

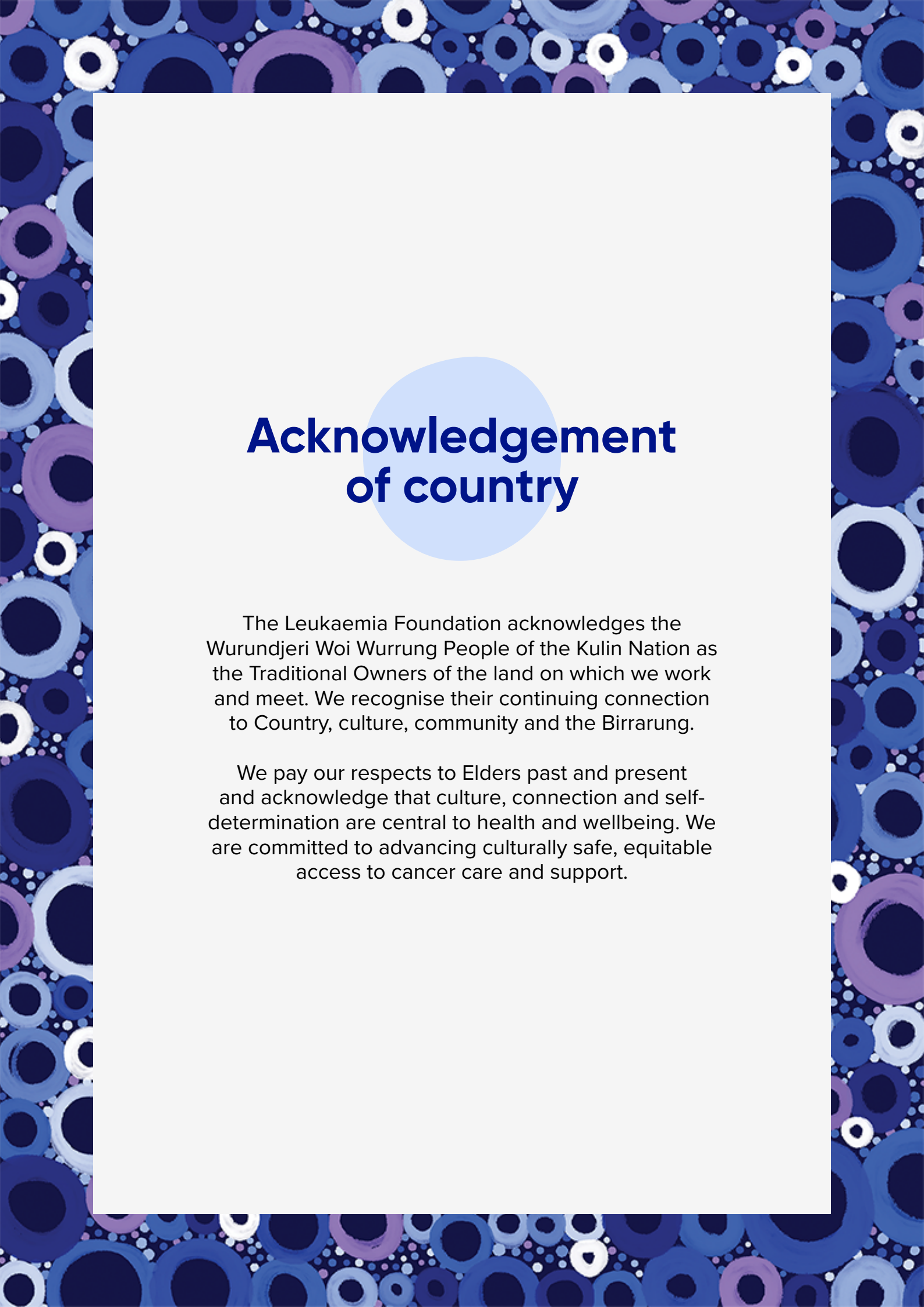
The Leukaemia Foundation's 2026 Victorian election policy priorities

Cutting the cost of cancer treatment

Every Victorian with cancer should be able to access life-saving treatment without facing avoidable financial hardship.

Leukaemia
Foundation®

CUT
THE **COST**
OF CANCER



Acknowledgement of country

The Leukaemia Foundation acknowledges the Wurundjeri Woi Wurrung People of the Kulin Nation as the Traditional Owners of the land on which we work and meet. We recognise their continuing connection to Country, culture, community and the Birrarung.

We pay our respects to Elders past and present and acknowledge that culture, connection and self-determination are central to health and wellbeing. We are committed to advancing culturally safe, equitable access to cancer care and support.

