



Improving the lives of all Australians

The Government is putting patients at the centre of healthcare.

The Government is building a stronger Medicare for all Australians, and we're listening to patients who have too often been locked out of decision-making.

The Budget delivers on that promise, with \$10.5 million to strengthen the capacity of the Consumers Health Forum (CHF), Australia's leading advocate on consumer healthcare issues. This funding will support CHF to build on their strong track record of supporting consumer engagement and ensure they have a national reach.

A \$2.5 million investment will provide seed funding to the Federation of Ethnic Communities Council of Australia (FECCA), to establish the Australian Multicultural Health Collaborative. Culturally and linguistically diverse (CALD) Australians are underrepresented in current consumer engagement peak bodies and activities. Funding FECCA will build their capacity to advocate and contribute the voices of culturally and linguistically diverse Australians into healthcare.

These investments support the recommendations of the Strengthening Medicare Taskforce, which called for consumers, particularly those from disadvantaged groups, to be empowered to have a voice in the design of services so that they meet the needs of all Australians.



First Nations people

First Nations people, wherever they live, will benefit from significant investments in health, aged care and mental health support and services to help close the gap in health and wellbeing outcomes.

They will have better access to services, and measures will be delivered in genuine partnership with the First Nations health and aged care sector.

First Nations cancer patients will be able to access culturally safe, respectful and responsive cancer care, through both Aboriginal Community Controlled Health Services and mainstream cancer care services (\$238.5 million). Up to 260 new positions will be created to deliver cancer treatment and other supports such as health promotion activities, support for patients to navigate cancer care following diagnosis, and access to treatment and care on Country.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program will be further funded to ensure First Nations elders access high quality, culturally safe care (\$77.3 million).

Aboriginal Community Controlled Health Organisations will grow their capability and capacity (\$8.2 million) to ensure on Country services. An interim First Nations Aged Care Commissioner will ensure First Nations people have a voice in shaping the role and functions of the permanent Commissioner, to ensure maximum impact on the aged care system (\$1.6 million).

Many health conditions will be detected, diagnosed and treated earlier thanks to programs to get more First Nations people to have free annual health checks, and a national expansion of the Deadly Choices program and the Practice Incentives Program-Indigenous Health Incentive (\$17.1 million).

First Nations people will be better supported to give up smoking and vaping, or avoid taking it up in the first place. The successful Tackling Indigenous Smoking program will be expanded to target vaping, while continuing efforts to reduce tobacco smoking (\$141.2 million). This will help achieve Australia's targets to reduce smoking rates among First Nations people from 37%, to 27% or less by 2030.

Current or former smokers will benefit from early diagnosis and treatment of lung cancer, thanks to the new National Lung Cancer Screening Program (\$263.8 million).

Eligible Australians, including First Nations people, aged between 50 and 70 years and with a history of cigarette smoking, can have scans every 2 years, including through mobile screening services for some regional areas.

First Nations communities, and the health workers who support them, will have access to culturally-appropriate knowledge and skills to prevent alcohol-exposed pregnancies, yarn sensitively about alcohol use during pregnancy, and identify and support children who may have Fetal Alcohol Spectrum Disorder (\$1.4 million).

First Nations people will have more mental health support in the lead up to, during and following the referendum to enshrine an Aboriginal and Torres Strait Islander Voice in the Constitution (\$10.5 million). Through culturally safe and trauma informed services, support will be provided during this period of heightened risk to the mental health and wellbeing of First Nations peoples.

Case study

Michelle is a 55-year-old First Nations woman who smoked for many years. She quit after her granddaughter was born 9 years ago and her health has improved significantly since.

Michelle knows many people in her community who have died of lung cancer and doesn't want her children and grandchildren left without her.

Michelle can now get a free lung scan every 2 years to ensure that if she does develop lung cancer it can be picked up and treated early. She may also be able to access mobile screening services which will be made available for some First Nations communities, and those living in smaller rural towns.



Rural and regional communities

Rural and regional communities will benefit from new investments and programs designed to address the specific health challenges they face.

Seeing a general practitioner (GP) will be more affordable for many individuals and families in regional Australia with \$3.5 billion to triple bulk billing incentives for GPs. This will mean more children under 16, pensioners and other Commonwealth concession card holders can visit their GP or receive a telehealth consultation with no out-of-pocket costs.

