



Catholic
Health
Australia

ANNUAL REPORT 2025-2026

Advocating for a fair and
compassionate health and
aged care system that
leaves no one behind.





“To share that **message of hope** with one another – in outreach, in service, in looking for ways to make our world a better place – gives true life to all of us, and is a sign of **hope for the whole world.**”

— Pope Leo XIV, 14 June 2025

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ACKNOWLEDGEMENT OF COUNTRY

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.



Cover image: Catholic Healthcare's Community Corner program brings its commitment to vulnerable communities to life, creating a warm, welcoming space where connection, dignity, and a true sense of belonging can thrive.

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Catholic Health Australia is the largest non-government network of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. Our health and aged care services are operated in the fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the national peak body for these health and aged care services.

Further detail on Catholic Health Australia can be obtained at www.cha.org.au

Images: CHA thanks our members and fellow Catholic organisations for images used in this report.

CHAIR'S WELCOME

As major reforms continued to reshape health and aged care in 2025–26, Catholic Health Australia remained focused on what has always defined our mission: a health and aged care system that serves those most in need, and members who show up every day to deliver on that promise.

Our advocacy, governance and policy leadership is guided by the example of the Good Samaritan, who did not look away from suffering, but crossed the road to meet it. That parable has always described the people we represent, and it describes the organisation we aspire to be.

Addressing the issues that matter most

Australia's health and aged care systems are under significant and sustained pressure, and throughout the year, CHA continued to actively engage in policy issues with state and federal governments. These pressures – rising demand, workforce shortages, the impact of deferred care – call for exactly the kind of response the Good Samaritan modelled: practical, unhesitating, and oriented entirely toward those who are suffering.

Hospital viability remains a growing concern. Rising demand driven by population growth, ageing, increasing complexity of care, and the cumulative effects of deferred treatment during the COVID-19 pandemic are putting significant strain on the sector. At the same time, workforce shortages are constraining capacity, increasing costs, and limiting hospitals' ability to respond to demand. Without structural reform to private health insurance settings and a sustainable model for public hospital funding, the capacity of the system to meet community needs is at genuine risk. Our Pre-Budget Submissions set out a coherent package of health system investments designed to stabilise capacity, restore access and secure workforce sustainability for the long term.

The commencement of the new Aged Care Act in November 2025 represented the most significant reform of the sector in more than 30 years. CHA played a key role in advocating for provisions that support a fair, equitable and high-quality aged care system. We continue to work closely with the Government and stakeholders across the sector to support effective implementation of the Act, and to ensure any unintended consequences of increasing consumer co-payments are addressed in the best interests of older Australians.

CHA's commitment to the inherent dignity and worth of every person remains firm, as reflected in our ongoing engagement with reviews into voluntary assisted dying (VAD). During 2025–26, we responded to reviews of laws in both Victoria and NSW. In Victoria, we lobbied members of parliament to support amendments that would strengthen protections for vulnerable people and ensure that palliative and end-of-life care is available and well-funded to those who need it. Our position on voluntary assisted dying is consistent: we do

not participate, and we support the rights of our staff and services to conscientiously object while ensuring no person is left without care.

In NSW, our submission reinforced the fundamental principle that high-quality palliative and end-of-life care must be properly funded and genuinely accessible, including to people living in rural and remote areas. CHA has also contributed to public conversations through media releases and opinion pieces in Catholic and mainstream media, advocating for high-quality palliative and end-of-life care.

CHA also began providing greater commentary on the broader care economy and productivity agenda, recognising that the pressures facing health, aged care and disability are increasingly interconnected, and that the case for joined-up reform across the care economy has rarely been more aligned with the Government's own priorities.

Governance

Against a backdrop of significant reform and numerous challenges, CHA continued to make progress on key priorities throughout 2025–2026.

At the governance level, we welcomed several new Directors to our Board, including Bishop Columba Macbeth-Green as the Australian Catholic Bishops Conference's bishop-delegate for health; Greg Cooper as Chair of Little Company of Mary Health Care, and Damien O'Brien representing Mary Aikenhead Ministries. We are grateful to departing board members Jim Birch AM and Paul McClintock AO for their service and the strength of governance they have helped to build.

The reporting year concluded with the announcement of Tim Udorovic as CHA's new CEO. Tim will lead the implementation of CHA's new three-year strategy, which has been developed with our members. We acknowledge the important contributions of Kathy Hilyard and Dr Katharine Bassett as Interim CEOs during the past year.

Key achievements 2025–2026

In March 2026, we finalised a three-year strategy that was built from the ground up with our members. It sets out four commitments that will guide our advocacy and operations: supporting our members in sustaining and integrating Catholic identity and mission; becoming trusted partners in policy development, advocacy and reform; facilitating collaboration for collective impact; and being a thriving, respected and trusted organisation. It will be a living document that will help shape our future.

Our targeted Budget Week program in Canberra brought members together for a series of briefings with ministers, departmental leaders, and parliamentary representatives from government, opposition and the crossbenches. This followed significant engagement with policymakers and politicians throughout the year through detailed policy work including our substantial and wide-ranging Pre-Budget Submission 2026–27, as well as meetings with the Hon Mark Butler MP, Minister for Health, Disability and Ageing, and the Hon Sam Rae MP, Minister for Aged Care and Seniors, to discuss our shared priorities. We are committed to ensuring Catholic health and aged care continues to have a seat at the table when it matters most.

Several of CHA's advocacy achievements in aged care brought real improvements to the financial viability of members' services and ability to provide for the people in their care. Of particular note was the government's response to the Aged Care Accommodation Review, which closely mirrored CHA's recommendations and which we estimate will deliver more than \$50 million in additional annual recurrent revenue across the membership; the deferral of Support at Home price caps and the introduction of enhanced consumer protections. In addition, we successfully advocated for the formal recognition of religious sisters' contributions to care; and were a prominent actor in the cross-sector advocacy for the removal of co-contributions from personal care services in the Support at Home Program.

In health policy, CHA played a central advocacy role in shaping key components of the new five-year National Health Reform Agreement, including successfully advocating for the inclusion of a dedicated innovation funding stream and for the continuation of funding to support transition arrangements. Our advocacy helped deliver legislative amendments supporting transparency for specialist medical fees and outlawing "product phoenixing" by private insurers; and we played a central role in bringing about the Parliamentary Inquiry into Medical Specialist Access and Affordability.

Additionally, following rigorous consultation with members, leaders and ethicists, our refreshed *Catholic Code of Ethical Standards for Health and Aged Care* is now in the final stages of endorsement from the Australian Catholic Bishops Conference. This document will provide a more contemporary understanding of our ethic of care in light of modern dilemmas faced on the ground. We are grateful to the ethicists and steering group for their generous time and expertise in guiding this process for us.

Reconciliation Australia also approved our Reflect Reconciliation Action Plan, an important commitment for us to walk alongside Aboriginal and Torres Strait Islander peoples.

Following sustained advocacy by CHA, the government agreed to the End-of-Life Pathway extension in Support at Home, removing a significant source of stress for older Australians receiving palliative care as well as for their families and providers.

On the Communications front, CHA launched its own podcast, *Health Matters*, which builds on the established

following of our newsletter of the same name, making it the first podcast produced and hosted by an Australian health peak body. The platform is already proving to be invaluable in bringing important conversations about Catholic health and aged care to a broader audience.

Alongside the Association of Ministerial PJPs, we were pleased to host Monsignor Clemente Bobchev from the Vatican and global Samsung Health executives on a tour of Australian Catholic hospitals – an important opportunity to connect with Rome and showcase the quality of our public and private hospitals to an international audience. The tour of five cities and 10 locations reinforced the important role our members play in the Australian health system.



Catholic Health Australia Chair Jenny Parker with Mater Group Chief Executive Julia Strickland-Bellamy and Mater Private Hospital Townsville Midwifery Unit Manager Rebekah Barrie at the blessing of Mater's new baby unit.

The year ahead

The challenges facing Australia's health and aged care systems remain real and significant. But so does the commitment of our members, our staff and our partners, as does our confidence in the path ahead.

Our gratitude goes to our Board Directors, to all of the members' representatives who have contributed through our committees in health, aged care and mission, and to every member organisation whose energy, collaboration and dedication have helped shape everything CHA has achieved this year. We are also deeply thankful to the Australian Catholic Bishops Conference, Catholic Religious Australia and the Association of Ministerial Public Juridic Persons for their continuing support of, and collaboration with, our work. Their mission – inspired by the teachings of Jesus and the example of the Good Samaritan – continues to ensure that care, compassion and hope reach those who need it most.

As Pope Leo XIV reflected in early 2026, we are called to embody a "fundamental attitude of care as support and closeness to others, not only because someone is in need or is sick, but because they experience ... the vulnerability that is common to all human beings."

These words speak to the heart of our mission, and together with our new strategy, will guide us all as we continue to work alongside those who share our vision for a fair and compassionate health and aged care system.

Jenny Parker

Chair of Catholic Health Australia

WHO WE ARE - OUR SECTOR AT A GLANCE

100+
SOCIAL
OUTREACH
PROGRAMS

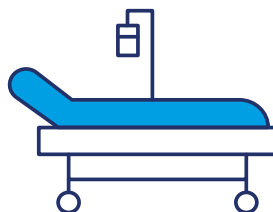


84
PUBLIC AND
PRIVATE HOSPITALS
(66 private)

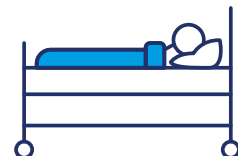


350
AGED CARE
FACILITIES

13,100+
HOSPITAL BEDS



27k+
RESIDENTIAL
AGED CARE BEDS



50k+
BIRTHS

720k+
EMERGENCY
PRESENTATIONS



1.5M+
EPISODES OF CARE



7,000+
INDEPENDENT
LIVING UNITS



55k+
HOME CARE
AND SUPPORT
CONSUMERS



88k+
EMPLOYEES



Your care is our mission.

“A sustainable health and aged care sector must be properly funded so it’s fair, equitable and leaves no one behind.”



MISSION

In 2025–26, CHA completed two pieces of work deeply important to our Catholic mission: a comprehensively revised Code of Ethical Standards, and our inaugural Reconciliation Action Plan. Both were an expression of a living mission that does not simply endure but renews itself for the people it serves.

Refreshing our ethics

Perhaps the most significant achievement of this reporting year is the revised Code of Ethical Standards for Catholic Health and Aged Care Services in Australia. The existing Code had not been substantively updated in 25 years. In that time, the bioethical landscape has shifted profoundly: we have seen the introduction of voluntary assisted dying legislation, advances in technology, the rise of Artificial Intelligence in clinical settings, and deepening public conversation about dignity and end-of-life care. Our members deserve a Code that speaks to the world they are actually working in.

When the revised Code was presented to the Plenary Meeting of the Australian Catholic Bishops Conference in North Sydney in May 2026, the reception was warm. The Bishops described it as a much-needed refresh in an era of evolving bioethical complexity and extended their gratitude to all who contributed. It is now in the final stages of endorsement.

We owe an enormous debt of thanks to many people. To the Writing Group, chaired by Professor David Kirchhoffer, Director of the Queensland Bioethics Centre at Australian Catholic University, whose rigour, pastoral sensitivity and endurance across years of drafting and redrafting have produced something genuinely worthy of the mission it serves. To the Code Steering Group, chaired by Archbishop Shane Mackinlay, for their wisdom and governance throughout, and to the many clinical leaders, ethicists, mission leaders and frontline staff across our member services who participated in consultation, your insights shaped this document in ways CHA could not have done alone. A Code of Ethics written in isolation would be a document. A Code written in conversation with the people who must live it becomes a shared commitment to our ethic of care and broader mission.

