



## Ensuring all Australians get the health care they need

**The 2024-25 Budget continues the Australian Government's generational reforms to strengthen Medicare for all Australians, ensuring equity in health care.**

**People will find it easier to see a doctor, nurse or midwife, and patients will save time and money on medicines regardless of their background, bank balance or where they live.**

For too many Australians entrenched geographic, social, cultural and economic barriers prevent them from accessing the health care they need. This Budget helps break down those barriers.

Support for people with or at risk of human immunodeficiency virus (HIV) will be more equitable and available more widely with measures that respond to the recommendations of the HIV Taskforce.

Groups with poorer access to health care and people not eligible for Medicare will specifically benefit.

Eliminating HIV transmission in Australia by 2030 is ambitious, but it's an ambition to which the Government is absolutely committed.

First Nations people, who experience poorer health and wellbeing than other Australians in too many areas, will be better supported to access the health care they need.

This Budget builds on previous investments and reforms to close the gap in health outcomes and life expectancy, and ensure First Nations people enjoy long and healthy lives.

Women have relayed countless stories about the barriers and bias that exist in the health system. It is something reported time and time again through the National Women's Health Advisory Council and #EndGenderBias survey, which found that two thirds of women surveyed experienced gender bias or discrimination in the health system.

This Budget takes the next steps to boost services, address bias and support choice for women and girls. It will help address healthcare inequity and improve health outcomes at all stages of their lives.

Australians living in regional and rural areas have found it harder over the past decade to see a doctor or nurse and to get specialist medical treatment when they need it.

This Budget takes further steps to bridge the divide between city and country and ensure all Australians can get the care they need closer to home.

### People with HIV or at risk of HIV

**People with or at risk of HIV will receive unprecedented support (\$43.9 million) through better prevention, testing, workforce training and information, with the Government committed to eliminating HIV transmission by 2030. The Budget responds to recommendations of the HIV Taskforce.**

Australia's response to the HIV epidemic in the 1980s and 90s was comprehensive and that remains a key feature of the HIV Taskforce Report.

The HIV Taskforce continued the traditions of political bipartisanship and of partnership between Government and community that has characterised Australia's successful HIV response. Chaired by the Minister for Health and Aged Care, Mark Butler, and Deputy Chaired by the Assistant Minister for Health and Aged Care, Ged Kearney, the HIV Taskforce brought together experts, researchers, community representatives and Liberal and Labor senators to provide recommendations for how Australia can work towards its goal of eliminating HIV transmission by 2030.

Groups with poorer access to health care and people not eligible for Medicare will find support that is more equitable and available more widely.

To ensure no one is left behind, people who are not eligible for Medicare will be able to access subsidised pre-exposure prophylaxis (PrEP). PrEP reduces the risk of acquiring HIV through sexual activity by 99%.

People such as temporary residents on work or education visas have been given greater access to HIV treatment in recent years, with more than 1,500 people benefiting in 2022–23.

More people in at-risk groups will get free HIV self-test kits through the expanded national HIV self-test mail-out program.

High-risk groups will get help from people with lived experience through a national multicultural peer navigation pilot program which will have a focus on prevention and testing.

Men who have sex with men will receive the latest HIV information through continued funding for the Emen8 website – a critical information hub.

To ensure people receive the latest clinically and culturally appropriate care, the HIV workforce will get up-to-date training and education through continued funding for the HIV Online Learning Australia program and the HIV Prevention Workforce Development pilot.

People around Australia will get wider access to HIV testing by extending the South Australia-based HIV testing vending machine pilot to every state and territory.

Continued funding will support the critical work of peak HIV organisations Health Equity Matters and the National Association of People with HIV Australia. Groups like these are leading the way and working side by side with the Government to reach the ambitious goal of eliminating HIV transmission by 2030.

The Government will continue to work with the community to implement other recommendations of the HIV Taskforce.

## First Nations people

**First Nations people will have better access to health and aged care services, and cheaper medicines, with a \$137.3 million package of measures. This Budget forms part of the Government's continued efforts to close the gap in health and wellbeing outcomes between First Nations people and non-Indigenous Australians.**

We know when First Nations communities have control of the services that they use First Nations health outcomes improve. That's why Aboriginal Community Controlled Health Services (ACCHS) are at the centre of this Budget's policy design and delivery.

People in First Nations communities face a higher risk of communicable diseases, including respiratory illnesses, hepatitis and sexually transmissible infections (STIs). Untreated diseases can cause long term health issues like infertility, hearing and vision loss, and cancer.

More First Nations people will have access to testing for transmissible illnesses and culturally safe sexual health services. This will better protect First Nations people and reduce the spread of avoidable infections.

