

Position Statement: **Reforming patient travel schemes to improve rural and regional women's access to medical care**

October 2025

Problem identification

Australia's various state-based patient assistance travel schemes fail to properly cover travel costs for rural women accessing specialist medical services. Women across Australia already face barriers accessing health care. Inadequate and inconsistent patient travel schemes mean rural, regional and remote women suffer a double disadvantage: gender and geography.

Definitions

For the purposes of this statement:

- Patient travel schemes refers to the various state-based transport or travel subsidy schemes that operate across Australia and partially compensate patients for eligible travel and accommodation costs when travelling long distances for medical care.

Policy landscape

Women across Australia are more likely to suffer chronic illnesses and have multiple health conditions, and require specific reproductive health care (including pregnancy, infertility, and abortion services). There is strong evidence that women pay more to access healthcare and are more likely to delay accessing that care.¹

People living in rural, regional and remote parts of Australia have poorer health outcomes than their metropolitan counterparts.² This is due to the lack of service availability.

Travelling to access those health services means rural patients have to pay much higher travel costs and often have to wait longer for appointments and have less choice when it comes to medical provider.

Australia's patient travel schemes do not adequately cover the costs associated with travelling for medical care. Fuel subsidies range from **20 cents to 40 cents a kilometre**,

¹<https://theconversation.com/women-spend-more-of-their-money-on-health-care-than-men-and-no-its-not-just-about-womens-issues-243797>

² <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

well below the Australian Tax Office's rate of 88 cents.³ Accommodation ranges from **\$45 to \$110 per night**, which is well below that standard rate of a hotel close to a major hospital in most capital cities.⁴

A summary of state-based schemes is included below:

State	Eligibility	Private vehicle	Accommodation
Vic	> 100 km one-way or > 500 km/week	A\$0.21/km*	\$45/night for patient and carer
NSW	> 100 km one-way or >200 km/week	A\$0.40/km	\$75/night (1–7 nights); \$120/night (8+); private/family stays: \$40/night
QLD	> 50 km each way	A\$0.34/km	\$70/night (\$10 a night for private accommodation)
Tas	> 75km or 50km for cancer/dialysis	A\$0.24/km	\$76/night or \$98/night for interstate
SA	>100 km	A\$0.33.6/km	Subsidies are available up to \$44 (plus GST) per person, per night. Commercial accommodation only
WA	>100 km (Limited assistance for travel between 70 and 100 kms for renal/cancer.	\$0.40/km (\$20 per return trip for renal or cancer treatment)	Up to \$110 per night and an additional \$15 for an approved support person Private: \$20 per night each person Not eligible (70-100km cancer or renal)
NT	>200 km (or > 400 km/week oncology/renal)	\$0.20/ km	up to \$60 each night
ACT	interstate	Claim limits for each city	Night limits i.e. \$70 per night or \$140 per night with an escort.

Other issues with the schemes include the requirement to be seen by the nearest medical specialist, not necessarily the best or most appropriate, which disadvantages all women but especially those who have experienced trauma, or those from different religious or cultural backgrounds. The schemes were designed to cover 'specialist medical care' only,

³<https://www.ato.gov.au/individuals-and-families/income-deductions-offsets-and-records/deductions-you-can-claim/work-related-deductions/cars-transport-and-travel/motor-vehicle-and-car-expenses/expenses-for-a-car-you-own-or-lease>

⁴Average of all hotels listed on RMH website, 05.08.25. Average of 11 closest hospitals to RPA (30 min walk, via Google maps), 05.08.25

although some schemes have wider coverage of treatments, such as allied health and clinical trials. Therefore, by design, most schemes exclude various health services that may be complementary to women's health outcomes.

Patient travel schemes vary significantly in eligibility and payment rates, so women in one state may be eligible for a subsidy but not in another. Nationalisation of patient travel schemes and key improvements to scope and coverage can support better health outcomes for rural, regional and remote women (as well as their families).

Policy recommendations

1. A single, national scheme that covers all rural, regional and remote patients accessing specialist medical care.
2. Increased accommodation costs to adequately cover the cost of staying in commercial accommodation and cut out-of-pocket costs.
3. Increase fuel subsidy rate in line with the ATO's payment rate (88 cents per litre) for individuals
4. Greater coverage of women's health services in the scheme, as well as relevant allied health care and advanced clinical trials
5. Inclusion of ability to choose specialist based on unique health needs (i.e. cultural, trauma etc)
6. Inclusion of childcare allowance, and/or accommodation allowance to cover pre-school aged children and an escort to travel with their primary care giver if travelling overnight