Our Reconciliation journey

This year, we finalised and received Board and Reconciliation Australia approval for Catholic Health Australia's inaugural Reconciliation Action Plan (RAP), a milestone we have worked toward with care and genuine commitment. Developing a RAP is not a compliance exercise. It is an act of institutional honesty: a reckoning with history, and a commitment to walk differently into the future.

I want to express my deep gratitude to the RAP Steering Group for their dedication, wisdom and patience throughout this process, including representatives from St Vincent's Health Australia, Mater Health, Mercy Health, St John of God Health Care and VMCH. The conversations were not always easy, but they were always necessary and always

enriching. Their leadership in guiding this work has ensured it was grounded in genuine relationship rather than gesture and has given CHA a foundation on which we can build meaningfully.

This plan now charts a course for how we, as a national body, walk with First Nations peoples: listening, learning, and acting. We are at the beginning of this journey, and we are committed to travelling it with integrity.

Governance of our mission

Behind every significant achievement is a structure of quiet, sustained collaboration. This year, our mission and identity work was steered and enriched by the regular meeting of committees that bring together mission leaders, clinicians, ethicists, executives and Board members across both the health and aged care sectors.

The Mission and Identity Committee, along with the regular meetings of Mission Leads, continued to provide a vital forum for sharing practice, formation and theological reflection across our member organisations. The Aged Care Mission Committee has been instrumental in ensuring that mission identity, and pastoral and spiritual care advocacy remains central even as our aged care members navigate the significant regulatory transformation brought about by the new Aged Care Act.

Together, these committees represent the infrastructure of a living mission. Mission identity in Catholic health and aged care is practised, debated, renewed and handed on. These gatherings are where that work happens.

Advocacy and mission

Our advocacy this year has been stronger and more focused than ever, precisely because it flows from a mission that is clear about what it stands for. We do not advocate for Catholic health and aged care as an industry interest. We advocate because we believe that the vision of care embodied in our members and ministries – compassionate, dignified, whole-person care available to all, especially the most marginalised – is something Australian society needs, and which government policy should support and not inadvertently undermine.

We have seen significant work and achievements through our advocacy that is focused on the whole person across our health and aged care services. This includes the extension of the End-Of-Life-Pathway funding for Support at Home participants in the 2026 budget, and advocacy around spiritual and pastoral care and the distinct role of Catholic services. But there is much still to do, particularly



Connections through healing: Aaron Eastment is an Indigenous artist of Wiradjuri Country, Mabuiag & Erub Island (Torres Strait Islands) heritage. His artwork is reflected in CHA's Reflect Reconciliation Action Plan, which was officially endorsed by Reconciliation Australia in 2026.

around broader palliative care access and funding, the sustainability of services in rural and regional areas, as well as support for those living with a disability, and those experiencing housing uncertainty and homelessness.

On each of these fronts, we have spoken with a clear, values-grounded voice. We have done so in partnership with Government and, always, in solidarity with the patients, residents, families and communities our members serve.

Noting the involvement and cross-over many of our services now have with disability support services, CHA has been engaging constructively with the current NDIS reform agenda underway and will continue to speak up where those changes impact our services, their mission, and ultimately the many people they support.

Looking ahead

Reflecting on this year, we can look not only at what we have achieved, but what those achievements represent in practical terms for our members. A Reconciliation Action Plan that is now approved and ready to be lived, not filed away. A revised Code of Ethical Standards that has been warmly received by the ACBC and is approaching final endorsement. Mission governance structures that are working and meeting regularly, connecting leaders across health and aged care in genuine collegial conversation. Advocacy that is grounded in mission and making a real difference in the policy environments our members operate within.

The year ahead is already taking shape with purpose and energy. As the RAP moves into implementation, our focus will shift from planning to practice: building genuine relationships with First Nations communities, embedding cultural safety into our operations, and tracking our progress with honesty. The finalisation of the Code of Ethical Standards will open into a new phase of formation, which will involve working with mission leaders, ethicists and clinical teams across our membership to bring the Code alive in the wards, the boardrooms and the communities where our members serve.

We are also investing in the kinds of sector-wide connection that strengthen mission identity across the whole of Catholic health and aged care. We see growing opportunity to develop collaborative forums, shared formation resources, and peer networks that allow mission leaders across our membership to learn from and support one another.

The Good Samaritan did not simply bind wounds and walk away. He entrusted the injured man to ongoing care and promised to return. That is the posture we hope characterises our work: committed rather than episodic, building something that endures. We are deeply grateful to all who have helped lay these foundations, and we look forward with real hope to what we will continue to build together.



Brigid Meney
Director of Strategy & Mission

HEALTH

Catholic healthcare has always judged a health system by how well it serves those most in need. In 2026, after years of advocacy, the system began to move that way.

The strain has rarely been sharper: private hospitals running at a loss while insurers recorded significant profits, public hospitals facing demand the system was never designed to absorb, and both run on a funding architecture built for a different era. Reforms CHA has long advocated for began to take shape this year, with CHA and its members playing an active role in driving that progress.

The scale of this year's work is worth emphasising. We made 27 formal health submissions, represented the sector on multiple government committees, formalised many CHA positions into clear and robust position statements, and achieved strong engagement in the media on the issues that matter most to our members.

The fight for funding reform

The private hospital funding model is broken. For decades, care has been funded through closed-door bilateral negotiations tilted toward insurers, and the consequences are now clear. The hospital treatment benefit payout ratio, the share of premium income insurers return to hospitals as benefits, has fallen from 91.9 per cent to 85.6 per cent over six years. Had insurers held that ratio at pre-pandemic levels, private hospitals would have received an additional \$3.4 billion. That money was not lost to the system. It was withheld. In 2023-24 the sector recorded a \$34 million loss while insurers reported \$2.2 billion in profit, followed by a further \$2.7 billion the year after. This is a market that has stopped working for the policy holders it is meant to support.

CHA has pushed for reform on two fronts. The first is the Private National Efficient Price (PNEP), a transparent, evidence-based pricing model that CHA developed and championed. The Department of Health, Disability and Ageing framework paper for public consultation drew substantially on our policy work, opening up the broader conversation on funding reform and data transparency that the sector has long needed. A PNEP would replace closed-door bilateral negotiations with a national price calculated honestly against the real cost of care, transforming the economics of the private hospital sector. Achieving this reform will be a central priority for the year ahead.

The second was the campaign for insurers to return at least 90 cents of every premium dollar to patient care. Though not legislated this year, our advocacy secured an important first step: a Statement of Expectations from the Minister for Health and Ageing calling on insurers to lift payout ratios to 88 per cent. The 2026



Chair of Standing Committee on Health, Aged Care and Disability, Dr Mike Freeland MP and CHA's Dr Katharine Bassett in Canberra.

premium round saw the Government engage seriously with CHA's argument that those insurers returning a greater proportion of their premiums as benefits to patients should be rewarded with larger premium increases. That is a meaningful precedent, and one that will outlast any single round.

Not every conversation with insurers was a fight. CHA and Bupa worked together to call on the Government to expand Hospital in the Home (HITH), producing a joint position paper and media statement on what is needed to make HITH practical, affordable and sustainable. It is an example of what is possible when the funder and provider sit on the same side of the table.

The public hospital story

For 150 years, Catholic public hospitals have done extraordinary work for Australian communities. Our analysis of Australian Institute of Health and Welfare data shows they deliver care at 5.6 per cent below the cost of state-run peers of equivalent size and clinical role. Patients waiting for non-urgent elective surgery wait an average of 178 days before receiving care in a Catholic public hospital, against an average of 257 days for a comparable state-run facility, which is nearly three months of life given back. Ninety-nine per cent of urgent surgeries are completed within the clinically recommended window, against 91 per cent. These outcomes are consistent with what 150 years of Catholic healthcare has always maintained: that care grounded in mission can deliver strong outcomes for patients and real value for taxpayers.

That evidence has changed the way we engage Government on public hospital policy. Throughout



Budget Week: (L-R) Julia Strickland-Bellamy, Group CEO, Mater; Dr Katharine Bassett, Director of Health Policy, CHA; Dominic Butler, Policy Officer, CHA; Sue Williams, Group CEO, Cabrini; Hon Mark Butler MP; Peter Fahey, CEO, St Vincent's Private Hospital Lismore; Sharon Kendal, COO Hospitals, Calvary Health Care; Angela Nolan, Group CEO, Mercy Health Australia; Richard Ryan, CEO Private Hospitals, St Vincent's Health Australia.

the development of the new five-year National Health Reform Agreement, CHA successfully argued for a dedicated innovation funding stream and a continuation of transition funding.

We are now engaged with state and territory governments and the Commonwealth government on "bed block" and transitions out of hospital into aged care and disability services. There is also increased momentum to increase public hospital funding, expand Queensland's Surgery Connect Program, and progress workforce scope of practice – areas where CHA has been an active and constructive voice.

The care economy

Australia's healthcare system is fragmented and organised around portfolios rather than the person. With the Government turning to productivity and the cost pressures of an ageing population, CHA extended its advocacy into the broader care economy. The case for joined-up reform across health, aged care, disability and palliative care has rarely been more important.

The most visible cost of fragmentation is delayed hospital discharge for older people. Older Australians clinically ready to leave hospital are kept in acute beds because the aged care or home-care packages they need have not come through. The cost to taxpayers is substantial, and the cost to patients, who lose independence with every additional day, is greater still. The same pattern plays out across the system, from NDIS service gaps to palliative care access that varies by region. CHA has always pushed back against this kind of fragmentation, on the conviction that a person's needs do not divide neatly between systems, and neither should their care.

Our policy work this year reflected that conviction. We argued for public hospital reform because bed block is

a symptom of failures further down the care continuum. We pushed for demand-driven home-care funding, stronger NDIS pathways, prevention investment, and the integrated workforce the care economy depends on. It cuts across health, aged care and disability rather than sitting within any single government portfolio, but it is, increasingly, the conversation the Government wants to have, and one CHA is uniquely placed to lead.

Building the architecture

Reform began moving on other fronts this year, in some cases after years of CHA advocacy.

The Health Legislation Amendment (Improving Choice and Transparency for Private Health Consumers) Bill 2026 was introduced to Parliament, advancing two reforms CHA has championed for two years: publication of specialist fee data on the Medical Costs Finder, and outlawing "product phoenixing" by private health insurers. The Government also committed new funding to the Medical Costs Finder, a long-standing CHA priority, to give patients better visibility on out-of-pocket costs, with further measures expected to follow.





St Vincent's runs a health outreach service for homeless people in Sydney's Darlinghurst, ensuring those living on the margins are not left behind.

The Parliamentary Inquiry into Medical Specialist Access and Affordability, which CHA had long called for, will examine similar issues. CHA made the case for terms of reference that reached beyond out-of-pocket costs to take in regional access, workforce, and the downstream impact on private hospitals.

Standing with members

Some of the most important work CHA did this year never made the headlines.

CHA continued its advocacy on the Fair Work Commission's proceedings to vary the Nurses Award 2020. Nurses are central to everything CHA member hospitals do, and we have never disputed the principle that their work deserves better recognition. Catholic health care has always understood nursing as a vocation, central to the mission of every Catholic hospital and aged care service. The difficulty has always been that, in a private hospital sector running at a loss while insurers post record profits, wage rises of the magnitude proposed cannot be absorbed without corresponding funding relief. CHA modelled the financial impact, prepared the sector's formal response, and appeared as a witness during hearings to put that case directly to the Commission. The case continues, and so does our advocacy.

We also pushed back this year on a steady stream of well-intentioned but ultimately unhelpful regulatory and reporting proposals that would have added burden to members without improving care. Good advocacy is as much about what doesn't happen as what does. When the Government proposed reclassifying intravitreal eye injections as out-of-hospital services, CHA secured a reversal, protecting patient access and preserving revenue arrangements for members.

