

SUBMISSION

Federal Budget 2026-27

January 2026

Consumers Health Forum of Australia (2026)
Federal Budget 2026-27 submission

P: +61 02 6176 0000

E: info@chf.org.au

Postal Address

PO Box 308
Collins Street West VIC 8007

*Consumers Health Forum of Australia is funded
by the Australian Government as the peak health
consumer organisation under the Health Peak
and Advisory Bodies Program*

CONTENTS

Contents

Executive summary	4
Case for investment	5
Budget 2026-27 Activity Proposals	7
1. Fund implementation of the National Consumer Engagement Strategy	7
2. Fund priority oral health access schemes and increase public dental service capacity	9
3. Fund a national Medicare community education program ..	12
Appendix	14
CHF Co-Endorsements	14
References	15

Executive summary

The Consumers Health Forum of Australia (CHF) is the national peak body for health consumers and advocates for a health system that is safe, affordable, and accessible for all Australians. CHF is part of the broader health consumer movement and has almost 40 years' experience of working to put consumer needs and perspectives at the centre of health service provision and system reform. CHF takes no funding from industry, either from individual companies or industry groups, which allows it to be a strong independent voice for consumers.

CHF calls on the Commonwealth Government to prioritise three key investments in the 2026-27 Budget. These investments will deliver measurable impacts that align with government priorities and directly target healthcare access and affordability.

1. **Fund implementation of the National Consumer Engagement Strategy**, including consumer participation resourcing across the policy and program lifecycle (design, implementation and evaluation), capability development, and a measurement framework: **\$45 million over four years**.
2. **Fund priority oral health access schemes** for older people, First Nations people and people on low incomes, and **increase public dental service capacity** as a first step towards universal oral healthcare: **\$15.7 billion over four years**.
3. **Fund a national Medicare community education** program to strengthen consumer autonomy and build health system literacy: **\$10 million over four years**.

These reforms are timely, nationally significant, and fiscally responsible. They will enhance equity, build consumer capability, and help ensure the health system remains responsive and sustainable. In a time of rising costs and widening health disparities, investing in these three key areas has never been more important.

Case for investment

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian health consumers. CHF works to achieve safe, quality, timely, inclusive and affordable healthcare for all Australians, supported by accessible health information and systems.

CHF has over 80 Member organisations, collectively representing thousands of health consumers across Australia with a broad range of health system experiences. Our positions and policies are developed through consultation with Members, ensuring that we maintain a broad and representative health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice. We believe that healthcare in Australia must be accessible, affordable and safe. However, as revealed in the [National Consumer Sentiment Survey 2024](#), one in ten Australians cannot afford necessary medical care. Furthermore, the chronic workforce shortages are having dire effects on health consumers' ability to access and afford care.¹ The survey also showed that many Australians struggle to navigate the current healthcare system and there is a lack of awareness and usage of systems like MyMedicare and My Health Record.¹

The themes of access, affordability, and consumer engagement are the core principles of CHF's pre-budget submission for 2026-27. We are calling for three key investments that will empower and enable health consumers to access and afford their necessary healthcare, and to advocate for their needs in the health system:

1. Fund implementation of the **National Consumer Engagement Strategy**, including consumer participation resourcing across the policy and program lifecycle (design, implementation and evaluation), capability development, and a measurement framework: **\$45 million over four years**.
2. **Priority oral health access schemes** for older people, First Nations people and people on low incomes, and **increase public dental service capacity**, as a first step towards universal oral healthcare: **\$15.7 billion over four years**.
3. Fund a **national Medicare community education program** to strengthen consumer autonomy and build health system literacy: **\$10 million over four years**.

The Commonwealth Government should prioritise these reforms, which are timely, actionable, address national inequities, directly strengthen the performance of federally funded systems, and will make a significant difference to the wellbeing of Australians.

Implementing the National Consumer Engagement Strategy is a core Commonwealth responsibility. Making consistent, high quality consumer participation part of 'business as usual' across Medicare, aged care and other national programs, will significantly improve the value and accountability of federal investment. Ensuring consumer engagement is at the heart of health reform will help policies and programs reflect real-world needs, improve trust in the health system, and drive better health outcomes.

Funding priority oral health access for older people, First Nations people and people on low incomes, alongside expanded public dental capacity, requires national leadership. This

approach will tackle a visible and preventable driver of health inequality, while improving quality of life for groups who consistently experience the worst oral health outcomes.

