

Review of the National Rural Health Commissioner Legislative Framework

Submission by:

The National Rural Women's Coalition

The Working with Women Alliance

National Aboriginal and Torres Strait Islander Women's Alliance

Australian Multicultural Women's Alliance

Women with Disabilities Australia



Acknowledgements

The National Rural Women's Coalition (NRWC) The Working with Women Alliance (WwWA), the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) and the Australian Multicultural Women's Alliance (AMWA) acknowledge the Traditional Owners of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on Country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.

About NRWC

The National Rural Women's Coalition (NRWC) is a grass roots organisation, established in 2002, that provides a collaborative, powerful national voice for women living in rural, regional, and remote Australia. We are a coalition of five peak rural alliances comprising the Australian Local Government Women's Association, Australian Women in Agriculture, National Rural Health Alliance, Women in Seafood Australasia and Transport Women Australia Limited. For over 20 years, we have worked to ensure better social, economic, and environmental outcomes for women in rural townships, in rural communities and in primary production throughout Australia.

About WwWA

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact. We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.

About AMWA

The Australian Multicultural Women's Alliance (AMWA) is led by the Federation of Ethnic Communities' Councils of Australia (FECCA), the national peak body representing Australians from culturally and linguistically diverse (CALD) backgrounds in partnership with Settlement Services International (SSI) and Media Diversity Australia (MDA). The Australian Multicultural Women's Alliance is the national voice for multicultural women. AMWA advocates for gender equity, representation, and inclusion across all facets of Australian society. Our work is informed by lived experiences, community insights, and evidence-based research to ensure that systemic barriers are addressed, and opportunities for women are unlocked. As an



intersectional alliance, we aim to empower women from all multicultural backgrounds to thrive and contribute fully to Australia's prosperity.

About NATSIWA

The National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) is the peak body for Aboriginal and Torres Strait Islander women in Australia. The leadership team of Directors are Indigenous women each representing States and Territory across Australia. NATSIWA is funded by the Australian Government to bring together the issues and voices of Aboriginal and Torres Strait Islander women's organisations and individuals across Australia.

Women With Disabilities Australia

Women with Disabilities Australia (WWDA) is the national representative organisation run by and for women, girls and gender-diverse people with disabilities. WWDA works to promote and advance the human rights, safety and wellbeing of women, girls, and gender-diverse people with disabilities in all of their diversity. As a National Women's Alliance, WWDA represents and advocates for the interests of women, girls and gender-diverse people with disabilities to inform government policies and programs in advancing gender equality in Australia. WWDA has a particular focus on decision-making and agency, participation and leadership, prevention of all forms of violence, sexual and reproductive health and rights, and economic security and social protection

Executive Summary

The National Rural Health Commissioner is a critical advocate on behalf of rural Australians and an essential bridge between Government and the community (including advocacy and consumer groups including our own). We strongly support the continuation of the role of the NRHC, and support strengthening the role to better meet the needs of rural Australians.

The National Rural Women's Coalition (NRWC), Women with Disabilities Australia (WWDA), the Working with Women Alliance (WwWA), the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) and the Australian Multicultural Women's Alliance (AMWA) report positive outcomes through engaging with the Commissioner, especially when making formal submissions to Parliamentary Inquiries and attendance and support at forums and events.

However, we believe this role must be strengthened to ensure greater impact for rural patients. This can be done through legislative change to enhance the Commissioner's scope when it comes to monitoring rural health outcomes, developing and ensuring a standard of care for rural patients and embedding engagement and advocacy, and improved data and analysis functions.



Importance of the National Rural Health Commissioner

The Alliances believe the National Rural Health Commissioner is an essential advocate on behalf of rural women, including rural women with disabilities, from multicultural backgrounds, First Nations women and women experiencing gendered violence. It is critical that rural women's health has political focus through the NRHC. The Commissioner also acts as a conduit between the rural community and stakeholders, and government. This is particularly important for communities that may feel their needs have been overlooked or experience distrust of government. For rural women with disabilities, this role is particularly important given persistent gaps in accountability for discriminatory health system design, including diagnostic bias, inaccessible service models and reliance on metropolitan referral pathways that systematically exclude women with chronic illness and non-visible disability.¹ The NRHC is an essential link between government and community in a complex policy area where outcomes are poor and increased investment and policy intervention is needed.

Rural women's health

Rural, regional and remote women suffer the compounding effects of gender and geographic disadvantage when it comes to health care.

People living in rural, regional and remote parts of Australia have poorer health outcomes than their metropolitan counterparts. People living in rural and remote areas have higher rates of hospitalisations, deaths and injury, as well as higher rates of coronary heart disease, chronic kidney disease, type 2 diabetes and suicide.² This is due to the lack of service availability in these areas and the associated greater difficulty and cost in accessing the appropriate services. The lack of rural services equates to a total annual rural health spending deficit of \$8.35 billion.³ Travelling to access those health services adds another layer of disadvantage. This comes not only from having to pay travel costs, but from longer wait times and lack of choice.