We also made measured progress on payment delays by insurers to hospitals and the administrative burden imposed by insurers, two long-standing member frustrations where the case for action is now being heard.

The year ahead

None of this is finished. The 90 per cent payout ratio still needs to be mandated, alongside a mandatory code of conduct to govern contracting between insurers and hospitals. The PNEP needs to be implemented, and the broader push for data transparency needs to translate into real reform. Real progress is needed on HITH, where the co-design needs to deliver concrete reform, and on maternity care and mental health, where viability and patient access are both under real strain.

But the conditions for progress are better than they have been in years. The data is on our side, the Government is gearing up to act, and the Catholic sector is ready to act with it. None of what we have achieved has happened in isolation – our successes reflect the expertise, commitment, and generosity our members have brought to this work. For decades CHA has argued for a healthcare system that measures itself by how well it serves those most in need. 2026 will ask more of us but working together we are well placed to meet it.



Dr Katharine Bassett
Director of Health Policy

AGED CARE

Australia's aged care system changed more fundamentally this year than at any point in a generation, including new legislation, a Support at Home program, stronger consumer protections and reforms that put older Australians at the centre of care.



Catholic Health Australia's aged care providers met in Canberra during Budget Week for a series of briefings, including their first meeting with the Hon Sam Rae MP, Minister for Aged Care and Seniors.

Catholic aged care providers were at the centre of significant reforms this year. The new Aged Care Act commenced on 1 November 2025. Support at Home replaced home care programs that providers had built their services around for decades, and a major review reshaped how residential accommodation is funded. For Catholic providers, many of them operating in regional and rural communities and serving residents and clients that other providers find hardest to sustain, the weight of that change was felt acutely.

Catholic providers provide care to an above average share of low-means older Australians and older Australians in regional areas. They run facilities that focus on older Australians without family support or facing other forms of disadvantage. The consequences of getting the transition wrong would fall hardest on the people least able to absorb them and there is little margin for error. That reality has shaped everything CHA has done this year.

What this year demonstrated, above all, is that constructive and sustained engagement with Government works. Not every battle was won. Not every concern was resolved to our satisfaction. But across the year, the Catholic sector established itself as a trusted voice at the table – a partner that brings evidence, proposes workable solutions, and earns influence

through credibility rather than volume. The outcomes that followed reflect that relationship.

Building the foundation for a workable transition

When the new Act was still months away from commencement, CHA's most urgent task was practical: ensuring Catholic providers had enough time and clarity to prepare. The original 1 July 2025 commencement date was, in the view of the sector, simply unworkable. CHA made that case directly and repeatedly to Minister Butler, to Minister Rae after his appointment, to the Transition Taskforce, and through the broader sector. The Government's decision to delay commencement to 1 November 2025 gave providers the additional runway they needed to prepare service agreements, update systems, and ready their workforce without compromising care.

That was the first demonstration of what this year would repeatedly confirm: that when CHA brings a well-grounded case to Government, the case is heard.

The months that followed were demanding. CHA pushed hard to ensure the final Aged Care Rules were released by the end of July and the Minister directed the Department to meet that deadline.



In July, CHA hosted a Parliamentary Roundtable to discuss practical solutions to the delayed discharge of patients from hospital, a problem which has soared 60 per cent in the past three years. CHA members joined experts from across the health and aged care sector in Canberra. The Minister for Aged Care and Seniors, the Hon Sam Rae MP, attended the opening session.

The Aged Care Quality and Safety Commission's regulatory posture placed quality care delivery above technical compliance, and risk-based enforcement reflected commitments that CHA had worked to have made publicly and on the record, so that providers could rely on them. Throughout the transition to the new Act, CHA maintained continuous representation on the Government's Transition Taskforce, ensuring Catholic providers had a voice inside the room where implementation decisions were being made.

None of this was straightforward. The Act's complexity, the pace of change, and the unresolved policy questions that carried into commencement created genuine operational stress for providers. But Catholic providers navigated that transition without a systemic breakdown in part because the groundwork had been laid.

Support at Home: from opposition to alternative

The Support at Home program brought significant new pressures alongside its opportunities. Price caps on Support at Home services posed a particular threat to providers operating in thin-margin environments. This includes smaller regional organisations, and mission-driven providers who do not selectively take on more profitable clients. CHA was the first peak body to publicly call for the deferral of those caps, and Catholic providers crafted the original proposal that secured it.

As the next deadline approached, CHA took a different approach: rather than simply opposing a policy, we built an alternative. We developed a framework of five concrete consumer protection measures that could genuinely guard against overcharging without the blunt instrument of a price cap that would risk hollowing out services in the markets that need them most. We took that framework to the Minister and the Department,

and we made the case over months of sustained engagement with the sector, media and Government.

On 18 May 2026, the Government announced that formal price caps would be deferred indefinitely. The consumer protections announced alongside that decision directly reflect CHA's framework, and include Commission powers to compel refunds where overcharging occurs, a national price-monitoring mechanism, and a commitment to develop a reasonable service pricing framework. Catholic providers consulted with consumers, then developed and put forward the comprehensive alternative adopted in that decision.

There were other important instances of advocacy in the Support at Home transition that mattered deeply to Catholic providers. Personal care including showers – one of the most fundamental acts of care – was confirmed as fully Government-funded, backed by a \$1 billion commitment. Co-contributions were removed from personal care services. The claiming period for the program's first quarter was extended from 60 to 90 days, providing breathing room during the most administratively demanding period. A system error that had been disrupting cash flow for providers transitioning Short-Term Restorative Care clients was identified and fixed.

Each of these felt, at the time it was sought, like an uphill ask. Each was secured.

Residential care: a structural win for mission-driven providers

The Independent Review of Residential Aged Care Accommodation Pricing, tabled in April 2026, delivered outcomes that would not have been possible without the Catholic sector's engagement. Sixty-two per cent of CHA's formal recommendations were adopted, including the centrepiece we had advocated hardest for.

The achievement of an additional payment to facilities where more than 60 per cent of residents have modest means is a structural recognition of something Catholic providers have known for decades: that serving low-means residents is a more precarious model, and that the funding architecture had not reflected that. Catholic providers disproportionately carry this mission. The Review, together with increases to the base accommodation supplement and new capital subsidies, begins to correct a long-standing imbalance. CHA estimates over \$50 million in additional annual recurring revenue will flow to Catholic residential providers as a result, allowing them to better support older Australians of low means.

That figure matters not as a measure of financial success, but as a measure of capacity to employ more staff, to maintain buildings and to stay open in communities where Catholic providers are often the only option.

A uniquely Catholic challenge

Among the year's outcomes, one stands apart for what it reveals about how CHA works and who it works for.



Care minutes performed by religious sisters have been officially recognised following CHA advocacy. The decision recognises the tireless work of our members, including Sisters from Francis of Assisi Home in Mackay.

Our members raised a key concern. Religious sisters who are fully qualified as registered nurses, enrolled nurses and personal care workers were not having their direct care counted toward the Government's mandated minimum care minutes requirement. Rules designed to exclude casual volunteers had inadvertently swept them in, resulting in a compliance and funding gap that threatened the viability of key standalone facilities whose workforce included religious sisters.



CHA's Director of Aged and Community Care Alex Lynch, Minister for Aged Care and Seniors Sam Rae MP, and CHA Policy Officer Dr Megan Eustace in Canberra.

CHA took the issue to the Department, built support with the relevant unions, and put the case to Minister Rae. The Minister reviewed the relevant sections of the Aged Care Rules and agreed to count religious sisters' direct care contributions.

Though the financial benefit of this decision – estimated at \$5 million to \$10 million annually – matters, more important is the recognition that the religious sisters who have given their lives to aged care deserve to have that contribution counted. It is also a reminder that some of the most important advocacy work begins not with a policy paper, but with a phone call from a member who has noticed something is wrong.

The work ahead

The system emerging from the new Aged Care Act is not perfect and CHA will continue to push for improvements. Challenges include the need to meet community expectations on pricing while maintaining high-quality care, the future of the Commonwealth Home Support Program, greater clarity on the application of Higher Everyday Living Fees in residential aged care and the outstanding accommodation review recommendations that have not yet been adopted.

Catholic providers are supporting older Australians with vital care across the nation. More than that, they have established themselves as a key voice to Government on the direction of further aged care reforms. This has been achieved through evidence, a consumer-first focus, and a willingness from members to share their experience and trust CHA to carry it forward. That model will continue to define our work in the year ahead.



Alex Lynch
Director of Aged and
Community Care

COMMUNICATIONS & MEDIA

In a shrinking media landscape, CHA used its strategic relationships, thought leadership and growing digital presence to keep Catholic health and aged care at the centre of national policy conversations.



CHA's Director of Health Policy Dr Katharine Bassett appeared on the ABC's *The Business* program to argue for a fairer private hospital funding model, including greater returns from private health funds.

Being heard in a crowded media space

The national media environment continued to present structural challenges, with ongoing newsroom contractions and tighter deadlines leaving journalists with less time and capacity to cover every story pitch. Jostling for media attention is now even more competitive, and opportunities for coverage have become more elusive.

Against this backdrop and a relentless global news cycle, CHA continued to engage journalists across a broad range of key policy areas to keep our reforms firmly on the national agenda. Releasing timely media statements and conducting interviews helped communicate and clarify our advocacy positions. Our media activity has been proactive and agenda-setting, reflecting a commitment to reinforcing our public standing as Australia's largest non-government, not-for-profit network of health, community and aged care providers.

Sharing opinion and analysis

Thought leadership remained one of CHA's strongest engagement tools over the past 12 months. CHA significantly expanded its role in providing commentary and insight, publishing 52 opinion pieces in *Health Matters* and external outlets. Board Directors were also actively involved in content creation for the first time, with opinion articles published under their names, thereby broadening the voice and views of CHA's advocacy.

CHA submitted opinion pieces to Catholic media on social justice, homelessness and palliative care, and

spoke against voluntary assisted dying. We also marked the National Day of Mourning for victims of the Bondi terrorist attack, calling out antisemitism and all forms of religious, racist and cultural hatred.

Keeping reform on the agenda

Over the year, CHA issued 50 media releases covering a range of health, aged care and mission topics, generating coverage across print, radio, online and social media and keeping our priorities visible in the public conversation on health and aged care.

CHA's proactive media strategy balanced rapid responses to emerging issues with longer-term agenda setting, ensuring that we maintained a strong and active media profile throughout the year. Radio interviews were conducted on metropolitan and regional stations, carried in news bulletins and on current affairs programs. The ABC's *The Business* devoted a series to the private hospital sector, covering a number of CHA viewpoints including service closures, premium loopholes and vertical integration. CHA's Director of Health Policy, Dr Katharine Bassett, represented CHA's position on the program.

CHA also provided public commentary on the risks of Healthscope's proposed transition from a private to a not-for-profit entity following its collapse in May 2025. This included an article in *Hello Leader* by Director of Health Policy Dr Katharine Bassett, titled "When private entities fail, communities shouldn't pick up the tab," as well as statements carried by national outlets including the *Australian Financial Review*.



CHA became the first Australian health peak body to produce and host its own podcast series.

Speaking up for the sector

CHA maintained a strong public voice on both the private hospital crisis and the aged care transition throughout the year. On hospitals, opinion pieces including *Silent shutdowns: the private hospital crisis threatening Australia's health system* and *The collapse of private maternity would be a public health disaster* generated significant readership, while joint advocacy with the Australian Private Hospitals Association on prioritising public patients attracted national coverage in *The Courier Mail* and *The Canberra Times*. Key media releases covered support for a Private National Efficient Price, a minimum insurer benefit-payout ratio of 90 per cent of premiums received, hospital in the home expansion with Bupa, the \$25 billion public hospital funding agreement, and budget measures to support funding for increased pay for private hospital nurses.