In some First Nations communities, vaccination is well below the 95% target needed to achieve herd immunity. We will boost vaccination rates and protect people – especially children – from the effects of diseases like measles, diphtheria and Hepatitis A with funding for the National Immunisation Program and the ACCHS sector.

## Case study

Marius's partner is in Australia on a temporary work visa. Like other temporary residents he doesn't have a Medicare card.

At a club one night, Marius sees a couple of posters about a free online HIV testing program and one about pre-exposure prophylaxis (PrEP).

He takes a photo of the testing poster and checks out the website the next day. He orders 2 tests which arrive a few days later. It's a simple finger prick test and he and his partner both test negative.

Relieved at the test results, Marius mentions the PrEP poster to his partner. He learned that he can reduce his risk of contracting HIV from unprotected sex by 99% simply by taking PrEP. He and his partner visit the local sexual health service to discuss whether PrEP is a good option for them and how they can access it.







## Case study

Janine 45 and Keira 14 live in a remote region of Western Australia. Janine takes bosentan tablets to treat pulmonary arterial hypertension.

Thanks to the expanded Closing the Gap PBS Co-payment Program, the medicine Janine needs for her medical condition will now be cheaper. Because Janine is registered on the Closing the Gap (CTG) database and has a concession card she will receive every one of her PBS medicines for free without having to pay a co-payment.

Keira at times worries about her mum's health but is relieved now she knows her mum can get the medicines she needs. Keira is invested in her family's health and aspires to be a nurse and work in her local community controlled health service when she finishes school. With the expansion of the Lowitja O'Donoghue Foundation scholarships, Keira has spoken to her school career counsellor and now understands the pathway she can take in the near future to train as an enrolled nurse and be able to give back to her community and family.

More First Nations people will get the support they need in times of distress when their mental health is at risk. To address increased rates of psychological distress being experienced by First Nations people, the National Aboriginal Community Controlled Health Organisation (NACCHO) will continue to deliver targeted and culturally appropriate mental health support.

Medicare Urgent Care Clinics in Darwin and Mparntwe (Alice Springs) are giving First Nations people better access to bulk billed urgent care for conditions that are urgent but not life-threatening. People are getting treatment sooner and aren't waiting for hours in busy hospital emergency departments.

First Nations people living in remote Northern Territory communities will benefit from access to Medicare Urgent Care Clinics, which will be

funded through this Budget. The locations will be determined in partnership with ACCHS.

The Budget will deliver even cheaper medicines for First Nations Australians. All medicines on the Pharmaceutical Benefits Scheme (PBS) dispensed by a community pharmacy, public or private hospital, or approved medical practitioner will now be covered by the Closing the Gap PBS co-payment. This means eligible First Nations people who are registered on the Closing the Gap database will either get their PBS medicines for free, if they have a Commonwealth concession card, or pay the discounted co-payment rate of \$7.70, if they don't.

The Government is keeping medicines cheaper by holding PBS co-payments at their current low rates for up to 5 years for concession cardholders and one year for everyone else with a Medicare card.

This means the cost of PBS medicines will stay the same and won't go up with inflation.

The Budget includes measures to grow and support the First Nations health workforce.

More First Nations medical specialists means more culturally safe care for First Nations people. The Australian Indigenous Doctors' Association will be supported to continue to improve cultural safety, increase engagement and support First Nations doctors to become medical specialists.

First Nations people in the Northern Territory will also benefit from more Aboriginal and Torres Strait Islander medical practitioners who have a deep understanding of culture and community.

First Nations people will be supported to choose a career in nursing and deliver high-quality care to patients. Lowitja O'Donoghue Foundation scholarships in enrolled nursing and for postgraduate and undergraduate nursing students will build the Aboriginal and Torres Strait Islander health workforce.

First Nations people can find it difficult to access health care that meets all their needs. More appropriate, safe and welcoming health services will help us tackle the challenges that reduce health and life expectancy in Australia. The new Medical Research Future Fund Reducing Health Inequities Mission will investigate ways to improve health services for First Nations people and diverse communities.

---

## **First Nations people, who experience harm from alcohol and other drugs, will be supported by grant extensions for the Aboriginal Drug and Alcohol Council (SA), the Aboriginal Health Council of SA, and the Alcohol and Drug Foundation – Good Sports.**

---

More First Nations mothers will have access to culturally safe, continuity of maternal health care. Changes to professional indemnity insurance for midwives will give women greater choice on their preferred midwife and birthing approach. This will safeguard Birthing on Country services for First Nations mothers facilitated by Aboriginal Community Controlled Health Organisations.

Women and girls in rural and remote First Nations communities will get free menstrual products like pads and tampons. These items can often be double the cost in remote areas than in metropolitan areas, so providing them for free will support girls and women to go on with their daily lives, engage with their community and stop them missing school.