50 years standing with every Victorian facing blood cancer

Message from our Chair and CEO

For 50 years, the Leukaemia Foundation has stood alongside people affected by leukaemia, lymphoma, myeloma and related blood disorders. As Australia's only national charity dedicated to blood cancer, we provide supportive care and wellbeing services, invest in leading research and advocate for the policy change our community needs.

Our community is made up of people living with blood cancer, their families and carers, healthcare professionals, researchers, specialists and thousands of supporters. Together, we work towards a future where every person can access the best possible treatment, care and support, regardless of where they live, their circumstances or their background.

We know that too often, non-clinical factors determine a person's cancer outcomes. Geography, financial circumstances and access to support can influence whether someone receives timely treatment, completes their care, or experiences avoidable hardship.

No Victorian should face poorer outcomes, delayed care or financial distress because they live outside Melbourne or cannot afford the costs of getting to treatment.

The consequences are serious. One in eight people affected by blood cancer delay, postpone or cancel treatment because of financial stress.¹ No person should have to make that choice.

This election, the Leukaemia Foundation is calling on the next Victorian Government to commit to two urgent priorities:

1. Reform and strengthen the Victorian Patient Transport Assistance Scheme (VPTAS) to deliver fair, adequate and accessible travel and accommodation assistance for Victorians who must travel for life-saving cancer treatment.
2. Increase investment in community-based supportive care to help people affected by cancer access practical, emotional and wellbeing support from diagnosis onwards.

Together, these reforms will reduce financial hardship, improve equitable access to care and help more Victorians live well with and beyond cancer.



Lucio Di Giallonardo
Leukaemia Foundation Chair



Chris Tanti
Leukaemia Foundation CEO



¹ Leukaemia Foundation, Survey on the financial impact and out-of-pocket costs of blood cancer, July 2026.

Priority 1: Make it easier for regional Victorians to access cancer care

For many Victorians with blood cancer, specialist treatment requires repeated and extended travel away from home. Intensive chemotherapy, stem cell transplantation and CAR-T therapy are concentrated in a small number of specialist centres. The Victorian Patient Transport Assistance Scheme (VPTAS) is intended to help make this essential care accessible, but current assistance has not kept pace with the real costs of travel, accommodation and the cost of living.

“ We are calling on every party contesting the 2026 Victorian election to commit to uplifting the VPTAS accommodation rate to \$125 a night and the vehicle rate to 45c/km to ensure no Victorian is priced out of life saving cancer treatment. ”

What we're calling on every party to commit to

The Leukaemia Foundation is calling on all parties and candidates at the 2026 Victorian election to commit to practical reforms that make specialist cancer treatment more accessible and affordable for every Victorian.

A fairer Victorian Patient Transport Assistance Scheme

- 1 Increase the accommodation subsidy to \$125 per night**
Lift the VPTAS accommodation rate to cover at least 70% of average real-world accommodation costs in Melbourne for people who must stay away from home for treatment.
- 2 Set a minimum private-vehicle travel rate of 45 cents per kilometre**
Ensure patients and carers are fairly supported when travelling long distances by car to access specialist treatment.
- 3 Legislate annual indexation**
Index VPTAS rates annually to keep pace with rising costs and prevent support from falling behind.

A practical investment in equitable care

The Leukaemia Foundation estimates that an additional investment of approximately \$20 million in VPTAS in the next financial year would bring travel and accommodation support closer to the real costs faced by patients.

This is a small, targeted investment in Victoria's health system that will strengthen equity, support timely access to specialist treatment and reduce the financial burden currently carried by regional patients and their families.

The cost of distance – why Victoria must act now



The evidence

VPTAS supports more than 80,000 claims each year from Victorians who need to travel for specialist treatment. Yet the current level of assistance no longer reflects the real cost of travel and accommodation.

The VPTAS accommodation rate of \$49.50 has been left largely unchanged for years while real accommodation costs have risen sharply. Without legislated indexation, its value has steadily eroded: it now covers just 28.3% of average accommodation costs.

The ATO publishes an annual reasonable accommodation estimate for each Australian capital city.² On this independent measure, VPTAS provides the lowest coverage of real-world accommodation costs of any Australian state or territory scheme.

Unlike a single hospital admission, blood cancer treatment often involves months of intensive and repeated care, causing the financial impact of inadequate travel support to compound over time. For a Victorian undergoing treatment over an average eight-month period, the accommodation shortfall alone can exceed \$30,500—before lost income, additional travel costs, specialist fees and medication expenses are taken into account.

Travel assistance also fails to reflect the costs faced by Victorians who drive long distances to access care. The current mileage reimbursement rate does not adequately meet the cost of fuel, vehicle use, tolls and parking, leaving patients and families to absorb the difference.

“

Being a regional cancer patient comes with a financial burden that often goes unseen. I travelled from Ballarat to Melbourne for treatment, while I had to stop work and my husband used his annual and sick leave to care for me. Petrol, parking, accommodation and lost income quickly added up.