On aged care, CHA supported the sector's transition to the new Aged Care Act while consistently advocating for a high-quality, equitable system. In May, *The Australian* published a story on CHA's multibillion-dollar budget proposal for long-awaited price caps on home-care services to be delayed by 12 months, a policy that was eventually adopted by the Government. A joint opinion piece in *The West Australian* by Deputy Chair Steve Teulan and Director of Aged and Community Care Alex Lynch set out the sector's priorities, while media releases secured coverage of two concrete wins – \$55 million in government grants for Catholic providers and formal recognition of care minutes delivered by religious sisters – across *Channel 7 News Mackay*, *The Weekly Source*

and *CathNews*. Further releases called for deferral of Support at Home price caps and 60,000 additional home care packages to address the growing waitlist.

Health Matters podcast

In April, Catholic Health Australia became the first Australian health peak body to produce and host its own podcast series, positioning it as a pioneer in digital advocacy. The first *Health Matters* podcast featured respected health economist James Downie discussing a Private National Efficient Price for private hospitals. A dedicated podcast page is now live on the CHA website. The strongest-performing episodes were *Fixing Private Hospital Funding with a Private National Efficient Price* and *Are we buying health, or subsidising activity?*

Taking our priorities to Canberra

CHA used the Federal Budget cycle as a major advocacy platform. The Budget delivered on several areas of sustained CHA advocacy, with communications and media support helping to ensure our key priorities remained prominent in the public conversation and front of mind for decisionmakers.

Central to our strategy was a dedicated Budget Week website which showcased media releases, budget submissions and key policy points. Budget Week events in Canberra provided media photo opportunities of our members with ministers and department senior leaders, which were amplified on social media channels.

Health Matters newsletter

Health Matters was a standout performer across the year, building a loyal and growing audience well above industry benchmarks. Across 12 editions, *Health Matters* reached inboxes more than 20,000 times. On average, four in every 10 recipients opened it, well above the industry benchmark of around 30 per cent, and that figure kept climbing, peaking at nearly 70 per cent in March 2026. The subscriber base held steady at around 1,670 per edition. Mission stories, sector reform updates and member achievements were consistently the most-read content, reflecting strong alignment between editorial focus and audience interest.



Exclusive: CHA warns Govt risks repeating NDIS price cap error

by Caroline Egan Published April 22, 2026

SUBSCRIBE

f X in



Catholic Health Australia

Labor shelves private hospital pricing shake-up

Michael Smith Health editor

Labor has shelved a controversial proposal to introduce a benchmark pricing model for private hospital procedures following opposition from the biggest operator, Ramsay Health Care, to what would have been the biggest shake-up to the private health system in decades.

Instead, the Albanese government will look at changes to private health insurance product tiers, maternity and insurance product tiers, maternity and insurance product tiers, maternity and insurance product tiers.

However, that idea is on the back burner after Ramsay and other hospital groups and insurers pushed back against the plan.

Ramsay's lobbying was led by Health Minister Mark Butler's former chief of staff, Nick Martin, who was appointed the company's head of government relations in November.

Instead, the government will propose new settings for maternity and public hospitals.

It would have replaced the existing health insurers negotiate individual funding deals.

The consultation will also look at changes to gold, silver, bronze and basic health insurance product tiers, and support for patients in regional Australia.

In response to the CEO forums feedback, the government will consult more widely with the sector on how we can improve transparency, choice and affordability in private healthcare for all, a federal government spokeswoman said.

Butler has also said reducing specialist



Anthony Albanese meets patients at the Institute of Ageing Studies.

Call for action as bed block soars 60pc

EXCLUSIVE SARAH ISON ROSIE LEWIS

Hospital bed block has soared by 60 per cent in the past three years, new analysis has revealed, sparking calls for Anthony Albanese to fund 600 transition beds or risk exacerbating an issue already costing the health system up to \$1.5bn a year.

As the Coalition accuses Labor of 'demonstrating a worrying pattern of behaviour' in its treatment of the health system, the government is expected to pass the reforms on Thursday.

However, disability advocates have raised concerns that efforts to ease participants don't lapse in hospital risk being undermined by the government's latest NDIS reforms, hoped to save \$180m over the decade.

Following a suite of amendments to the NDIS bid passing on Wednesday, including a requirement that the NDIS Minister table all pricing advice before using the new powers bestowed on him by the legislation to make unilateral decisions, the lower house is expected to pass the reforms on Thursday.

Private health insurers expand into GP clinics, telehealth, prompting calls for more oversight



Rebate reform 'to hit elderly poor hardest'

EXCLUSIVE

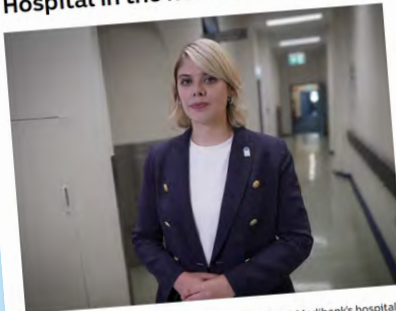
STEPHEN LUNN SOCIAL AFFAIRS EDITOR

A coalition of medical, hospital and seniors groups is urging the Albanese government to reconsider

He said the estimated \$3bn in budget savings from the change would be spent on new aged-care places including 5000 more

expected about 44,000 older Australians to drop out of PHI as a result of the changes, but the letter warns the government hasn't considered the impact of people

Hospital in the home battleground



Catholic Health Australia has raised concerns about Medibank's hospital in the home services, saying Ampliar was competing with Catholic hospital offerings.

THE WEEKLY SOURCE

HEALTHCARE TOPIC: AGED CARE

"It's not about gold-plated luxury": CHA on fixing aged care accommodation

Concerns health insurers creeping towards US-style managed care | The Business | ABC NEWS

ABC

Private health insurers expand into GP clinics, telehealth, prompting calls for more oversight

By business reporter Alison Branley

Digital and social media growth

The launch of the CHA podcast prompted a broader refresh of the CHA website, bringing new content, graphics and resources for members, policymakers and the public. This work expanded into a full content audit, reviewing 100 pages, consolidating duplicates and removing material dating back several years, to better align the site's structure and visual presentation with CHA's strategic direction and refreshed brand identity.

Website performance strengthened on every key metric: 55,976 users and 145,012 sessions, with average session duration up 98 per cent and 37 per cent fewer visitors leaving the site without exploring our content further. Notably, these results came in a non-election year, with users up 148 per cent, sessions up 75 per cent and pageviews up 167 per cent on the pre-election baseline, reflecting sustained growth in audience engagement rather than a campaign-driven spike.

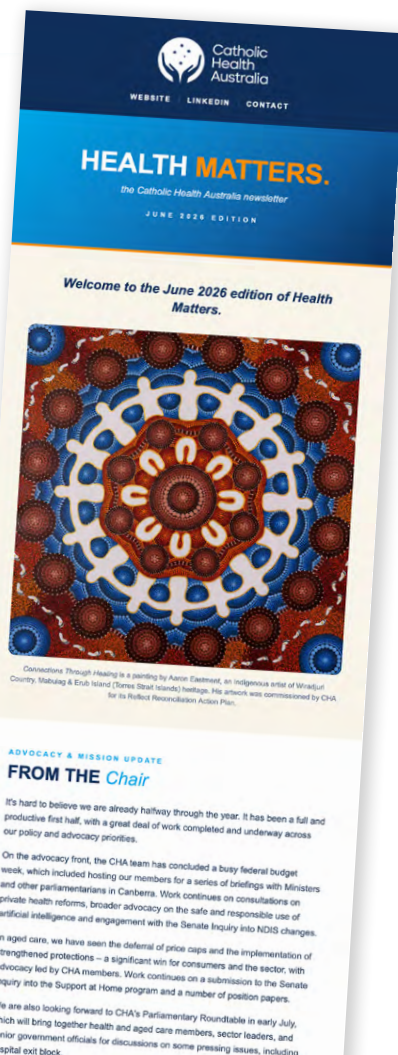
CHA's LinkedIn presence grew significantly, with followers up 38 per cent to 4,121, adding more than 1,000 across the period. Our 52 posts generated over 85,000 impressions and 4,400 clicks, with an engagement rate of 7.5 per cent, roughly double the platform average.

The audience is the right one: more than a third of followers work directly in hospitals, health or aged care, a further 4.4 per cent work in government administration, and nearly half come from adjacent fields including policy, consulting and public affairs, suggesting CHA's voice is travelling well beyond its traditional base.

AI search visibility

2025-26 saw the emergence of AI search platforms as a meaningful referral channel to the CHA website for the first time. ChatGPT directed around 450 visitors to cha.org.au across the reporting period, placing it among the top five external referral sources alongside Google, Bing, LinkedIn and Isentia. This signals that AI-driven information discovery is increasingly surfacing CHA's policy commentary, opinion pieces and member stories in response to user queries about Australian health and aged care, extending CHA's reach beyond traditional search engine indexing.

Health Matters keeps a loyal readership up to date on CHA's advocacy and news and views from our members and ministries



Welcome to the June 2026 edition of Health Matters.



Connections Through Healing is a painting by Aaron Eastman, an Indigenous artist of Wiradjuri Country, Murrumbidgee & Euband (Terns) Strait (Indigenous) Country. His artwork was commissioned by CHA for its Health Matters newsletter.

ADVOCACY & MISSION UPDATE FROM THE Chair

It's hard to believe we are already halfway through the year. It has been a full and productive first half, with a great deal of work completed and underway across our policy and advocacy priorities.

On the advocacy front, the CHA team has concluded a busy federal budget week, which included hosting our members for a series of briefings with Ministers and other parliamentarians in Canberra. Work continues on consultations on private health reforms, broader advocacy on the safe and responsible use of artificial intelligence and engagement with the Senate Inquiry into NDIS changes.

In aged care, we have seen the deferral of price caps and the implementation of strengthened protections – a significant win for consumers and the sector, with advocacy led by CHA members. Work continues on a submission to the Senate Inquiry into the Support at Home program and a number of position papers.

We are also looking forward to CHA's Parliamentary Roundtable in early July, which will bring together health and aged care members, sector leaders, and senior government officials for discussions on some pressing issues, including hospital exit block.

Steve Teulan & Alex Lynch | The West Australian
Wed, 29 October 2025 7:15AM | [Comments](#)



Analysis

Health insurers are expanding into GP services. Here's why it could be a threat to Medicare

by business reporter Alison Branley

The Catholic Weekly

NEWS

news Catholic organisations largely positive toward the Budget

By Tara Kennedy May 21, 2026

THE WEEKLY
SOURCE

Defer Support at Home price caps by 12 months: Catholic Health Australia

THE WEEKLY
SOURCE

“Australia stuck in past due outdated Hospital in the Home regulations”

Chalmers 'must find money for home care' — to make market duration

EXCLUSIVE

SARAH ISON
JENNIFER A. HEDGECOCK

Labor must fund an additional 20,000 to 60,000 home-care packages in the upcoming budget or face walk-list blowouts of up to 200,000 elderly Australians, the country's biggest non-government health and aged-care provider has warned.

As part of a multibillion-dollar budget proposal, Catholic Health Australia also pleaded for awaited price caps on home services to be delayed 12 months from the current

ement consid
winter protecti

However, CHA and other providers have raised concerns about the prospect of price caps introduced in July, given that support-at-home programs are still running for just six months. CHA aged-care director Lynne said price caps had little chance of increasing the cost of some services, which

Our suggestions, on behalf of Catholic providers, offer a pragmatic, realistic path toward addressing the complex demographic challenge," he said.