Women across Australia are more likely to suffer chronic illnesses, 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

¹ Women With Disabilities Australia (WWDA). (2025, December 15). Submission: Disability Discrimination Act Review - Women with Disabilities Australia (WWDA). <https://wwda.org.au/our-resources/publication/disability-discrimination-act-review/>

² Rural and Remote Health. Australian Institute of Health and Welfare. Retrieved Jan 21, 2026, from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health> and National Rural Health Alliance. (2025). RURAL HEALTH IN AUSTRALIA SNAPSHOT 2025. <https://www.ruralhealth.org.au/wp-content/uploads/2025/02/NRHA-Rural-Health-in-Australia-Snapshot-2025.pdf>

³ 'Rural Australians miss out on \$8.35 billion in healthcare every year - and it's getting worse.' <https://www.ruralhealth.org.au/media-release/rural-australians-miss-out-on-8-35-billion-in-healthcare-every-year-and-its-getting-worse/>

more likely to delay accessing that care.⁴ Women are more likely to face barriers to accessing health services such as accessing child care.

All rural women face gendered and geographical disadvantages when it comes to health. These groups also face additional barriers and must be considered when considering rural health outcomes:

Aboriginal and Torres Strait Islander women living in rural Australia

While overall, more First Nations people live in metropolitan or regional areas, the proportion of the total population who are First Nations increases with increasing remoteness from 2.2% in Major cities, to 30% in Remote and very remote areas. Around 15% of First Nations people live in remote and very remote areas of Australia.⁵

Multicultural rural women's health

Language barriers, lower health literacy, and difficulties navigating an unfamiliar system put people from culturally and linguistically diverse (CALD) backgrounds at greater risk of poorer quality health care, service delivery and poorer health outcomes compared with other Australians.⁶ For newly arrived migrant women living in rural and regional areas, limited public transport, lack of settlement support and affordable housing, and the high costs associated with obtaining a driver's license and maintaining a private vehicle further compound barriers to accessing healthcare.⁷

Rural women with disabilities

In 2022, there were an estimated 5.5 million Australians with disability (21% of the total population). More people with disabilities live in regional and rural Australia.⁸ Gendered diagnostic bias, limited recognition of chronic and episodic conditions, and eligibility and referral models built around metropolitan service access patterns result in delayed diagnosis, untreated pain and exclusion from appropriate care. These barriers are intensified in rural contexts, where choice of provider is limited and travel burdens are high.

Gender based violence and disadvantage and rural women's health

⁴ Armour, O'Shea, Howe et al (2025). Women spend more of their money on health care than men. And no, it's not just about 'women's issues' The Conversation. <https://doi.org/10.64628/aa.4emr4a75n>

⁵ Rural and Remote Health. Australian Institute of Health and Welfare. Retrieved Jan 21, 2026, from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

⁶ Culturally and linguistically diverse Australians, Australian Institute of Health and Welfare, Retrieved Jan 21, 2026 from <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview>

⁷ Regional Australia's Population Nudges 10 Million People. Retrieved Jan 23, 2026 from [Regional Australia's Population Nudges 10 Million People](#)

⁸ Rural and Remote Health. Australian Institute of Health and Welfare. Retrieved Jan 21, 2026, from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

People living in rural Australia are more likely to have lower incomes and higher rates of unemployment. People living in rural areas are 24 times more likely to be hospitalised due to domestic violence than those in Major Cities.⁹

Issues

Lack of resources

Noting that the Alliances strongly support the role of the NRHC, we believe that it would be helpful to have better access to timely, accurate information related to rural women's health. This includes health user information, economic data or analysis, modelling capacity (i.e. to model costs or investigate how different policies might impact health outcomes) and formal reviews of different programs and models on rural women's health. This must include sex-, gender-, ethnicity-, migration status- and disability-disaggregated data, including chronic illness and non-visible disability, to enable identification of discriminatory patterns in rural health outcomes and service access. This data can inform targeted policy and service responses that improve rural women's health outcomes

We see the NRHC's close reliance on the Department of Health Disability and Ageing for direction, scope and information provision as limiting to the NRHC's capacity to provide independent, useful and accurate health information about rural Australians. This data is essential not only to health providers looking to improve services, but to advocacy and stakeholder groups that work to amplify rural voices and seek policy change.

The Alliances are advocacy focused, with limited resources to conduct new research or analysis, model policy interventions or conduct or support pilot programs targeting rural health. Access to improved policy information would enable the Alliances to better advocate for rural women, including rural women with disabilities, from multicultural backgrounds, who are experiencing gender-based disadvantage or violence and First Nations Women. There is significant opportunity to collaborate with the Alliances representing rural women to improve rural women's health outcomes, in particular to investigate the intersectional barriers to accessing health care for rural women.