It will be of particular benefit to people who live in regional, rural and remote communities, where access to primary care services is limited, and those with chronic and complex health conditions.

GPs who bulk bill an eligible patient for a standard consultation in a remote area will have their bulk billing incentive increase from \$13.15 to \$39.65.

GP registrars in regional, rural and remote locations will be able to deliver services in community-based medical practices without losing employment benefits as they move between employers, through an extension of the Single Employer Model trials (\$4.5 million).

Residents in rural and regional areas, and remote First Nations communities, will receive extra support for primary care visits from the Royal Flying Doctor Service (RFDS). The RFDS will continue to provide critical emergency evacuations when and where they are needed (\$29.1 million).

Patients in rural and regional areas, registered with their healthcare provider through MyMedicare, will be able to receive longer Medicare-rebated phone consultations. This includes consultations longer than 20 minutes for GPs and longer than 25 minutes for Other Medical Practitioners (OMP) (\$5.9 million).

A new pre-fellowship program for non-vocational doctors will be established, which will support international medical graduates, who are new to Australia, to work in primary care and remain in smaller regional communities. The OMP program, which provides access to higher Medicare rebates for doctors without fellowship, including in regional areas, will be continued (\$34.6 million).

Rural and regional Australians will benefit from removing the red tape that prevents our highly skilled nurse practitioners and participating midwives from providing the care they are qualified to provide. These changes will enable them to provide these services without the need for a legislated collaborative arrangement with a doctor.

There will be more opportunity for regional medical students with funding for James Cook University to train more healthcare practitioners through the Rural Health Multidisciplinary Training Program (\$4.2 million). Health students who are from, or do their training in a regional area are more likely to stay and work in a regional area, boosting local healthcare services.

The total budget for the Rural Pharmacy Maintenance Allowance will be doubled to support pharmacies in regional and remote areas (\$79.5 million).

Case study

Sarah is a 68-year-old woman who lives on a property in regional Queensland.

Sarah has always looked after her health, and used to drive into town to see her GP regularly. Sarah's regular doctor retired and the GP who took over the practice said she couldn't afford to bulk bill patients. Sarah hasn't been to the GP in almost a year, but has been suffering abdominal pain and is considering going to the hospital, which is more than an hour away.

She calls her friend who tells her that the new GP has recently started bulk billing, thanks to higher bulk billing incentives announced in the 2023–24 Budget. As a Commonwealth concession card holder, Sarah is eligible for free consultations.

Sarah avoids an unnecessary trip to the hospital and visits the GP instead. Sarah is diagnosed with Crohn's disease and is prescribed medicine to treat her symptoms. She also recommences regular GP visits to manage and monitor her condition.



Nurses, nurse practitioners and midwives

Our trusted nurses, nurse practitioners and midwives will get the recognition they deserve and be empowered to use their skills to deliver more services to patients.

There will be more work opportunities and nurses, nurse practitioners and midwives will be encouraged to make full use of their knowledge and training, and to work to their full scope of practice.

Registered nurses, enrolled nurses and assistants in nursing who work in aged care facilities will receive a pay rise up to \$10,000 a year.

More scholarships, changed scholarship arrangements and training will grow the pipeline of midwives, nurses and nurse practitioners into the primary care workforce. This includes:

- 1,850 post graduate scholarships to train more nurse practitioners and endorsed midwives (\$50.2 million)
- supporting nurses to undertake advanced wound management training, as part of a broader wound training package and wound product package for healthcare professionals (\$47.8 million).

There will also be more nurses in primary care thanks to an extra 6,000 clinical placements (\$4.2 million) and support for 500 nurses who want to return to the workforce, including through supervised practice opportunities (\$1 million)

The Government will remove the red tape that prevents our highly skilled nurse practitioners and participating midwives from providing the care they are qualified to provide. These changes will enable them to provide these services without the need for a legislated collaborative arrangement with a doctor.

Patient Medicare rebates for care provided by nurse practitioners will be increased by 30% (\$46.8 million).

Nurses, nurse practitioners and midwives will take a lead role in multidisciplinary care with Primary Health Networks better empowered to commission their services for local communities (\$79.4 million). General practices will be supported to employ more midwives, nurses and nurse practitioners as part of their multidisciplinary team with increases to payments under the Workforce Incentive Program.