## **Women**

### **The health and care needs of women will be better met, with over \$160 million to tailor services, tackle bias and improve access.**

More than 400,000 services are expected to be claimed by women accessing 2 new Medicare rebates allowing for extended gynaecology consultations of 45 minutes or longer. Women often don't receive timely and appropriate assessments, and are left waiting longer for the diagnosis and treatment for debilitating and painful conditions like endometriosis or polycystic ovary syndrome. These longer consultations will help.

Currently, the MBS fee for an initial gynaecologist consultation is \$95.60, and a subsequent consultation is \$48.05. These new items will have an MBS fee of \$168.60 for an initial consultation of at least 45 minutes, and \$84.35 for a subsequent consultation of at least 45 minutes. This aligns with the fee that other specialists, like gastroenterologists, can claim.

Women should not face higher out-of-pocket costs for health services simply due to their gender. A review of MBS items, including items for long-acting reversible contraception (LARC) and diagnostic imaging, will identify any bias in Medicare and help us better balance the health system to meet the needs of all women.

---

## **Women going through menopause will get better treatment as more healthcare professionals receive training on menopause through Jean Hailes for Women's Health.**

---

To give more women access to the care of their choice during pregnancy, we are updating the services that can be provided by participating midwives under Medicare. This includes longer antenatal and postnatal consultations which means more flexible, high-quality and tailored maternity care.

Funding to continue strategies to prevent preterm and early-term birth in participating maternity services and First Nations communities will reduce the number of babies born too early.

Miscarriage has a devastating effect on women and their families. The experience can lead to anxiety and depression, and there can be ongoing social and financial impacts. Women, their families, and health professionals will receive education support and have increased awareness about miscarriage. Families who need bereavement support or access



## Case study

Mia is 23 years old and has started having stomach pain before and during her period. She has visited a few local GPs, but during the short appointments none have been able to help with her pain. One doctor suggested it was her diet, and one thought it could be linked to anxiety.

Thanks to changes to the Medicare Benefits Schedule (MBS), Mia can have a longer, Medicare-subsidised 45-minute appointment with a gynaecologist who is able to properly diagnose her condition as endometriosis. Mia is prescribed a 30-day supply of medroxyprogesterone acetate to treat her symptoms, which is also available as a 60-day prescription.

Following a subsequent check-up, her doctor considers Mia's ongoing health condition as stable and provides her with a 60-day prescription. This means Mia can get twice the amount of her medication on a single prescription, saving her money and time.



to miscarriage information will also benefit from additional funding to service providers.

To give us a better understanding of miscarriage, improve the support offered to women and their families, and increase access to sexual and reproductive health care, the Australian Institute of Health and Welfare (AIHW) will conduct a scoping study on national miscarriage data and develop a dataset on sexual and reproductive health.

---

## **A virtual contraception decision-making tool for women and their health practitioners will help individuals make more informed decisions about what contraception is right for them and their bodies.**

---

Training for health professionals will also ensure more women, no matter where they live, can access long-acting reversible contraception (LARC) if that is their preferred option. Scholarships will allow health professionals to undertake training on delivering LARC services.

More women will have support when accessing affordable termination services, especially in regional and rural areas, with the extension of sexual and reproductive telehealth items. Nurse practitioners will also be able to request further ultrasound services under Medicare to assist with the before and after care requirements of the MS-2 Step medical abortion program.

---

## **Women and children in emergency housing because of family, domestic and sexual violence are highly vulnerable. A trial of outreach health care in women's crisis accommodation and services will help these women and their children rebuild their lives.**

---

Gender bias in research means medical treatments and devices designed for men are often retrofitted for women. Better targeted research will give women access to more suitable treatments and improve outcomes. The Medical Research Future Fund will invest in research on women's health including menopause, pregnancy loss and infertility, novel treatments for chronic pain and treatment for alcohol and other drugs.

Additionally, thousands of women each year will benefit from further investment to expand the listing of abemaciclib (Verzenio®) on the PBS. The medicine treats a certain type of early breast cancer called hormone-receptor-positive HER2-negative breast cancer.

## Rural and regional communities

**Australians living in regional, rural and remote areas will benefit from a \$213.6 million package that will deliver cheaper medicines, more access to scans and other tests, further Medicare Urgent Care Clinics, more free mental health services, and investments in the health workforce.**

PBS co-payments will be frozen for one year for everyone with a Medicare card and up to 5 years for pensioners and other Commonwealth concession cardholders. The cost of PBS medicines will remain constant instead of rising with inflation.

Regional and rural Australia has benefitted most from the Government's tripling of the bulk billing incentive – the largest investment in Medicare's 40-year history. It has given GPs the confidence to build sustainable businesses, particularly in regional and rural Australia, where Medicare payments for a standard bulk billed GP visit have increased by up to 50%.