He also called for a \$1bn to \$2.4bn annual investment as part of Tuesday's budget to fund between 25,000 and 60,000 extra support at home packages.

In its pre-budget submission, CHA called instead for the Affordable Care Quality and Safety Commission to be given the power to require reimbursements or re-

"The introduction of price controls under support-at-home (should be deferred by a further 12 months to mitigate delivery and viability risks during early implementation," the pre-budget mission says.

"This deferral would provide time for prices to be set transparently, tested in operation, and supported by clear and enforceable consumer protections."

Luhof agreed last year to ending the rollout of the support-

However, the government in March backflipped on a controversial decision to include assisted showering and confinement support among the "daily living" services that attracted a co-contribution, at a cost of \$300 in the next budget.

"We said when the Aged Care Act commenced that we'd keep watching how the reforms landed and fix what needed fixing. That's exactly what this is," Aged Care Minister Sam Rae said at the time.

The \$1bn spend was part of a broader aged-care package announced by Health Minister Malcolm Butler in a speech that also included the most drastic reform to the NDS since its inception, a commitment from Labor to build an extra 5000 residential aged-care beds. Despite state governments demanding investment in aged-care bed

Mr Symondson welcomed the establishment of a joint inquiry into elderly Australians facing delayed hospital discharge, prompted by state governments declaring thousands of people were deteriorating as they waited for a spot in residential aged care.

ANNUAL REPORT

Insurance overhaul to fix hospitals

Michael Smith

Health editor

Labor has proposed a major shake-up of private health insurance by simplifying the thousands of types of products on the market, slashing waiting times to access pregnancy cover and forcing funds to share the risk pools for maternity and mental health services.

In a consultation paper released on Thursday, the government said the new private health insurance

Health insurers welcomed the proposed changes, but said they should be implemented only if they did not trigger a rise in premiums, making health insurance unaffordable.

"Any proposal that increases premiums risks making health insurance less affordable for Australian families," says Rachel David, the chief executive of Private Healthcare Australia, which represents health funds.

The Australian Financial Review revealed last month that the Albanese government was looking at changes to private health insurance product tiers, maternity and mental health care and hospitals in the home as part of a public consultation process designed to make the hospital sector more viable and stave off ward closures.

In a series of proposals presented to hospitals and insurers on Thursday, the government proposed an increase in default insurance payouts to more

proposal to introduce a benchmark pricing model for private hospital procedures following opposition from the biggest operator, Ramsey Health Care, to what would have been the most significant shake-up to the private health system in decades.

Butler has also said reducing specialists' fees will be a key focus of the government's health policy reform.

Private hospital operators want private health insurers to increase funding, and health funds argue that

THE AUSTRALIAN

NATION & POLITICS

NATION > POLITICS

Labor faces billion-dollar budget demand on aged care

By **SARAH ISON** Senior political reporter

Labor must fund an additional 20,000 to 60,000 home-care packages in the

"We're now at a point where our major insurers are some of the biggest players when it comes to delivering healthcare," she said.

Dr Bassett said insurers were finding ways to exploit loopholes in existing

Working with members and ministries

Member engagement in CHA's communications channels grew throughout the year, with organisations including Calvary Health Care, Cabrini Health, Mercy Health, St Vincent's Health Australia, St John of God Health Care, VMCH, Scalabrini, Southern Cross Care and the Sisters of the Good Samaritan among those contributing news stories on health, aged care and mission. Their input not only provides valuable content for CHA channels but showcases the work of our members and ministries to a broader audience. We also maintain a strong media relationship with the Australian Catholic Bishops Conference communications team, and those working across the Catholic social services sector.

Looking to the year ahead

The year ahead will focus on consolidating the digital foundations built over the past 12 months and extending CHA's reach further into policy and public conversation. Priority areas include growing the *Health Matters* podcast audience, particularly reaching out to a younger audience, continuing to build LinkedIn engagement beyond the core health and aged care sector, and finalising a website audit to ensure CHA's digital presence reflects the ambition and quality of its advocacy work. With a new CEO commencing and a federal election cycle giving way to a busy legislative agenda, the media and communications function will continue to work closely with policy and advocacy teams to ensure CHA's voice is prominent, timely and grounded in the mission that underpins everything we do.

OUR BOARD OF DIRECTORS



Jenny Parker

Chair

Jenny Parker was elected Chair of Catholic Health Australia in November 2023, having served as a Board Director since 2018.

Jenny brings more than 30 years of professional services experience to the role. She was a partner with EY for over 26 years, most recently leading their Health and Life Sciences practice for Oceania. She has worked closely with health organisations throughout her career, including Mater Misericordiae Ltd and St Vincent's Health, with a background in major government health sector reviews.

Jenny holds a number of positions in the Brisbane Archdiocese, including Director of Brisbane Catholic Education, and is a member of the HESTA board. She is a former Deputy Chancellor of Queensland University of Technology, former Chair of the Centacare Council, and a former board member of Cancer Council Australia.

Stephen Teulan

Deputy Chair and Non-Executive Director

Stephen Teulan has served as a CHA Board Director since November 2020 and became Chair of Catholic Healthcare in August 2021.

A Chartered Accountant, Stephen brings 21 years of executive experience in the aged care and health sectors, including five years leading one of Australia's largest aged care providers. He spent 19 years at Deloitte, including seven years as a partner specialising in health, and five years as a Principal Consultant at the Nous Group leading its health and aged care practice.

Stephen has also served on Federal and State Ministerial Advisory Committees on ageing and aged care.

Julien O'Connell AO

Non-Executive Director

Julien O'Connell AO has been a CHA Board Director since 2015, where he chairs the Mission and Identity Committee and the Remuneration and Nominations Committee.

Julien has a long and distinguished career in insurance, accounting and risk management. He is currently Chairman of Villa Maria Catholic Homes and Chair of the PM Glynn Institute at Australian Catholic University, Chairman of a CEO Institute Syndicate; Member, Catholic Archdiocese of Melbourne's Finance Council and has previously served as Acting Chancellor and Pro-Chancellor of ACU, Executive Chairman of Mercy Health, and Chairman of the Mercy Health Foundation Board.

Julien's service to the community has been recognised with appointment as a Member of the Order of Australia (AM) in 2013, and as an Officer of the Order of Australia (AO) in 2020.

Virginia Bourke

Non-Executive Director

Virginia Bourke has been a CHA Board Director since 2020. She is currently Chair of Mercy Health and Pro-Chancellor of Australian Catholic University.

Virginia brings over 30 years of experience as a lawyer and consultant in private practice and senior in-house counsel roles, with expertise spanning health, aged care, community services, education and publishing. She has particular expertise in the governance of charitable not-for-profit organisations.

Virginia is a Director of Caritas Australia, a member of the Victorian Department of Health Council of Board Chairs, and the Australian Institute of Company Directors' Not-for-Profit Chairs' Forum. She served as Chair of St John Ambulance Victoria from 2017 to 2022 and as a Director of St John Ambulance Australia from 2017 to 2022.



Sr Ruth Durick OSU

Non-Executive Director

Sr Ruth Durick OSU has been a CHA Board Director since 2019. She is a member of the international Institute of the Ursulines of the Roman Union and served as Leader of the Australian Province from 2012 to 2018 and again from 2020 to 2023.

Ruth brings a background in secondary education, administration, formation and governance. She is a member of the order's General Finance Commission, a director of Emerging Futures Collaborative Ltd, and a member of the Australian Institute of Company Directors.

Ruth holds a BA from the Australian National University, a Bachelor of Theology (MCD), Diploma in Education, Master of Arts in Social Ecology (UWS), and Master of Letters in Peace Studies (UNE).

Hon Kerry Sanderson AC CVO

Non-Executive Director

Honourable Kerry Sanderson AC CVO has been a CHA Board Director since 2018 and Chair of St John of God Health Care since May 2018. She has had a long and distinguished career in public life and corporate Australia, including serving as Governor of Western Australia from 2014 to 2018, the first woman to hold that role.

Kerry has held senior executive positions including CEO of Fremantle Ports, Agent General for WA, and Deputy Director General of Transport for WA. She is a former Chancellor of Edith Cowan University, former Chair of the Gold Corporation, and a former Non-Executive Director of listed companies Downer EDI and Atlas Iron.

Kerry was named a Companion of the Order of Australia in 2016 for eminent service to the people of Western Australia and appointed a Commander of the Royal Victorian Order in 2020. She is Chair of the WA Parks Foundation and President of Scouts WA.

Sister Clare Nolan RSC

Non-Executive Director

Sister Clare Nolan RSC joined the CHA Board in November 2021. She served as Congregational Leader of the Sisters of Charity for six years until 2021, during which time she was also a member of Mary Aikenhead Ministries, the stewards of St Vincent's Health Australia.

Clare completed her nurse training at the Mater Hospital Brisbane before entering the Sisters of Charity. Following her Formation as a Sister, she was missioned to the healing ministry of Christ at St Vincent's Darlinghurst in Sydney where she was Director of Nursing.

She has remained in the healing ministry throughout her religious life, with nursing and health administration central to her vocation, including 18 years in Congregational Leadership.

Francis Price

Non-Executive Director

Francis Price was appointed to the CHA Board in February 2024 as the representative of Southern Cross Care Australia. He is currently Chair of Southern Cross Care Australia and Southern Cross Care QLD, with a particular interest in the provision of services to regional communities.

Francis brings significant executive experience in asset management and the built environment, having held senior roles at Shell, Sodexo, Brisbane City Council and BHP Mitsubishi Alliance across Queensland and Western Australia, including overseeing accommodation for over 8,000 people in the resource industry.

In addition to his board roles, Francis has operated his own private consultancy for the past decade.



Sylvia Falzon AM

Non-Executive Director

Sylvia Falzon AM was appointed to the CHA Board in March 2024 and brings over 30 years of executive experience in financial services to the role. She serves as Chairman of Cabrini Australia Limited, and is currently an Independent Non-Executive Director of ASX-listed Suncorp Group Limited and Premier Investments Limited. She is also a member of the Australian Government Takeovers Panel and has extensive experience in business transformation, IPOs, mergers and acquisitions.

In January 2026, Sylvia was appointed a Member of the Order of Australia (AM) in the Australia Day Honours for significant service to community health, to corporate governance, and to the museums and finance sectors.

She holds a Master of Industrial Relations and Human Resource Management (Hons) from the University of Sydney and a Bachelor of Business from the University of Western Sydney. She is a Senior Fellow of the Financial Services Institute of Australasia and a Fellow of the Australian Institute of Company Directors.

Patrick Brady

Non-Executive Director

Patrick Brady has been a CHA Board Director since 2024. He brings more than 38 years of experience in the civil engineering industry and has applied that expertise across a number of board-level roles since 2012.

Patrick is currently Chair of Mater Misericordiae Ltd in Queensland – a network of 11 hospitals and health services, a nationally accredited education provider and world-class research institute – and has played a key role in successful mergers including the consolidation of Mater's three ministries into a single, state-wide entity.

He was the founder and Chair of Premise Holdings Pty Ltd, one of Queensland's leading engineering firms, and has previously served as a director of Port of Townsville. He is also Chair of Energy Queensland Ltd, a Queensland Government owned corporation providing energy distribution and retail services across the state.

Bishop Columba Macbeth-Green OSPPE DD

Non-Executive Director

Bishop Columba Macbeth-Green OSPPE joined the CHA Board in 2025 as the representative of the Australian Catholic Bishops Conference and its bishop-delegate for health.