Therefore, the Alliances believe this function should be strengthened, to provide clear, up to date and useful information to demonstrate the true nature of rural health outcomes, the drivers of those outcomes and make recommendations for improvement.

Lack of autonomy

According to the functions of the Commissioner outlined in section 79AD of the *Health Insurance Act 1973*, the Commissioner can conduct projects as directed by the Rural Health Minister, provide advice to the Rural Health Minister and inquire and report on matters specified

⁹Ibid

by the Rural Health Minister. It can provide advice on strategies and undertake research, and collect, analyse, interpret and share information.

The Alliances believe there is much greater opportunity for the Commissioner to develop and drive strategies focused on improving rural health outcomes and to take responsibility for outcome-focused cross-departmental initiatives. This could include identifying, assessing and publicly reporting on innovative rural health models and pilot programs led by governments or service providers, including their equity impacts for rural women. Other examples include reporting on priorities for improvements to existing programs and services such as the state-based Patient Assisted Travel Schemes (PATS), or assessing locations for investment in new health infrastructure.

Lack of regulatory power

Currently the NRHC is limited in its capacity to drive accountability or enforce standards, because it has no role in regulating, monitoring or compliance. It is purely an advocacy function. However, there is a need for the Commissioner to increase its scope to include some monitoring capacity. This could include the Commissioner developing a set of standards for rural health care, that can be enshrined in legislation, and then enforced and investigated by the Commissioner. This is in line with the roles of other Commissioners, including the National Safety Commissioner, the Public Service Commissioner and the Australian Information Commissioner. A code of conduct for rural health care could protect rural patients' access to choice, timely access to services, or support to travel and access the services they need. Lack of choice of medical practitioners, delays accessing care and the cost to access services are all examples of specific barriers that impact all rural patients, but especially women and their families, who are more likely to delay their care, pay more and have their symptoms dismissed.

In addition to a legislated code of care for rural patients, the NRHC could monitor and report annually on key rural health markers developed in consultation with health stakeholders such as the National Rural Health Alliance.

Other Commissioners have more scope¹⁰

The National E-Safety Commissioner's scope and impact is much clearer than the National Rural Health Commissioner. For example it has a role in prevention, protection and systemic change. It develops resources and position statements on emerging trends, has legal powers to deal with complaints and to uphold a set of standards set out in its empowering legislation.

¹⁰ Australian Public Service Commissioner. (n.d.). Retrieved January 21, 2026, from <https://www.apsc.gov.au/about-us/working-commission/who-we-are/australian-public-service-commissioner>
Oaic. (2025, August 22). What we do. OAIC. <https://www.oaic.gov.au/about-the-OAIC/what-we-do>
What we do. (n.d.). eSafety Commissioner. Retrieved January 21, 2026, from <https://www.esafety.gov.au/about-us/what-we-do#our-origin>

The Australian Public Service Commissioner has both statutory functions (under the Public Service Act 1999) and policy responsibilities. Among other functions, the APSC monitors reviews and reports on APS capabilities within and between agencies to promote high standards of accountability, effectiveness and performance (including an annual report to Parliament).

The Office of the Australian Information Commissioner has a clear regulatory role (upholding the Privacy Act 1988), conducting investigations, handling complaints, reviewing decisions made under the FOI Act, monitoring agency administration as well as advising the public, organisations and agencies.

Recommendations

1. Retain the National Rural Health Commissioner to continue advocacy on behalf of rural Australians
2. Develop a national rural health code that outlines the standard of care that rural patients should expect (i.e. access to timely care, access to choice)
3. Enable the Commissioner to investigate cases of serious failures of the health system for rural patients
4. Strengthen the role of the Commissioner to direct its own research and analysis, develop education and training materials, and other publications in support of rural health issues
5. Enable the Commissioner to identify and undertake projects and initiatives identified by the Commissioner and rural health stakeholders
6. Require the Commissioner to provide an annual report on health outcomes for rural Australians. This report should:
 - a. Publish key rural health indicators and progress or losses in key areas
 - b. Report on the impact of any specific rural health funding or programs
 - c. Make recommendations for policy improvements
 - d. Be published on the website of the Department of Health Disability and Ageing
 - e. Be tabled in Parliament
7. Provide funding for the Commissioner to identify service gaps, commission or evaluate pilot projects led by other entities, and publicly report on their effectiveness and equity impacts to inform system-wide reform.
8. Strengthen the legislation to enable the Commissioner to advise on new initiatives or changes to existing policies, funding and legislation to improve rural health outcomes.
9. Formalise the role of the Consumer Advisory Group as a critical stakeholder group to guide the development and approval of guidelines, reports and codes the Commissioner produces.
10. Embed culturally responsive care within the Commissioner's functions that understands the intersections of rural health with settlement support, housing and transportation infrastructure, and which ensures that health services are respectful, accessible and tailored to the needs of diverse rural communities.