This greater confidence is also increasing the number of junior doctors choosing general practice as their specialty, particularly in rural and remote communities.

---

### **The mental health package in the Budget expands the range and reach of free mental health services around Australia, reducing barriers to access safe, high-quality care that meets a range of mental health needs.**

---

Everyone experiences periods of distress at different points in their lives, like through the loss of a loved one, a job, or a relationship.

That distress can be profound, but it is usually temporary and people are often able to manage it, with time and the support of friends and family.

Some people will need some additional support to get through. For too long, that has been the gap in our system. It often means people end up seeking support from programs designed for diagnosed clinical mental illness.

People in rural and regional communities have felt the impact of that gap most acutely. The independent evaluation of the Better Access program, that provides Medicare-subsidised mental health sessions for diagnosed mental illness, showed that people in rural and regional Australia currently have the least access to psychological services.

---

**A new national early intervention service will provide access to someone trained in evidence-based therapies, who can provide safe and high-quality care to get people through whatever is troubling them. Others will benefit from a bit of coaching or advice, and to be given the tools and resources they need to work through things, at their own pace and in their own time.**

---

Approximately 150,000 Australians will use the service each year, getting free support early, without waiting for a referral or being worried about a gap fee. Providing free services to people at the earliest point of intervention, will make it less likely that their problem will go untreated and worsen into something more serious.

It will also relieve pressure off the Better Access program to be all things to all people, and support psychologists to work to their full scope of practice and spend more time treating people with moderate and high needs. Improving access to Better Access will benefit all Australians, but particularly those who currently face the highest barriers to access: older Australians, low-income households and people in rural and regional Australia.

At least 30 of the 61 Medicare Mental Health Centres will be in rural and regional Australia. These will offer free, walk-in access to healthcare professionals for adults with complex and high mental health needs. An upgrade to the clinical capability of the existing Head to Health network, upon which the Medicare Mental Health Centres will be established, will ensure that every centre can offer access to a psychologist and psychiatrist.

Primary Health Networks will be funded to work in partnership with general practice to provide mental health nurses and other allied health workers in general practice, for free wraparound care and support to patients with complex needs, in between GP and specialist appointments. Commissioning of services to upgrade the clinical capability of general practice to deliver mental health services will have particular benefit to smaller practices in rural and regional Australia.

More people in regional and remote Australia will get fully bulk billed, walk-in urgent medical care through more Medicare Urgent Care Clinics. Additional funding will be provided for existing clinics in regional, rural and remote Australia to improve access to urgent care. Ten of the 58 clinics already operating



## Case study

Sarah lives on a remote property in Queensland with her partner and 4 children. The nearest town has a small pharmacy, but only one GP and no dentist.

More funding for the Royal Flying Doctor Service means Sarah and her children can get dental check-ups at a fully-equipped mobile dental surgery when it is in town.

Thanks to 60-day prescriptions Sarah gets 2 months of her regular medication in one trip to the pharmacy, saving her money and an extra trip into town.

And as a concessional card holder, the freeze on PBS co-payments means the amount Sarah pays for her medications won't rise for up to five years, easing pressure on the family's already stretched household budget.

around the country are in regional, rural and remote areas, improving primary care outcomes in these areas. So far, these 10 clinics have had around 40,000 presentations.

A one-off boost to Medicare rebates for nuclear medicine imaging, and further rises each year, will support the viability of practices in rural and regional Australia and prevent people from needing to travel further to get the tests they need.

A stronger and well supported health workforce will make it easier for people in regional, rural and remote Australia to get care locally. This includes funding to improve access to primary care in areas of shortage, known as thin markets, which are typically in rural and remote areas. It also supports extending existing Single Employer Model trials to continue testing new employment models that will help attract and retain GPs in areas where they are most needed – especially in regional and rural Australia.

Over time, people in the Northern Territory will find it easier to see a locally-trained doctor, with funding for Charles Darwin University to establish and operate a medical school from 2026.

Medical graduates who come from a regional background or study in the regions are much more likely to stay and practice in these areas.

Which is also why rural and regional communities will particularly benefit from the Government's new Commonwealth Prac Payment, which provides cost-of-living relief for students studying to be nurses, midwives or social workers. Supporting students to complete their studies and get the qualifications they need will particularly benefit students from these areas, who often face greater financial barriers to study. More health workers from rural and regional Australia will increase the likelihood those students return to work in those communities after they graduate.

People in the bush can be assured world-class health care is not far away, even when emergency strikes, through more Government support for the iconic Royal Flying Doctor Service (RFDS). For almost 100 years, people across rural and remote parts of the country have been receiving medical and primary health care services from the RFDS. Additional funding will mean more Australians in more remote communities will get the primary health care and dental services they need.