Bishop Columba joined the Order of St Paul the First Hermit (Pauline Fathers) in 1990 and was ordained in 1991. He served in NSW parishes and as a police chaplain in NSW and southeast Queensland before Pope Francis appointed him Bishop of Wilcannia-Forbes in 2014 – one of Australia's largest dioceses geographically.

At the time of his episcopal appointment, Bishop Columba served as Provincial Vicar of the Pauline Fathers in Australia, and Rector of the Shrine of Our Lady at Marian Valley in Queensland.

Greg Cooper

Non-Executive Director

Greg Cooper has been a CHA Board Director since 2025. He brings more than 30 years of financial services experience, with a non-executive career spanning government, superannuation, banking and technology.

Greg currently serves as Chairman of Little Company of Mary Health Care Limited and Perpetual Limited, and as Independent Chairman of Avanteos Investments Limited. He is also a Non-Executive Director of Australian Payments Plus Limited, EdStart Pty Ltd, Tracks Media Pty Ltd and the Australian Indigenous Education Foundation, and an independent member of the Queensland Investment Corporation Private Equity Investment Committee.

Greg holds a Bachelor of Economics (Actuarial Studies) from Macquarie University and is a Fellow of the Institute of Actuaries of Australia.



Damien O'Brien

Non-Executive Director

Damien O'Brien joined the CHA Board in 2026. He has been a director of St Vincent's Health Australia and its subsidiary Boards since November 2019. He currently serves as Chair of the Mission, Ethics & Advocacy Committee, and is a member of the Audit & Risk Board Committee.

Damien is the former Chair and Chief Executive Officer of Egon Zehnder, a leading global advisory firm specialising in board advisory services and executive recruitment. Earlier in his career, he was an Associate Consultant with McKinsey & Company. He has held various non-executive director roles in the commercial and not-for-profit sectors in Australia and overseas.

Damien holds a Bachelor of Economics from the University of New South Wales, an MBA from Columbia University, and a Diploma in Theology and Philosophy from St Columban's College.

“We are building our reputation as policy developers who bring solutions, bridging policy ambition and operational reality. **Delivering better policy outcomes** for vulnerable, disadvantaged, neglected and stigmatised Australians.”

— CHA Strategic Plan 2026–2029

OUR STAFF



Tim Udorovic

Chief Executive Officer

Tim Udorovic is Chief Executive Officer of Catholic Health Australia (CHA), the largest network of not-for-profit health, aged care and community providers in Australia. He is leading the implementation of a new three-year strategy focused on supporting our members through high-impact advocacy and policy leadership.

Tim brings extensive experience as a senior leader across government, consulting and mission-driven organisations, including most recently in the Catholic education sector. He has advised senior cabinet ministers at both federal and state levels in Australia on major policy areas including demographics and ageing, infrastructure, migration, industry and energy policy. He has also worked in the private sector as a management consultant, where he built a reputation for thoughtful leadership and aligning stakeholders around shared strategic objectives.

Tim is committed to mission-led advocacy and to CHA's role as a trusted voice for members whose work supports people at some of the most important and difficult moments in their lives. He is focused on advancing CHA's mission of enabling accessible, high-quality care on behalf of its member organisations.

Dr Katharine Bassett

Director, Health Policy

Katharine Bassett joined CHA in April 2024 as Director of Health Policy, where she leads national health advocacy and reform initiatives focused on equity, financial sustainability and access to care. She brings deep policy and reform expertise from senior roles across government, national peak bodies and consulting, including directing research and reform strategy at the Australian Medical Association and delivering transformation projects as a consultant with KPMG.

Katharine holds a PhD in clinical immunology and genomics from the Australian National University (ANU), where she is also a visiting lecturer, and serves as a Director on several boards.

Alex Lynch

Director of Aged and Community Care

Alex Lynch is CHA's Director of Aged and Community Care, having previously worked across the organisation's community aged care and hospitals portfolios. He began his career in aged care homes and community-based services, before moving into health policy roles in and out of government, including with the Independent Health and Aged Care Pricing Authority and the Royal Australasian College of Physicians.

Alex has also worked with not-for-profit educational institutions and is focused on policy that keeps quality health and aged care accessible to the community's most vulnerable members. He joined CHA in 2022.

Brigid Meney

Director of Strategy and Mission

Brigid Meney joined CHA in 2022 as Director of Strategy and Mission, bringing more than a decade's experience in the public and not-for-profit sectors. She began her career as a nurse in aged care before working as a ministerial adviser for federal and state Coalition ministers across health, aged care, multicultural affairs, and resources and energy portfolios.

Brigid holds an Arts degree and a Masters in Nursing from the University of Sydney, and completed a Masters in Public Leadership and Policy at UNSW.

Adrian Kerr

Director, Public Affairs and Media

Adrian Kerr is CHA's Director of Public Affairs and Media. He joined the peak body in June 2023 as Director of Communications, Media and Governance to pursue his interests in social justice. Adrian worked in newsrooms across Sydney, Melbourne and country Victoria, including as a journalist, producer and Chief of Staff at the ABC.

He later worked as Media Director at a Royal Commission and held senior roles in several NSW public sector agencies, including Group Media Director at NSW Education during the pandemic.



Annabelle Wang

Policy Manager

Annabelle Wang is a Policy Manager at CHA, leading work on complex issues at the interface of health and aged care policy. She brings experience from consultancy firms PwC and Scyne Advisory, where she partnered with governments, health and aged care providers, and human and social service sectors to deliver strategic policy solutions.

Annabelle holds a Bachelor of Biomedicine from the University of Melbourne and is completing a Master of Public Health. She joined CHA in 2024 and is focused on a range of policy initiatives including primary care, digital health innovation and workforce strategy.

Dominic Butler

Policy Officer

Dominic Butler is a Policy Officer at CHA, having previously worked in cancer policy across the UK, where he engaged with clinicians, patients and policymakers to drive improvements in genomics and digital health.

Dominic holds a Master of Arts in the Philosophy, Politics and Economics of Health from University College London. Based in Melbourne, his work at CHA reflects his commitment to addressing health inequities and advancing accessible, evidence-based healthcare across Australia. He joined CHA in December 2025.

Dr Megan Eustace

Policy Officer

Megan Eustace is a Policy Officer at CHA, bringing a strong foundation in clinical practice and research. She holds a background in speech-language pathology and a PhD in Speech and Language Sciences from the University of Canterbury, where her work focused on improving service delivery and policy for Indigenous families living with dementia in Aotearoa New Zealand.

Megan joined CHA in 2025, with a commitment to ensuring health policy reflects the voices and needs of both healthcare providers and people with living and lived experience.

Shona McQueen

Senior Advisor, Aged Care

Shona McQueen has more than a decade's experience working in aged care policy at senior levels in the federal Department of Health and Ageing, and previously the Department of Social Services, including as Assistant Secretary of the Home Care Reform Branch in the Ageing and Aged Care Stream.

Following her retirement from the public service, Shona joined CHA as Senior Advisor, Aged Care in 2018.

Deborah Reynolds

Office and Membership Manager

Deborah Reynolds is CHA's Office and Membership Manager and longest-serving staff member, having joined the organisation in 2007. She coordinates the Secretariat and plays a central role in scheduling Board meetings and other events, including CHA's Fishes and Loaves dinners, which bring members and guests together around the country.

Deborah maintains the Secretariat in Canberra, and has been pivotal to the success of CHA's National Conference, including the national awards program.



OUR MEMBERS

Catholic Health Australia is Australia's largest non-government, not-for-profit group of health, community, and aged care providers.

Our members operate 84 hospitals across each Australian state and the ACT, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care. There are 66 private hospitals operated by CHA members. CHA members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services. Twenty five per cent of our members provide services to regional, rural and remote Australia.

Archdiocese of Melbourne

Archdiocese of Sydney

Ballycara

Cabrini Health

Calvary Ministries

Cardinal Stepinac Village

Catholic Healthcare

Catholic Homes Incorporated

Catholic Religious Australia

CatholicCare Central Queensland

Centacare Brisbane

Daughters of Charity of St Vincent de Paul

Diocese of Lismore

Diocese of Port Pirie



In May 2026, Catholic hospital and aged care providers met in Canberra for a round of ministerial and departmental budget briefings. The dialogue is an important event in CHA's advocacy calendar and an opportunity for members to discuss issues directly with Government.

Franciscan Missionaries of the
Divine Motherhood

Franciscan Sisters of the Heart of Jesus

Little Sisters of the Poor

Mary Aikenhead Ministries

Mercy Ministries Companions

Mercy Partners

MercyCare Limited

Mount La Verna Retirement Village

Ozcare

Queensland Hibernian Society

Scalabrini

Sisters of St Paul De Chartres

Southern Cross Care (NSW & ACT)

Southern Cross Care (QLD)

Southern Cross Care (SA, VIC & NT)

Southern Cross Care (Tas)

Southern Cross Care (WA)

St John of God Health Care

St Vincent de Paul Housing Australia

St Vincent De Paul Queensland

St Vincent De Paul Society

Trustees of Catholic Aged Care Sydney

UnitingCare Qld (Hospitals)

A passion for ensuring Aboriginal women and families feel safe, supported and empowered throughout pregnancy and birth has seen St John of God Midland Public and Private Hospital midwife Jodee Hollingsworth named winner of Excellence in Aboriginal Health and the overall winner of the 2026 WA Nursing and Midwifery Excellence Awards.



FINANCIAL STATEMENTS

Directors' Report 30 June 2026

Your directors present this report on the company for the financial period ended 30 June 2026.

The names of each person who has been a director during the year and to the date of this report are:

Mr. Stephen Teulan (Chair)	Current
Mr. James Birch AM	Retired in November 2025
Ms. Virginia Bourke	Current
Mr. Patrick Brady	Current
Mr. Greg Cooper	Current
Sr Ruth Durick osu	Current
Ms Sylvia Falzon	Current
Bishop Columba Macbeth-Green	Current
Mr. Paul McClintock AO	Retired in July 2025
Sr Clare Nolan rsc	Current
Mr Damien O'Brien	Current
Mr. Julien O'Connell AO	Current
Ms. Jenny Parker	Retired in July 2026
Mr. Francis Price	Current
Hon Kerry Sanderson AC CVO	Current

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated. In August 2026, Damien O'Brien was elected Board Chair and Virginia Bourke was elected Deputy Board Chair of Catholic Health Australia effective 31 August 2026.

Principal Activities

The principal activities of the company during the period were to promote justice and compassion in health care, influence public policy in relation to health and aged care, and strengthen the presence and influence of Catholic health and aged care within the Australasian health care system.

Short-term and long-term objectives

The company's short-term objectives are to advance health, social, and public welfare as the national advocate for the health, aged care and community services of the Catholic Church by supporting the service capacity and promoting the Catholic identity of its members.

The company's long-term objectives are to pursue the direct benevolent relief of illness, the needs of the aged, and of poverty for the benefit of all Australians.

Strategies

The company operated during the period under the strategic plan adopted for the period 1 July 2020 to 30 June 2026. The three strategic priorities of that plan were:

Influential Advocacy: CHA will advocate for, and lead on, policies and programs that support CHA members and the healing ministry of Christ across health, aged and community care.

Sector Engagement: CHA will strengthen its collaborative engagement with CHA members, government, Catholic organisations, other key stakeholders, and the wider community to support advocacy.

Capability: build the capacities of our people in support of Catholic health, aged, and community services.

In November 2025, the Board adopted a new strategic plan to operate from 1 July 2026 to 30 June 2029. The four goals of that plan are:

Catholic identity and mission: CHA supports its members in sustaining and integrating Catholic identity and mission in the delivery of compassionate, holistic care, including through formation, ethical practice and a refreshed Code of Ethical Standards.