The Victorian Patient Transport Assistance Scheme provided valuable support, but navigating the scheme while sick and overwhelmed was another challenge.

I am incredibly grateful for the assistance we received, but I strongly believe the system could be streamlined and made easier to navigate, with higher rebates to better reflect the true cost of accessing treatment. **Regional patients shouldn't have to fight financially just to get the care they need.**

– Kate, Ballarat resident

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2026 national scorecard: The cost of travelling to treatment

Cancer is expensive enough without travel costs pushing patients further out of pocket. While state and territory travel subsidy schemes exist for regional, rural and remote patients, too many have failed to keep pace with the real cost of travel and accommodation. This scorecard shows a clear equity gap. No patient should receive less support because of their postcode.^{1,2}

Rank	State	Overall score	Car travel subsidy	Current accommodation subsidy	Coverage of real accommodation costs	Recommended accommodation subsidy
1	SA 	95.3 	34.44 _{c/km}	\$110/night	70%	Currently meets benchmark
2	WA 	87.5	40 _{c/km}	\$110/night	61%	\$125/night
3	TAS 	79.2	24 _{c/km}	\$105/night (interstate)	60%	\$125/night
4	NT 	73.8	40 _{c/km}	\$90/night	49%	\$155/night ³
5	NSW 	71.5	40 _{c/km}	\$108.75/night ⁴	47%	\$160/night
6	QLD 	62.3	45 _{c/km}	\$70/night	37%	\$130/night
7	ACT 	47.4	29.5 _{c/km}	\$70/night	30%	\$160/night
8	VIC 	41.3 	21 _{c/km}	\$49.50/night	28%	\$125/night

70%
Benchmark

¹ Overall score is calculated using an 80:20 weighting, with 80% based on how well accommodation subsidies cover real costs in each state and 20% based on how well private vehicle subsidies meet a 45c/km minimum benchmark.

² Australian Taxation Office, TD 2026/4: Income tax: reasonable travel and overtime meal allowance expense amounts for the 2026-27 income year, Australian Government, 24 June 2026, <https://www.ato.gov.au/law/view/document?docid=TXD/TD20264/NAT/ATO/00001>.

³ Place-based recommended rates for NT interstate patient travel are \$130 per night in Queensland and \$110 per night in South Australia.

⁴ \$75/night for nights 1-7 and \$120/night from night 8, using an average over a 28 day timeframe.

Priority 2: Supportive care closer to home

Australia's improving cancer survival rates are one of the great achievements of modern healthcare. Five-year cancer survival has risen to 71%, but surviving cancer is not the end of the journey.³

Improved survival must mean better lives

More Victorians are surviving cancer than ever before. But for many, the impact of cancer does not end when active treatment finishes.

People can face physical, emotional, financial and practical challenges for years after treatment, including fatigue, pain, anxiety, cognitive changes, difficulty returning to work and ongoing impacts on their health and wellbeing.

Too many Victorians leave hospital without a clear pathway to cancer-specific supportive care. This leaves a critical gap between acute treatment and the practical, psychosocial and rehabilitation support people need to manage the medium- and long-term effects of cancer.

The gap is greatest for people with complex needs, those living in regional and rural communities, and families already under financial pressure after a lengthy treatment journey. Access to supportive care should not depend on postcode, but for too many Victorians, it still does.

Regional and rural Victorians face greater barriers to both clinical and supportive care, alongside higher rates of cancer-related comorbidities. The next Victorian Government must ensure every person affected by cancer can access the support they need to live well with and beyond cancer.

Cancer care should not end at discharge. Every Victorian deserves the support to live well with and beyond cancer.



³ AIHW (Australian Institute of Health and Welfare) (2026) Cancer data in Australia, AIHW, Australian Government, accessed 10 August 2026.2026.

Priority 2: What we're calling on every party to commit to

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Strengthening Victoria's cancer support network

Victoria has strong foundations to build on, including nine Integrated Cancer Services and a range of community-based wellbeing and support programs. The opportunity now is to better connect these services, address gaps in access and ensure every person affected by cancer receives the right support at the right time.

Rather than duplicating what already works, future investment should target areas of greatest need, particularly in regional communities, while strengthening local partnerships and creating clearer pathways to practical assistance, psychosocial support, physical rehabilitation and care navigation. Support must be available from diagnosis, throughout treatment, and into recovery and survivorship.

The aim is simple: a connected system where no Victorian is left to navigate cancer alone.

The Leukaemia Foundation, together with Bloomhill Cancer Care, knows firsthand how impactful affordable and accessible in-community supportive care services can be.





The Leukaemia Foundation invites every party and candidate contesting the 2026 Victorian election to commit to ensuring no Victorian with cancer is disadvantaged by distance or denied the support they need to live well.

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