commonwealth of Australia, Department of Health and Aged Care, 'Medicare Benefits Schedule' (Web Page, n.d.) < <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10958> >

Commonwealth of Australia, Department of Health and Aged Care, Medicare Benefits Schedule 'Category 8 – Miscellaneous Services M3 Allied Health Services, Physiotherapy' (Web Page, n.d.) < <https://www9.health.gov.au/mbs/search.cfm?q=physiotherapy> >

Commonwealth of Australia, Department of Veterans' Affairs 'DVA treatment cycle, Patient Care Plan template for allied health providers' (Patient Form, n.d.) < <https://www.dva.gov.au/sites/default/files/files/providers/healthcycle/patient-care-plan-template.pdf> >

Commonwealth of Australia, Department of Veterans' Affairs *Indexation of Income Support Pensions and Allowances* (Web Page, 20 March 2023) < <https://www.dva.gov.au/get-support/financial-support/payment-rates/-indexation-income-support-pensions-and-allowances> >

Commonwealth of Australia, Department of Veterans' Affairs, *Occupational Therapists – Schedule of Fees 2023*' (Web Page, 1 July 2023) < <https://www.dva.gov.au/files-occtherapyfees> >

Commonwealth of Australia, Department of Veterans' Affairs, *'Physiotherapists Fees – Schedule of Fees'* (Web Page, 1 July 2023) < <https://www.dva.gov.au/sites/default/files/2023-07/pphysiofees.pdf> >

Commonwealth of Australia, Department of Veterans' Affairs, *Podiatrists Schedule of Fees* (Web Page, 01 November 2023) < <https://www.dva.gov.au/sites/default/files/2023-11/podiatristfees-1-nov-2023.pdf> >

Commonwealth of Australia, *Royal Commission into Aged Care Quality and Safety* (Final Report, 2020) < <https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-1.pdf> >

Commonwealth of Australia, *'Transparency Portal; Timeliness: the percentage of claims processed against benchmark of 50%'* (Annual Report, 2022-23) < <https://www.transparency.gov.au/publications/veterans-s-affairs/department-of-veterans-affairs/department-of-veterans-affairs-annual-report-2022-23/04-annual-performance-statements/outcome-1> >

C. Swannell, *'Veterans' Rebate not enough to keep Practices Viable'* (Report, 2023) < <https://www.medicalrepublic.com.au/veterans-rebate-not-enough-to-keep-practices-vaible> >

Department of Veterans' Affairs, Commonwealth of Australia *'Psychologists Schedule of Fees'* (Web Page, 01 July 2023) < <https://www.dva.gov.au/sites/default/files/2023-07/psycholgistfees.pdf> >

National Insurance Disability Scheme, *'NDIS Pricing Arrangements and Price Limits 2022-23'* (Web Page, n.d.) < <https://www.ndis.gov.au/media-download> >

Occupational Therapy Australia, *'Occupational Therapy Australia submission'* (Web Page, October 2022) < <https://otaus.com.au/publicassets/66a56aca-17c2-ed11-947a-005056be13b5/OTA%20Submission%20to%20Royal%20Commission%20into%20Defence%20and%20Veteran%20Suicide.pdf> >

Occupational Therapy Australia, *'Occupational Therapy Fee Schedule and Policy'* (Web Page, 01 July 2022) < <https://otaus.com.au/publicassets/3cb423c6-35f0-ec11-9454-005056be13b5/Occupational%20Therapy%20Fee%20Schedule202022-23.pdf> >

Occupational Therapy Australia, *Royal Commission into Defence and Veteran Suicide* (Submission, October 2022) < <https://otaus.com.au/publicassets/66a56aca-17c2-ed11-947a-005056be13b5/OTA%20Submission%20to%20Royal%20Commission%20into%20Defence%20and%20Veteran%20Suicide.pdf>>

Royal Commission into Defence and Veteran Suicide, *Public Hearing Block 1, Day 2* (Transcript 30 November 2021) <

https://defenceveteransuicide.royalcommission.gov.au/system/files/2022-05/transcript-day-2_brisbane-30-november.pdf >

Ross et al, 'Exploring the Experiences of Australian Veterans Accessing Healthcare: A Qualitative Study' (Journal of Veteran Studies, 2023) < <https://journal-veterans-studies.org/articles/10.21061/jvs.v9i1.399> >

Samantha Kelly, 'Australian Health Podiatry Connect' (Web Page, 01 February 2023) < <https://ahpconnect.com.au/how-much-does-podiatry-cost/> >

South Australia Government, 'Return to Work SA' (Web Page, 01 July 2023) < <https://www.rtwsa.com/service-providers/provider-registration-and-payments/fee-schedules> >

The Royal Australian and New Zealand College of Psychiatrists, 'Cost to See a Psychiatrist (Australia)' (Web Page, July 2023) < <https://www.yourhealthinmind.org/psychiatry-explained/cost-to-see-a-psychiatrist> >

C Legislation

Defence, Veterans' and Families' Acute Support Package Act 2022

STRONG Veterans Act of 2022

Veterans' Entitlement Act 1986 (Cth)

E Others

Conversation with Australian Psychology Society policy staff, and Psychologists (RSL NSW policy team, 20 October 2023).

Conversation with AMAQ policy staff and doctors (RSL NSW policy team, 18 December 2023).

Royal Commission into Defence and Veteran Suicide, *Letters Patent* (Web Page, 11 August 2022) < <https://defenceveteransuicide.royalcommission.gov.au/> >