Delivering a broad Medicare community education program will strengthen consumers' health system literacy and help them access care earlier, avoid unnecessary costs, and make better use of the current services the Commonwealth is investing in. This will be achieved through co-designed resources and delivery via trusted community organisations.

Budget 2026-27 Activity Proposals

1. Fund implementation of the National Consumer Engagement Strategy

Problem

“Nothing about us without us,” is a priority for health consumers. The importance of engaging and partnering with health consumers to deliver person-centred care is integral to the safety and quality of Australia’s health care system.

Despite this, health consumers are not consistently actively involved in health policy design, decision-making, and implementation.

The [National Consumer Engagement Strategy for Health and Wellbeing](#) (CE Strategy) was released in 2025 as one of the priority actions of the National Preventative Health Strategy (NPHS). The CE Strategy presents a key opportunity to embed meaningful and authentic consumer engagement at all stages of the policy and program cycle.

What government funds

Existing funding for consumer engagement is ad hoc and not directly aligned with the newly released CE Strategy. Main programs of current funding include the Health Peak Advisory Bodies (HPAB) and Strengthening Medicare programs and other small grants. Limited budget has been allocated through these programs for one off consumer engagement consultations, partnerships with consumer and community organisations, development of health literacy and consumer engagement practice resources and some capacity building initiatives.

Coordinated and comprehensive funding of the CE Strategy is a key priority for the successful implementation of the NPHS. Committing to CE Strategy implementation for the duration of the NPHS (2021-2030) is required to support a more sustainable, comprehensive, coordinated and impactful approach.

The National CE Strategy recommends monitoring, evaluation, and co-designed indicators to measure success, track progress and improve over time. However, it doesn’t provide a formal measurement framework or clear KPIs, and there is currently no funding allocation to support the co-design work needed to create them.

What changes and who it helps

Funding the implementation of the National Consumer Engagement Strategy for Health and Wellbeing should include resourcing to embed consumer engagement across the policy and program lifecycle, including design, implementation, and evaluation, through:

- Engagement of health consumers and consumer organisations across the policy and program lifecycle, including design, implementation and evaluation, at key decision points in policy-making and policy development.

- Capacity development of critical technical and interpersonal skills for effective consumer engagement in policy-making and development among:
 - consumers and consumer organisations
 - policy makers and leaders.
- A consumer engagement measurement framework.

Implementing the National Consumer Engagement Strategy will help to ensure that diverse health consumer voices are systematically embedded in health policy processes. Ultimately, this will contribute to building a more inclusive, effective, and trusted health system.

Delivery owner

The Department of Health, Disability and Ageing (DHDA) in partnership with CHF.

Cost

Funding of \$45 million over four years for partnerships with consumer and community organisations to:

- Engage consumers in policy-making and policy development of the DHDA.
- Implement a comprehensive capability development program to strengthen sector capacity in consumer engagement (including consumer representatives, consumer organisations, and policy makers and leaders).
- Co-design of a measurement framework for the implementation of the National CE Strategy.

12-month success test

- Partnerships with community and consumer organisations in all aspects of health policy-making and policy development will be actively maintained and strengthened.
- A comprehensive capability development program will have been established to uplift quality and effectiveness of CE among consumer representatives, consumer and community organisations, policy makers and leaders.
- A measurement framework and strategy to monitor and assess the outcomes of National Consumer Engagement Strategy for Health and Wellbeing implementation on health policy-making and policy development will be in place.

2. Fund priority oral health access schemes and increase public dental service capacity

Problem

While the Government has recently made major investments in primary healthcare, there is still a critical underinvestment in dental and oral health. The long-term negative impacts of poor dental and oral health on people, the community and the health system are both well established and easily preventable.

Key barriers to oral health are unaffordability and untimeliness of care, with the vast majority of dental care provided through the expensive private system and public waiting lists being years long. In the [National Consumer Sentiment Survey 2024](#), cost was identified as a significant barrier to care, in particular dental treatment, with two-thirds of respondents having skipped dental visits citing cost as a reason.² The impact of these barriers are particularly pronounced amongst older Australians, First Nations communities, and people on low incomes; groups who currently experience disproportionately worse oral health than the general population.