Policy development and reform: CHA acts as a trusted partner and strategic policy adviser, bringing member insights and evidence-based solutions to government and shaping the direction of health and aged care policy.

Collaboration for collective impact: CHA creates opportunities for members to share innovation, learn from each other and act collectively, including through member networks and sector-wide mission leadership.

Organisational strength: CHA operates with excellence, integrity and transparency, supported by efficient operations, sound governance and conscious growth of its membership and impact.

Stephen Teulan

Qualifications

- BCom. CA GAICD

Experience

- Board Chair Catholic Healthcare Ltd
- 21 years in senior management roles in the aged care and health sectors
- 5 years Principal Consultant Nous Group, including leading its health ageing consulting practice
- 19 years in Deloitte -7 years as a partner specialising in the health sector.

Appointment

- CHA Constitution Rule 22 (b) – Aged Care

Special responsibilities

- Deputy Chair, Catholic Health Australia Board from November 2023
- Member of Finance, Audit & Risk Committee
- Member of the Mission & Identity Committee
- Chair, Catholic Health Australia from July 2026

James Birch AM

Qualifications

- Bachelor of Health Administration (UNSW)

Experience

- Chair, Little Company of Mary Health Care
- Director of the Women's and Children's Hospital Foundation
- Director of Beamtree Holdings Ltd

Appointment

- CHA Constitution Rule 22 (a) (i) – Little Company of Mary Limited

Virginia Bourke

Qualifications

- BA LLB (Hons) MA Grad Dip Theology FAICD
- Fellow, Australian Institute of Company Directors

Experience

- Chair, Mercy Health
- Pro-Chancellor, Australian Catholic University
- Director, Caritas Australia
- Member, Not for Profit Chairs' Forum, Australian Institute of Company Directors
- Member, Appeal Committee, Royal Australasian College of Surgeons
- Chair, Review Panel, Royal Australasian College of Surgeons
- Consultant, retired from private legal practice

Appointment

- CHA Constitution Rule 22 (b) - Aged Care

Special responsibilities

- Member of the Nominations and Remuneration Committee

Patrick Brady

Qualifications

- Bachelor of Engineering (Honours)

Experience

- Chair, Mater Misericordiae Ltd
- Director & Majority Shareholder, Premise Holdings Pty Ltd
- Director, DataFarming Pty Ltd
- Chair, Energy Queensland

Appointment

- CHA Constitution Rule 22 (b) - Elected by ordinary members

Special responsibilities

- Member of the Nominations and Remuneration Committee

Greg Cooper

Qualifications

- FIAA, BEc

Experience

- Board Chair, Little Company of Mary Health Care Limited
- Board Chair, Perpetual Limited
- Independent Chairman, Avanteos Investments Limited (Trustee of the Colonial)
- First State Superannuation Funds
- Non-Executive Director – Australian Payments Plus and subsidiaries
- Non-Executive Director – Australian Indigenous Education Foundation

Appointment

- CHA Constitution Rule 22 (a) (i) – Little Company of Mary Limited

Sr Ruth Durick, osu

Qualifications

- BA (ANU); B. Theol (MCD); Dip Ed; M.A.(Social Ecology) UWS; M. Litt.(Peace Studies) (UNE)

Experience

- Director, Board of Emerging Futures Collaborative Ltd
- Director, Trustees of the Ursuline Nuns of the Roman Union (NSW RCC Lands Act)
- Director, Community of Ursuline Nuns (Qld Letters Patent)
- Member Ursuline General Finance Commission 2016-current
- Chair of Members, St Ursula's College Toowoomba 2012-2016
- Member, Australian Institute of Company Directors

Appointment

- CHA Constitution Rule 23.4 - Board Appointee (1)

Sylvia Falzon

Qualifications

- MIR (Hons) (US); BBus(UWS)
- Fellow, FAICD
- Senior Fellow, SFFin

Experience

- Chair, Cabrini Australia Ltd
- Director, Suncorp Group Ltd
- Director, Premier Investments Ltd
- Member of Federal Government Takeovers Panel

Appointment

- CHA Constitution Rule 23.4 - Board Appointee (2)

Bishop Columba Macbeth-Green

Qualifications

- Doctor of Divinity

Experience

- Bishop of Diocese of Wilcannia-Forbes
- Member Bishops Commission for Social Justice, Mission and Service

Appointment

- CHA Constitution Rule 22(c) - Australian Catholic Bishops Conference Designate

Paul McClintock AO

Qualifications

- BA, LLB

Experience

- Chair, St Vincent's Health Australia
- Chair, Icon Group
- Chair, Metlifecare Limited
- Life Governor of the Woolcock Institute of Medical Research
- Honorary Life Trustee of CEDA

Appointment

- CHA Constitution Rule 22(a) (v) – St Vincent's Health Australia Limited

Special responsibilities

- Member of the Nominations and Remuneration Committee

Sr Clare Nolan, rsc

Qualifications

- Bachelor Applied Science Nursing Administration – (QUT, 1979)
- Clinical Pastoral Education - Brisbane, 1979
- Registered Midwife - Queen Victoria Hospital, Launceston, 1975
- Registered Nurse - Mater Hospital, Brisbane, 1964

Experience

- Congregational Leader of Our Lady's Nurses for the Poor 2017-2021
- Member of the Congregational Leadership Team, 1984-1996
- Solomon Island Australia Foundation Ltd, 1998-2008
- National Chief Executive Officer, Sisters of Charity Health Service, 1996- 1997
- Member, Australian Institute of Company Directors
- Director of Nursing: St Vincent's Hospital Sydney, 1982-1984

Appointment

- CHA Constitution Rule 22(d) - Catholic Religious Australia designate

Special responsibilities

- Member of the CHA Mission & Identity Committee

Damien O'Brien

Qualifications

- BCom (UNSW) MBA (Columbia University)

Experience

- International career as a partner and consultant with Egon Zehnder
- Global Chair and CEO, Egon Zehnder
- Various directorships including St Vincents Health Australia
- Previous boards include St Vincent's Private (Sydney) & IMD Business School Switzerland

Appointment

- CHA Constitution Rule 22(a) (v) – St Vincent's Health Australia Limited

Julien O'Connell AO

Qualifications

- Diploma of Accounting
- Fellow of the Australian Institute of Company Directors

Experience

- Chairman, Villa Maria Catholic Homes
- Director of a number of related entities Enterprise Ireland (Trade Attaché)
- Board Member, Finance Council, Catholic Archdiocese of Melbourne
- Chairman, CEO Institute (Syndicate 4) - Mentoring to CEO & Chairs of Member
- Companies
- Member, Equestrian Order of the Holy Sepulchre of Jerusalem
- Chair, PM Glynn Institute (ACU)
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne

Appointment

- CHA Constitution Rule 22(b)

Special responsibilities

- Chair of the CHA Mission and Identity Committee
- Member of the Nominations and Remuneration Committee

Jennifer Parker

Qualifications

- B. COMM (UQ) FCA GAICD
- Hon Doctor of QUT
- Fellow of Chartered Accountants Australia and New Zealand (CAANZ)
- Graduate Institute of Company Directors

Experience

- Former Partner Ernst & Young (EY)
- Director, Brisbane Catholic Education – Archdiocese of Brisbane
- Director, Archdiocesan Council – Archdiocese of Brisbane
- Board Member Queensland Museum
- Board Member HESTA
- Board Chair Mercy Partners

Appointment

- CHA Constitution Rule 22 (a) (ii) – Mercy Partners

Special responsibilities

- Chair, Catholic Health Australia Board from November 2023 to July 2026
- Member Nominations and Remuneration Committee.
- Member of the Executive Committee

Archbishop Julian Porteous DD

Qualifications

- B. Theology

Experience

- Archbishop of Hobart
- Auxiliary Bishop of Sydney
- Established the Office for Evangelisation, CREDO
- Titular Bishop of Urusi
- Member of the Bishops Commission for Social Justice, Mission & Service
- Patron for Shalom Media Australia

Appointment

- CHA Constitution Rule 22(c) - Australian Catholic Bishops Conference Designate

Francis Price

Qualifications

- Associate Diploma in Civil Engineering (QIT)
- Bachelor of Business (QUT)
- Master of Business Administration (Curtin)
- GAICD

Experience

- Chair, Southern Cross Care (Aust)
- Chair, Southern Cross Care Queensland Limited
- Director, Abrigo Pty Ltd
- Director, P2you Pty Ltd

Appointment

- CHA Constitution Rule 22 (a) (iii) Southern Cross Care Australia

Special responsibilities

- Member of the Finance, Audit & Risk Committee

Hon Kerry Sanderson AC CVO

Qualifications

- Bachelor of Science; Bachelor of Economics; Hon DLitt (UWA);
- Doctor of the University (Murdoch University);
- FAICD

Experience

- Current Chair St John of God Health Care Inc
- Former Governor of Western Australia
- Former Chancellor of Edith Cowan University
- Chair of the WA Parks Foundation
- Patron of the Western Australian Aboriginal Leadership Institute
- Former Agent General for WA
- Former CEO of Fremantle Ports

Appointment

- CHA Constitution Rule 22 (a) (iv) St John of God Health Care Inc

Special Responsibility

- Member of the Nominations and Remuneration Committee

Meetings of Directors

During the financial year, seven meetings of directors were held. Attendances by each director were as follows:

	Number eligible to attend	Number attended
Mr. Stephen Teulan (Chair)	7	7
Mr. James Birch AM	4	2
Ms. Virginia Bourke	7	6
Mr. Patrick Brady	7	6
Mr. Greg Cooper	3	2
Sr Ruth Durick osu	7	7
Ms. Sylvia Falzon	7	4
Bishop Columba Macbeth-Green	6	3
Mr. Paul McClintock AO	1	0
Sr Clare Nolan rsc	7	7
Mr. Damien O'Brien	2	1
Mr. Julien O'Connell AO	7	5
Ms. Jenny Parker	7	7
Archbishop Julian Porteous DD	1	0
Mr. Francis Price	7	7
Hon Kerry Sanderson AC CVO	7	7

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2026, the number of members was 37.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2026 has been received and can be found on page 34 of the financial report.

Signed in accordance with a resolution of the Board of Directors.

Director



Stephen Teulan
Date: 25 August 2026

Director



Francis Price
Date: 25 August 2026

RSM Australia Partners

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www.rsm.com.au

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Catholic Health Australia Limited for the year ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not for profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.