Case study

Nita is 44 and worked for more than a decade as a registered nurse at a major city hospital, in advanced practice nursing roles, but has decided to move to a regional town to try a different kind of nursing and a more relaxed pace of life.

She has always been interested in becoming a nurse practitioner, but the timing was never right. She hears that one of the town's last GPs has just retired, leaving a critical shortage.

Nita decides to take advantage of the government support for postgraduate study and completes a Master's degree, to become a nurse practitioner. She now provides vital primary care services in her community under Medicare, including prescribing medicines requesting diagnostic testing and making referrals.

Changes also mean she no longer needs a legislated collaborative arrangement with a doctor to deliver these services under Medicare.



Women

Women being treated for conditions like osteoporosis or breast cancer will save up to \$180 per year for each medicine they take, thanks to changes to medicine dispensing limits. They will be able to buy 2 months' worth of Pharmaceutical Benefits Scheme (PBS) medicines on a single prescription, rather than the current one month supply. It will mean fewer visits to the pharmacist and fewer prescription co-payments, resulting in lower out-of-pocket costs.

Women with chronic conditions, complex needs, and mental health issues will also benefit from rebates for longer consultations of 60 minutes or more, to give doctors the support they need to provide high-quality care to those who need more time (\$98.2 million).

Women, who make up more than 85% of Australia's aged care workforce, will benefit the most from the delivery of the largest ever wage increase for the sector (\$11.3 billion). Registered and enrolled nurses, assistants in nursing, personal care workers, head chefs and cooks, lifestyle workers and home care workers will all benefit.

As a result of the boost to aged care wages a registered nurse on a level 2.3 award wage will be paid an additional \$196.08 a week (more than \$10,000 a year).

The barriers, gender bias and discrimination that women and girls face in the health system will be addressed, with investments in the Australian Longitudinal Study on Women's Health and Australian Institute of Health and Welfare National Maternity Data development project (\$26.4 million).

New mothers and babies will also benefit from continued funding for 24-hour support for the Australian Breastfeeding Association's National Breastfeeding Helpline (\$4.8 million) and, for women with premature babies, funding will be provided to expand access to the donor human milk bank (\$6 million).

Women will benefit from subsidised costs of storage for future use of eggs, sperm or embryos for cancer patients of reproductive age, and people at high risk of passing on genetic diseases or conditions.

Women will have more opportunity to become coaches, officials and sports administrators from grassroots sport through to the elite level, thanks to an investment in initiatives to ensure Australia's 'green and gold decade' leaves a lasting legacy (\$2.1 million). Headlined by the largest women's sporting event in the world, the FIFA Women's World Cup 2023, the next decade provides an opportunity to showcase Australian women and girls, our values, innovation and diversity.

Case study

Kelly is a registered nurse who works fulltime at a local aged care facility. She is a single mother of two girls, one of which takes montelukast for her asthma.

Kelly loves her job, but has been struggling to make ends meet as cost of living pressures rise. Thanks to the Government's funding of the Fair Work Commission's 15% pay rise for aged care workers, Kelly will receive a \$10,000 a year pay rise.

She can now also buy 2 months' worth of her daughter's medicine on one prescription, meaning fewer trips to the GP and pharmacist, and a \$180 per year saving through fewer co-payments.



Culturally and linguistically diverse communities

Culturally and linguistically diverse (CALD) communities will have a voice in the design and implementation of the Government's Strengthening Medicare reform agenda through the establishment of the Australian Multicultural Health Collaborative through Federation of Ethnic Communities' Councils of Australia. CALD patients and communities will be able to advocate for systemic changes and new services that make a material difference to them and their families.

Refugees and asylum seekers who have survived trauma and torture before moving to Australia will get the mental health support they need. The internationally renowned Program of Assistance for Survivors of Torture and Trauma (PASTT) will be extended and expanded (\$134.8 million). PASTT delivers effective trauma-informed care through culturally appropriate approaches and needs-based support.

CALD communities will receive practical mental health tools and supports, and culturally safe services through an extension to the Embrace Suicide Prevention Pilot delivered by Mental Health Australia (\$0.8 million).

Research to develop a 10-year update report on the state of multicultural mental health in Australia will also be funded to support longer-term strategies to support CALD communities (\$0.4 million).

CALD communities will have better access to COVID-19 vaccination and information. Trusted community leaders, bicultural educators, service providers and health experts will continue to work with Government and engage with CALD communities to build trust, and enhance social cohesion and confidence in government COVID-19 vaccination strategies and policies (\$4.7 million).