What government funds

Commonwealth support for dental care is very limited and currently includes³:

- The Child Dental Benefits Schedule (CDBS) provides means-tested, capped benefits (up to \$1,132 over two years) for basic dental services delivered by private or public providers to children aged 0-17 years. It is budgeted at approximately \$325.9 million in 2025-26, but take-up is often around half of eligible children, meaning actual expenditure is materially lower in practice and many eligible children miss out on care.
- Funding to the states and territories to support the delivery of additional public dental services to eligible adult dental patients is \$107.8 million in 2025-26.
- Funding to states and territories for each episode of public hospital dental services (admitted and outpatient) was approx. \$125.4 million in 2021-22.
- Rebates for certain populations and some limited grant funding.

What changes and who it helps

The first step towards universal oral healthcare and improved national health outcomes is implementing priority access schemes for older Australians, First Nations peoples, and people on low incomes, concurrent with increased funding for public dental services.

A Senior Dental Benefits Scheme and a First Nations Dental Scheme were key recommendations of the Royal Commission into Aged Care Quality and Safety and called for by the Select Committee into the Provision of and Access to Dental Health Services in Australia. The Seniors Scheme would support holders of Commonwealth Seniors Health Cards, Pensioner Concession Cards and Health Care Cards who are 65 years or older. The

First Nations scheme would support all First Nations peoples, including those living in rural and remote areas. Similarly, the Low-Income Dental Benefits Scheme would be available to health care card holders, pension card holders and those on government income support, consistent with current means-test requirements other government support programs.

All three Schemes would initially be modelled on the Child Dental Benefits Schedule and commence as capped schemes, providing timely and affordable access to essential oral healthcare. By covering items such routine checkups, preventive treatment, and necessary dental procedures; these three new Schemes would reduce untreated oral disease, lower preventable hospitalisations, and improve overall health and quality of life for many Australians.

Critically, to ensure uptake and awareness of the new dental Schemes, government must commit to developing **a public awareness campaign** targeting each Scheme's priority group. Funding should also be allocated to ongoing promotion. This could be modelled off the new lung cancer screening program, which commenced with a concentrated public awareness campaign, followed by ongoing promotion.⁴

At the same time, the Commonwealth should **increase funding for public dental services** to expand capacity and reduce waiting times. Current Commonwealth investment supports important programs but remains limited in scale and scope relative to demand. Stronger national investment is essential to ensure fair, timely and affordable access.

Delivery owner

The DHDA is responsible for oral health policy and funding. Services Australia would be responsible for delivering administrative services, including benefit payments for the new dental schemes (as they do currently for the CDBS).

Cost

Government should provide:

- \$3.8 billion over four years to establish and fund a capped Seniors Dental Benefit Scheme.
- \$1.4 billion over four years to establish and fund a capped First Nations Dental Scheme.
- \$8.4 billion over four years to establish and fund a capped Low Income Dental Benefit Scheme.
- \$25 million over four years for public awareness campaigns on the three schemes and ongoing promotion, with \$10 million allocated to the first year for the campaign, and \$5 million each following year for ongoing promotion.
- An additional \$500 million per year invested into public dental services.

12-month success test

- DHDA will have established the three new schemes detailed above.
- National public awareness campaigns will be developed and promoted.
- Public dental services funding will be expanded through an additional \$500 million from the Commonwealth.

3. Fund a national Medicare community education program

Problem

A recurring concern raised by consumers is confusion around how they can successfully navigate the healthcare system. There is low public awareness of many of the pathways or support schemes available and what is and isn't supported by Medicare. This can significantly impact the accessibility and affordability of healthcare. Consumers also report finding the health system and its various services and processes complex and difficult to navigate, particularly when they are very unwell. The recent rise of Generative Artificial Intelligence and its integration into many aspects of people's lives, without clear quality control or chains of responsibility, could have major implications for health and healthcare.

What government funds

Current government investment in health literacy is limited and fragmented, with no National Health Literacy Strategy and no comprehensive public education campaign to help people understand and use Medicare confidently.

The government has invested \$37.5 million⁵ into improving consumer health literacy and supporting health-professional education about safer medicine use. While this funding strengthens people's ability to understand medicines and medical services, it is not a Medicare-specific public education effort. Existing Medicare information is largely delivered through Services Australia, which provides factual guidance on what Medicare covers, Safety Nets, and claiming processes. However, these are static information resources, not proactive education campaigns.

