NSW Legal Assistance Forum

NSW Legal Assistance Forum
c/- Law and Justice Foundation of NSW
PO Box A109, Sydney South NSW 1235

21 April 2026
Australian Senate
Rural and Regional Affairs and Transport Reference Committee

Dear Committee,

Submission on Medicare for People in Prison: Inquiry into rural, regional and remote Medicare access and funding

I write on behalf of the NSW Legal Assistance Forum (NLAF) regarding your Inquiry into rural, regional and remote Medicare access and funding. I make this submission by offering insights with specific regard to providing access to Medicare for people in prison. This submission is informed by the collective experience of NLAF members, comprising community legal practitioners and individuals with lived experience.

Executive Summary

- Lack of effective access to Medicare in prison perpetuates the disadvantage of incarcerated people as one of the most marginalised cohorts in the community.
- We recommend Federal and State governments work to create pathways to ensure there is effective access to Medicare for people in prison.

Lack of Access to Medicare in Prison

We hold grave concerns about the lack of access to Medicare for incarcerated people. International human rights law recognises that the right that incarcerated people have to healthcare be equivalent to the standard available in the community.[1] Many legal

[1] Relevant instruments include: the United Nations *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* ("Convention against Torture") and the United Nations *Standard Minimum Rules for the Treatment of Prisoners* (the "Nelson Mandela Rules"). Both have rights that are relevant to protecting the health of incarcerated people.

practitioners share the view that people in prison are legally entitled to access Medicare under the *Health Insurance Act 1973*.[2]

Currently, in practice, people in prison face significant barriers to accessing Medicare. For example, there is virtually no access to a General Practitioner in the community. The Medicare changes that came into effect on 1 November 2025 significantly restrict incarcerated people's access to Medicare-funded mental health services. These changes removed Medicare item number 92127, which enabled bulk-billing of mental health telehealth appointments for incarcerated people, and also removed the mental health exemption from the 12-month face-to-face rule (which requires that patients must be registered with a medical practice or have seen a doctor in that practice face to face within 12 months to receive Medicare funded mental health telehealth consults).

These changes present an almost impossible barrier in practice for incarcerated people seeking access to mental health services, compounded by having to arrange and pay for escorts themselves, often with near to no access to funds. While it is possible for incarcerated people to access counselling services through victims of crime entitlements, this positions the right to mental health services as an entitlement only available to those who have been victimised and can prove it, rather than as a universal entitlement.

Other barriers include the inability of incarcerated people to access medical specialists and specialised chronic care, particularly in remote locations. As a result, they are often escorted to Sydney, with significant associated logistical difficulties.

Incarcerated people already experience poorer outcomes across key socio-economic indicators and have high levels of complex health needs. Without equitable access to healthcare, incarceration perpetuates disadvantage, and poses a major risk of escalating health problems, including preventable morbidity and even mortality. On entry into custody, remandees are cut off from usual healthcare providers and medications. Compounding these challenges, we note that many incarcerated people have disabilities that are underdiagnosed, resulting in unmet health support needs.

Failure to facilitate effective access to Medicare for incarcerated people increases burden on the public health system upon their release, by failing to prevent the onset and progression of illnesses. Continuity of care, including culturally appropriate care for Aboriginal and/or Torres Strait Islander people, from entry into custody, during custody and on release from custody, benefits individuals, their families and the broader community.

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[2] Faux, M. A., Linnane, D., & Levin, A. (2024). Section 19(2) of the Health Insurance Act 1973 Prevents Prisoners Accessing Medicare: Fact or fiction. Journal of Law and Medicine, 31(3).

Conversely, denying adequate healthcare in custody leads to negative health outcomes for individuals, and additional avoidable costs to the public health system.

Recommendations

- That State, Territory and Federal Governments take coordinated action to create clear and effective pathways for effective access to Medicare for people in prison. If any ambiguity persists, we recommend this be resolved through legislative reform.
- That Medicare-funded telehealth-access to community-based general practitioners, medical specialists and mental health practitioners, be expressly enabled for people in custody, including in rural, regional and remote locations.

About Us

The NLAF is an interagency forum that meets quarterly and brings together key legal service providers in NSW across government, non-government and private sectors with an interest in the provision of legal services to communities experiencing social and economic disadvantage. The NLAF aims to increase access to justice through:

- improving the alignment of planning, program design and service delivery of legal assistance providers;
- promoting cooperative arrangements and collaboration between organisations within the community and justice sectors; and
- promoting the development of innovative service delivery models to address identified gaps in legal service provision for marginalised groups in the Australian community.

This submission is informed by the specialized expertise of the NLAF's Rights and Wellbeing of People in Prison Forum, a standing working group of the NLAF. This Forum comprises key agencies working in and around prison, including organisations and people with lived experience that advocate for people in prison.

Should you have any questions, I can be contacted via [redacted] or on [redacted].

Yours faithfully,

[redacted]

Olivia Nguy
Acting Chair, NSW Legal Assistance Forum