Those with chronic conditions, complex needs, and mental health issues will also benefit from rebates for longer consultations of 60 minutes or more, to give doctors the support they need to provide high-quality care (\$98.2 million).

Case study

Diric is 35 and arrived in Australia in 2003 after fleeing conflict in his home country. His father was killed in the fighting when he was a teenager.

He has made a life for himself in Australia, working at a local accounting firm and raising a family. Despite being happy in Australia, he continues to suffer anxiety and has trouble sleeping.

Diric's GP refers him to PASTT, who organise for Diric to see a counsellor who works with a number of patients who have been through similar trauma. Diric is able to talk through his experience and is given practical supports to help him in his recovery.



LGBTIQA+ Australians

LGBTIQA+ Australians will be at the centre of discussions to inform the 10 Year National Action Plan for LGBTIQA+ Health and Wellbeing which will address the health disparities faced by too many and break down barriers to accessing to healthcare (\$0.9 million). An LGBTIQA+ Health Advisory Group will be established to amplify their voices.

Trans people who require certain hormone treatments will be able to access these at a more affordable price, thanks to being able to buy 2 months' worth of medicines, rather than the current one month supply. It will mean fewer visits to the pharmacy and GP and fewer PBS co-payments, resulting in lower out-of-pocket costs.

Efforts to end human immunodeficiency virus (HIV) transmission in Australia by 2030 are being stepped up, with LGBTIQA+ people just some of the beneficiaries.

There will be better access to HIV testing, treatment and information, including support for the HIV workforce (\$13.2 million). This includes:

- expanded access to HIV treatment for people who are ineligible for Medicare
- an extension of the HIV testing vending machine pilot
- funding for the Emen8 website, a critical information hub for sharing HIV information for members of the LGBTIQA+ community

- funding for the HIV Online Learning Australia program to provide up-to-date education and training for the HIV workforce
- additional support for the Australian Federation of AIDS Organisations (AFAO) and National Association of People with HIV in Australia (NAPWHA) to drive the national response.

The Blood Borne Virus (BBV) and Sexually Transmissible Infection (STI) National Response will also be continued to increase prevention, early detection, treatment and care for hepatitis B, hepatitis C, syphilis and other STIs (\$6.6 million).

Case study

Pascal learns his partner has been diagnosed with HIV. Pascal goes on the Emen8 website and finds a nearby clinic where he can also be tested.

He tests negative, but is worried for his partner who is in Australia on a student visa and isn't eligible for Medicare benefits.

Pascal finds further support through the LGBTIQA+ community on Emen8 and learns that thanks to Government funding his partner can still receive treatment without a Medicare card.



Children and young people

More than 5.1 million Australian children will benefit from the Government's investment to triple the bulk billing incentives (\$3.5 billion). No child should have to miss out on or delay a trip to the doctor, or end up in an emergency room because their family can't afford to pay.

From 1 November, a GP who bulk bills a child under 16 for a standard consultation in a metropolitan area will receive a bulk billing incentive benefit of \$20.65 instead of \$6.85, and even more in very remote areas. Incentives will cover general face-to-face and telehealth GP consultations.

Children with asthma will benefit from more affordable treatments, thanks to being able to buy 2 month's worth of medicines, rather than the current one month supply.

Kids aged 6 to 11 with cystic fibrosis now have access to the life-changing drug, Trikafta®, through the PBS (\$380.6 million). Trikafta significantly improves quality of life for young patients and could allow them to lead long, healthy lives. On the PBS, the cost for this medication is a maximum of \$30, or just \$7.30 with a concession card. Without subsidy, the treatment could cost more than \$250,000 per year.

Children and young Australians will benefit from funding to assist early detection of juvenile arthritis (\$800,000) and improving care for children with dementia (\$750,000).

More Medicare Urgent Care Clinics will make it easier for children to receive treatment for less urgent medical issues, like minor sports injuries, without needing to go to a hospital.

Young Australians will be better protected from vaping and tobacco smoking through a \$737 million package of funding.

Vaping among young Australians is increasing, with latest estimates showing that 1 in 6 teenagers aged 14 to 17 has vaped, and 1 in 4 people aged 18 to 24 has vaped.

