



Continuing to Support Veterans and their Families

This measure provides \$173.7 million over five years from 2025–26 (and \$58.8 million per year ongoing) to continue supporting veterans and their families. The measure also supports implementation of the Government's response to recommendations of the Royal Commission into Defence and Veteran Suicide (The Royal Commission).

This includes:

- \$169.7 million over five years from 2025–26 (and \$58.8 million per year ongoing) to [increase allied health provider fees](#) from 1 July 2027

Recommended by the Royal Commission, this is the largest investment in veteran allied health provider fees in more than two decades and will increase access and choice for veterans when accessing the support they need.

This also includes:

- \$3.4 million over two years from 2026–27 to extend the Provisional Access to Medical Treatment program
- \$0.5 million in 2026–27 to extend the Veteran Employment Program

The Government will achieve savings of \$748.0 million over three years from 2027–28 (and \$340.2 million per year ongoing) from the introduction of a \$5,000 Annual Monetary Limit for veterans' allied health services. Further savings of \$30.1 million over three years from 2027-28 (and \$12.2 million per year ongoing) will be achieved from simplifying referral requirements.

Separately the Government will deliver savings of \$1.4 million over five years from 2025–26 from uncommitted grant funding under the Saluting Their Service Commemorative Grants program, Overseas Privately-Constructed Memorial Restoration program, and Marking (First World War) Private Graves Grants program.

In total, the Government will achieve savings of \$779.5 million over five years from 2025–26 (and \$352.4 million per year ongoing) through better targeting of services for veterans and their families.

Why is this important?

The increase to allied health provider fees responds to Recommendation 71 of the Royal Commission into Defence and Veteran Suicide (Royal Commission), which called for increases to DVA's fee schedules to mitigate the challenges veterans face in accessing health care. This is the largest increase in allied health fees in over 20 years and will increase access and choice for veterans when accessing the support they need.

The increase in fees for allied health providers delivering services to veterans will include fee increases for physiotherapy, psychology, occupational therapy, podiatry and other allied health professions (excluding dental, optical, and hearing services).

This builds on initiatives announced in the 2025-26 Mid-Year Economic Fiscal Outlook to improve access to treatment and rehabilitation services, through an investment of \$590.5 million over three years from 2026-27, to deliver innovative and evidence-based treatments to veterans, including specialised treatment for conditions such as hearing loss and tinnitus.

In addition, on 1 January 2026, a new \$5,980.30 biennial (two year) monetary limit was implemented for a small number of high-cost restorative dental treatments such as crowns and bridges. The BML facilitates more flexible, veteran friendly model that supports earlier access to multiple restorations without incurring out-of-pocket expenses. It also reduces the need for veterans to delay or stagger treatment plans. Example fee increases include:

- A physiotherapy face to face, in room standard consultation (item PH20) is currently \$75.10 and will increase to \$110.
- An exercise physiologist face to face, in room subsequent consultation (item EP11) is currently \$75.10 and will increase to \$110.
- A podiatry face to face, in room subsequent consultation (item F012) is currently \$94.60 and will increase to \$110.
- A psychology consultation 50+ minutes in rooms (item US14) is currently \$163.40 and will increase to \$260.

This investment is enabled by a new \$5,000 Annual Monetary Limit that Veteran Card holders can spend on allied health services each financial year, based on their individual treatment preferences. This will ensure veterans can access the treatment they need and reduce overservicing that is occurring in some cases. This measure includes a mechanism for DVA to consider funding allied health services for veterans above their \$5,000 package where there is a valid clinical need. It also removes existing referral requirements for veterans – known as the Treatment Cycle.

The extension to the Provisional Access to Medical Treatment program is made in recognition of Recommendation 96 of the Royal Commission, which called for ongoing funding for the program. The program will be evaluated against the broader claims processing environment following the commencement of the single ongoing Act which will simplify the veterans' compensation framework from 1 July 2026.

The Veteran Employment Program promotes the skills veterans bring to the civilian workforce to increase employment opportunities for veterans and their partners.

Who will benefit?

Australian veterans and families of veterans.

Date of effect?

The increase to allied health provider fees and the Annual Monetary Limit will come into effect on 1 July 2027.

Extensions to the Provisional Access to Medical Treatment program and the Veteran Employment Program will commence from 1 July 2026.

Savings from uncommitted grant funding under the Saluting Their Service Commemorative Grants program, Overseas Privately-Constructed Memorial Restoration program, and Marking (First World War) Private Graves Grants program will come into effect from 1 July 2026.

How much will this cost?

This measure will result in net savings of \$605.9 million over 5 years from 2025-26.