What changes and who it helps

A national Medicare community education program is a cost-effective way to strengthen the health system by improving public understanding of how Medicare works, supporting uptake of reforms such as MyMedicare, and helping existing investments deliver their full value. The program should include:

- Co-designed core content and resources, developed in plain language with consumers and communities.
- A 'train-the-trainer' toolkit to enable trusted local organisations to deliver Medicare education in appropriate community settings.
- Local delivery grants to support community-led outreach through trusted channels, including culturally safe formats and materials in language.
- Clear, plain language explanations of core Medicare concepts including bulk billing, rebates, safety nets, MyMedicare and out-of-pocket costs.
- Practical guidance on how to access affordable care earlier, including preventive services, chronic disease supports and telehealth.

- Targeted messaging for priority groups, including First Nations communities, culturally and linguistically diverse communities, and rural and remote populations.
- Clear advice on what Medicare covers and how billing works, including the interplay with private health insurance.
- Consumer stories that demonstrate how to navigate different parts of the system in real-world situations.
- Information on how digital health tools and Artificial Intelligence (AI) are used in Medicare-funded care, including how data is protected, and how people can confidently use digital services like My Health Record and AI-supported health information.
- Accessible, translated and tailored materials in multiple formats, including audio and visual resources.

To be effective, the campaign must be co-designed with consumers. Community-led outreach to disseminate and promote the campaign through local health services, Non-Government Organisations, multicultural organisations, Aboriginal Community Controlled Health Organisations and other key stakeholders, will also be important.

As a national independent organisation representing Australian consumers, CHF is best placed to co-design and deliver a national consumer campaign that is appropriate, accessible and effective.

The optimal delivery model is for DHDA to fund an independent delivery consortium, led by CHF in partnership with other consumer and community organisations, to co-design the toolkit and administer local delivery grants. This supports community-led delivery through trusted channels, while ensuring national consistency in core content.

Delivery owner

The DHDA, with delivery through an independent consortium chaired by CHF of consumer organisations and local community delivery partners.

Cost

Government should fund:

- \$10 million over four years to co-design a Medicare community education toolkit, deliver 'train-the-trainer' capability, provide local delivery grants, and evaluate impact.

12-month success test

- Medicare community education toolkit co-designed and published.
- 'Train-the-trainer' delivery has commenced, with local delivery funded through community organisations in multiple sites.
- Early evaluation data demonstrates improved consumer understanding of Medicare (for example through the National Consumer Sentiment Survey).

Appendix

CHF Co-Endorsements

In addition to our key asks, CHF is proud to endorse the asks of the following health peak organisations and the broader consumer advocacy movement:

- CHF endorses the asks of the National Aboriginal Community Controlled Health Organisation (NACCHO) for actions that must be taken to close the gap for First Nations Healthcare.
- CHF endorses the asks of the Federation of Ethnic Communities' Councils of Australia (FECCA) for improving the health system for Culturally and Linguistically Diverse (CALD) communities.
- CHF endorses the asks of the National Rural Health Alliance (NRHA) for improved accessibility and affordability for regional, rural, and remote consumers.
- CHF endorses the asks of the National Mental Health Consumer Alliance (NMHCA) for urgently addressing the unmet need for psychosocial supports in the community and ensuring the sustainability of the NMHCA.
- CHF endorses the asks of the Food for Health Alliance and the National Oral Health Alliance.
- CHF endorses calls for greater expansion and funding of travel support programs, including greater standardisation between States and Territories, to better support rural and regional consumers to be able to travel to access care and to better support providers travelling to bring care to consumers who are unable to travel.
- CHF endorses calls for increased investment by Government into consumer group led chronic disease programs, e.g. early detection, under the refreshed Chronic Disease Framework.
- CHF endorses calls to improve the interoperability and standardisation of service affordability as made available through the Health System, Aged Care System and NDIS; with particular importance being placed on raising the first two to match the third to ensure that consumers equitably receive the same level of support regardless of which system they use.

References

¹ Consumers Health Forum of Australia (2025) *Speaking Up for Health: Findings from the 2024 National Consumer Sentiment Survey*. Available: <https://www.chf.org.au/our-work/national-consumer-sentiment-survey>

² *ibid*

³ Parliament of Australia (2025) *Commonwealth Funding for Dental*, available: https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/Research/Policy_Briefs/2025-26/Commonwealthfundingfordental

⁴ Department of Health Disability and Ageing (2025) *National Lung Cancer Screening Program*, available: <https://www.health.gov.au/our-work/nlcsp?language=en>

⁵ Department of Health Disability and Ageing (2025) *Media Release: Improving health literacy and educating health professionals about safer medicine use, 7 March 2025*, available: https://www.health.gov.au/news/improving-health-literacy-and-educating-health-professionals-about-safer-medicine-use?utm_source=copilot.com