RSM Australia Partners



RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 25 August 2026

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

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STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2026

		2026 \$	2025 \$
Revenue	Note 2	3,222,041	3,225,557
Other income	2	422,655	777,836
		3,644,696	4,003,393
Employee benefits		(2,277,174)	(2,072,316)
Sponsorship, grants, honorariums and donations		(14,129)	(51,393)
Travel		(176,142)	(181,834)
Phone and internet		(7,041)	(7,652)
HR expenses		(71,080)	-
Accounting		(78,054)	(75,227)
Consultancy expenses	3	(357,272)	(621,219)
Depreciation and amortisation		(46,525)	(49,121)
Insurance		(25,098)	(44,544)
Office supplies, printing, postage		(27,466)	(31,547)
Conference expenses		(48,589)	(470,623)
Legal expenses	3	(16,242)	(497,930)
Administration expenses		(372,869)	(279,765)
		(3,517,681)	(4,383,171)
(Deficit)/Surplus before income tax		127,015	(379,778)
Tax expense		-	-
Net (deficit)/surplus		127,015	(379,778)
Other comprehensive income	7	(28,330)	70,975
Total comprehensive income		98,685	(308,803)

The above statement of comprehensive income should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2026

	Note	2026 \$	2025 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	1,733,722	1,544,329
Trade and other receivables	5	31,970	37,231
Other current assets	6	1,548,593	1,387,190
Total current assets		3,314,285	2,968,750
NON-CURRENT ASSETS			
Investment	7	1,191,874	1,185,207
Property, plant and equipment	8	3,480	8,591
Right of use asset	8	94,119	3,398
Total non-current assets		1,289,473	1,197,196
TOTAL ASSETS		4,603,758	4,165,946
LIABILITIES			
Current liabilities			
Trade and other payables	9	509,401	286,911
Provisions	10	213,215	197,953
Lease liabilities	11	44,577	4,139
Total current liabilities		767,193	489,003
Non-current liabilities			
Provisions	10	26,752	20,726
Lease liabilities	11	54,911	-
Total non-current liabilities		81,663	20,726
TOTAL LIABILITIES		848,856	509,729
NET ASSETS		3,754,902	3,656,217
EQUITY			
Retained Earnings		3,536,268	3,916,046
Investment revaluation reserves	7	91,619	119,949
(Deficit)/Surplus for the year		127,015	(379,778)
TOTAL EQUITY		3,754,902	3,656,217

The above statement of financial position should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2026

	Retained Earnings	Investment revaluation reserves	Total
	\$	\$	
Balance as at 1 July 2024	3,916,046	48,974	3,965,020
Other comprehensive income	-	70,975	70,975
Surplus/(deficit) for the year attributable to members of the entity	(379,778)	-	(379,778)
Balance as at 30 June 2025	3,536,268	119,949	3,656,217
Other comprehensive income	-	(28,330)	(28,330)
Surplus/(deficit) for the year attributable to members of the entity	127,015	-	127,015
Balance as at 30 June 2026	3,663,283	91,619	3,754,902

The above statement of changes in equity should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 \$	2025 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from memberships, workshops and sales		3,508,148	4,447,549
Payments to suppliers and employees		(3,329,036)	(4,403,627)
Other income		(6,667)	(91,150)
Interest paid on lease liabilities		(9,674)	(5,433)
Interest received		71,474	84,674
Net cash generated from operating activities		234,245	32,013
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Property, Plant and Equipment		-	(207)
Net cash used in investing activities		-	(207)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of lease liabilities		(44,852)	(42,465)
Net cash used from financing activities		(44,852)	(42,465)
Net (decrease)/increase in cash held		189,393	(10,659)
Cash on hand at beginning of the financial year		1,544,329	1,554,988
Cash on hand at end of the financial year	4	1,733,722	1,544,329

The above statement of cash flows should be read in conjunction with the accompanying notes.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Catholic Health Australia Limited as an individual entity, incorporated and domiciled in Australia. Catholic Health Australia Limited is a company limited by guarantee.

New or amended Accounting Standards and Interpretations adopted

Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'). The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in these financial statements.

Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Leases

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the consolidated entity's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred. Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification. An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use.

Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

NOTE 2. REVENUE AND OTHER INCOME

	2026 \$	2025 \$
REVENUE		
Membership subscription	3,222,041	3,225,557
	3,222,041	3,225,557
OTHER INCOME		
Workshop and conference	-	519,085
Investment portfolio income	58,599	41,502
ELDAC income	257,299	84,934
Interest received	71,474	84,674
Other	35,283	47,641
	422,655	777,836
	3,644,696	4,003,393

Accounting Policy

Membership subscription revenue

Revenue is recognised at the amount that reflects the consideration to which the entity is expected to be entitled in exchange for transferring the service to the customer over the period of the membership.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other income

Events, workshops, sale of goods and other income is recognised when the right to receive payment is established.

NOTE 3. EXPENSES

	2026 \$	2025 \$
CONSULTANCY EXPENSES		
Consultancy fees - Media	145,000	72,000
Consultancy fees - Policy	524	442,697
Consultancy fees - Discernment	1,740	-
Consultancy fees - Others	210,008	106,522
	357,272	621,219
LEGAL COSTS	16,242	497,930

The FY25 legal fees reflect costs for advice and representation for members associated with the renewal of an ACCC exemption and before the Fair Work Commission hearings in relation to the wages for nurses and other health workers.

NOTE 4. CASH AND CASH EQUIVALENTS

	2026 \$	2025 \$
Cash at bank	1,733,722	1,544,329
	1,733,722	1,544,329

Accounting Policy

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other shortterm, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

NOTE 5. TRADE AND OTHER RECEIVABLES

	2026	2025
	\$	\$
Accounts receivable	31,970	37,231
	31,970	37,231

Accounting Policy

Trade and other receivables are recognised at amortised cost, less any allowance for expected credit loss.

NOTE 6. OTHER CURRENT ASSETS

	2026	2025
	\$	\$
Accrued income	23,391	75,633
Term deposits with maturity greater than three months	1,442,670	1,272,403
Prepayments	82,532	39,154
	1,548,593	1,387,190

Included in the term deposits above is a term deposit held in the name of the Company to offset the bank guarantee related to the Sydney Lease. The amount of the guarantee provided for as of 30 June 2026 was \$15,959.

NOTE 7. INVESTMENT

	2026	2025
	\$	\$
Investment portfolio	1,191,874	1,185,207
	1,191,874	1,185,207

The investment portfolio consists of diverse investment categories, including equities, bonds, mutual funds and private equity. We have engaged a professional investment manager to oversee and manage this diversified portfolio. Included in other income is \$58,599 (2025: \$41,502) being income generated by the investment portfolio.

Accounting Policy**Investments and other financial assets**

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through other comprehensive income

Financial assets at fair value through other comprehensive income include equity investments which the company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Fair value through other comprehensive income election

The company has made the irrevocable election to classify investments in managed funds as fair value through other comprehensive income, whereby gains and losses are recognised through equity as opposed to the profit and loss on disposal, and the cumulative changes in fair value will remain in equity and are not recycled to the profit and loss. The closing reserve as of 30 June 2026 was \$91,619 (2025: \$119,949).

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2026 \$	2025 \$
OFFICE FURNITURE		
At cost	61,263	61,263
Less accumulated depreciation	(57,783)	(52,672)
	3,480	8,591
RIGHT-OF-USE ASSETS		
At cost	135,532	203,990
Less accumulated depreciation	(41,413)	(200,592)
	94,119	3,398
	97,599	11,989

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Office Furniture \$	Right-of-use assets \$	Total \$
Balance as at 1 July 2025	8,591	3,398	11,989
Additions	-	135,532	135,532
Disposals	-	-	-
Depreciation expense	(5,111)	(44,811)	(49,922)
Balance as at 30 June 2026	3,480	94,119	97,599

Accounting Policy

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is available for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Office equipment	10% - 33%
Furniture and fittings	10% - 33%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

Right-of-use asset

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the entity expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities. The entity has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

NOTE 9. TRADE AND OTHER PAYABLES

	2026	2025
	\$	\$
Trade payables	387,905	172,891
Accrued expenses	121,496	114,020
	509,401	286,911

Accounting Policy

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

NOTE 10. PROVISIONS

	2026	2025
	\$	\$
CURRENT		
Annual leave	167,453	156,880
Long service leave	45,762	41,073
	213,215	197,953
NON-CURRENT		
Make good provision	1,995	1,995
Long service leave	24,757	18,731
	26,752	20,726
	239,967	218,679

Accounting Policy*Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

NOTE 11. LEASE LIABILITIES

	2026 \$	2025 \$
Current lease liabilities	44,577	4,139
Non-current lease liabilities	54,911	-
	99,488	4,139

Accounting Policy

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the incorporated association's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

NOTE 12. KEY MANAGEMENT PERSONNEL DISCLOSURE

	2026 \$	2025 \$
COMPENSATION		
The aggregate compensation made to directors and other members of key management personnel of the Company is set out below:		
Aggregate compensation	705,450	425,612

NOTE 13. RELATED PARTY TRANSACTIONS

Key management personnel

Disclosures relating to key management personnel are set out in Note 12.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

NOTE 14. REMUNERATION OF AUDITORS

	2026 \$	2025 \$
Audit of the financial statements	23,000	21,500

NOTE 15. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

NOTE 16. ENTITY DETAILS

The registered office of the Company and the principal place of business is:

Catholic Health Australia Limited
Level 5, 60 Marcus Clarke Street
Canberra ACT 2601
ABN 30 351 500 103

NOTE 17. MEMBERS' GUARANTEE

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2026, the number of members was 37 (2025: 40).

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Catholic Health Australia Limited, the directors declare that:

1. The financial statements are in accordance with the Australian Charities and Not-for-profit Commission Act and
 - a. comply with Australian Accounting Standards – Simplified Disclosures; and
 - b. give a true and fair view of the financial position of the company as at 30 June 2026 and of its performance for the period ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Stephen Teulan
Date: 25 August 2026

RSM Australia Partners

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CATHOLIC HEALTH AUSTRALIA LIMITED

Opinion

We have audited the financial report of Catholic Health Australia Limited ("the entity"), which comprises the statement of financial position as at 30 June 2026, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors declaration.

In our opinion, the financial report of Catholic Health Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2026 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Catholic Health Australia Limited in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in Catholic Health Australia Limited's annual report for the year ended 30 June 2026, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



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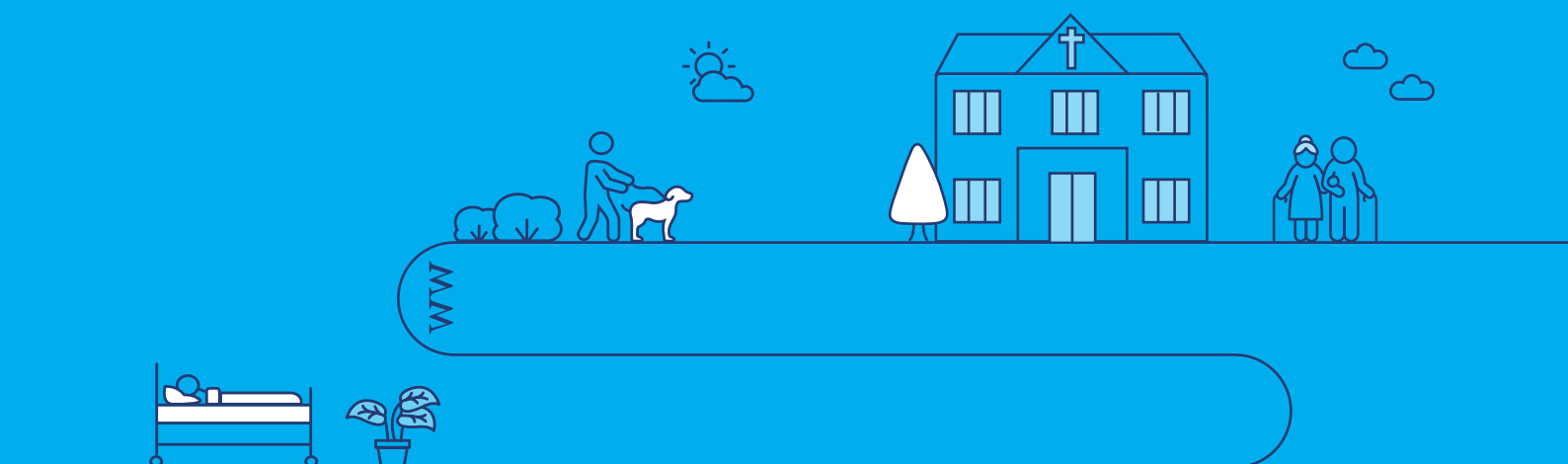


RODNEY MILLER
Partner

Canberra, Australian Capital Territory
25 August 2026

“We want to say to the world, with humility and joy: Look to Christ! Come closer to him! Welcome his word that enlightens and consoles! Listen to his offer of love and become his one family: in the one Christ, we are one.”

— Pope Leo XIV



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