Nicotine is highly addictive and poses serious health risks, particularly for young people. There is strong and consistent evidence that young people who vape are 3 times as likely to take up smoking, compared to those who don't.

The Government is proposing stronger regulation and enforcement of all e-cigarettes, including new controls on their importation, contents and packaging, and will work to keep kids safe from the growing black market in illegal vapes.

The mental health of young Australians has been tested in recent years with fires, floods and the disruption of COVID-19. Children and young adults will benefit from extended funding for targeted mental health services (\$6.9 million).

Additional support will be available to children to build and maintain positive body image (\$6.2 million).

Young people with eating disorders, their carers and families will get the critical support and services they need (\$2.8 million). Eating disorders have one of the highest mortality rates of any mental illness, and they are on the rise, with an increasing demand for support services.

Case study

Mina is 12-years-old and has always been very active and healthy. During COVID-19 lock downs she started spending more and more time online, and would sometimes be on social media for hours at a time.

She has become more self-conscious about her body and has developed an eating disorder. Her parents are concerned as she has begun losing weight rapidly.

Thanks to increased funding, Mina's parents are able to get her help from the Butterfly Foundation's Wandí Nerida recovery centre. She is given an ongoing care plan to manage her condition and slowly begins returning to a healthy weight.



Older Australians

Almost 8 million pensioners and Commonwealth concession card holders will benefit from the Government's \$3.5 billion investment to triple bulk billing incentives. This will support GPs to continue to bulk bill those Australians who feel cost-of-living pressures most acutely, including those on the aged pension and self-funded retirees.

It will be of particular benefit to pensioners and Commonwealth concession card holders who generally use more GP services and have higher levels of chronic and complex health conditions.

As well as more affordable healthcare, older Australians will benefit from cheaper medicines, on the PBS for conditions like heart disease, high cholesterol and diabetes. GPs and nurse practitioners will be able to prescribe 2 months' worth of some PBS medicines, rather than the current one month supply. It will mean fewer visits to the pharmacy and fewer PBS co-payments, resulting in lower out-of-pocket costs. Concession card holders will save up to \$43.80 a year for each medicine they take.

Under MyMedicare older patients with complex, chronic disease who go to hospital 10 or more times each year will be supported by comprehensive, team-based and tailored care they need, without needing to go to a hospital (\$98.9 million). Those with a chronic wound and diabetes will have access to more affordable wound care (\$47.8 million).

Australians living in an aged care home will receive more regular visits, health assessments and care planning through additional incentive payments to GPs and primary care clinics under MyMedicare (\$112 million). Residents can choose their preferred provider or choose to be matched to a suitable one by their local Primary Health Network.

Older Australians, their carers and families will benefit from a stronger regulatory model (\$59.4 million), greater transparency through Star Ratings and the Quality Indicator program (\$139.9 million) and better nutrition in aged care (\$12.9 million). A dedicated Food, Nutrition and Dining Advisory Support Unit will improve the quality of food in aged care, including through a food complaints hotline staffed by dietitians.

A new single assessment system will simplify and improve access to in-home and residential aged care services (\$15.7 million).

Older Australians who want to live independently at home will be supported to do so with an additional 9,500 Home Care Packages (HCPs) added (\$166.8 million). HCPs deliver a mix of personal care, clinical services and help with household tasks to meet their assessed aged care needs. By June 2024, there will be around 285,100 HCPs available to older people in Australia.

The budget will also support the Confederation of Australian Sport's bid to host the World Masters Games 2029 (WMG) in Perth (\$5 million). The WMG is one of the largest international, multi-sport events in the world with more than 35,000 athletes competing in more than 50 sports, including para-sports.

Case study

Jun is 82-years-old and is in good health, aside from needing medication to manage her cholesterol.

Jun's cholesterol medication is now cheaper thanks to being able to get 2 months' worth on a single prescription. Jun needs fewer trips to the GP to get prescriptions and fewer visits to the pharmacy to fill them. As a concession card holder, this saves Jun up to \$43.80 a year for her medication.

Her family has noticed that she is having trouble keeping up with daily housework. Jun is adamant she doesn't want to leave the home that she shared with her husband for 40 years before he passed away.

Jun is assessed using the new single assessment system and is allocated one of 9,500 new Home Care Packages. Someone now comes to her home once a week to clean the house and once a month, a lady comes to mow the lawn and help Jun in the garden.

