



Strengthening Medicare

\$2.8 billion
total package value

29 further
**Medicare Urgent
Care Clinics**

\$361 million
for mental health in a
stronger Medicare

\$900 million
indexation boost to
Medicare rebates

Summary

The 2024–25 Budget strengthens Medicare by boosting the number and capacity of Medicare Urgent Care Clinics, making health care more responsive and accessible for women, and ensuring mental health care meets the needs of every individual.

It builds on the \$6.1 billion investment to strengthen Medicare in the 2023–24 Budget.

This Budget will support more Australians to access care for urgent, but not life-threatening, conditions. The Government is growing the national network of Medicare Urgent Care Clinics to 87. This will help ease pressure on busy hospital emergency departments.

Older Australians will get the health care and support they need in a safe and comfortable environment when it isn't necessary for them to stay in hospital, freeing up beds for other patients.

Using hospital outreach services in the community and more virtual care services, older patients will avoid unnecessary hospital admissions and be safely discharged sooner when they are admitted.

Older people with complex care needs will be supported to move out of hospital into a residential aged care home and more short-term care will be available for older people to help them recover after a hospital stay.

These measures are on top of the historic increase to hospital funding agreed at National Cabinet, which will see the Australian Government contribute at least an additional \$13 billion to state public hospitals over the next 10 years. This will empower state and territory governments to invest in their public hospitals, ease the pressure on emergency departments and clear the elective surgery backlogs that built up during the COVID-19 pandemic.

A \$361 million package will put mental health at the heart of a stronger Medicare, by launching new free mental health services to support Australians to get the right level of care for their level of need.

It will begin a shift away from a one-size-fits-all approach in mental health and reduce the pressure on the Better Access initiative to be all things to all people.

Whether in person, over the phone or on a device, at a free walk-in centre down the road or from the comfort of home, this Budget expands the ways Australians can get free mental health care.

The Budget takes important next steps to strengthen Medicare for women and address healthcare inequity. It funds higher Medicare rebates to see a gynaecologist for complex conditions like endometriosis. New Medicare services mean eligible midwives can provide longer consultations both before and after the birth of a child.

Every single medical practice and hospital radiology department with magnetic resonance imaging (MRI) equipment will be able to provide Medicare-funded services. This almost triples the number of fully Medicare-funded MRIs available. This will make MRI tests cheaper and more available, reduce waiting times and help to prevent people being referred for less appropriate tests.

Medicare rebates for nuclear medicine imaging and many medical tests will rise each year, ensuring these tests remain accessible and affordable for patients.

Indexation on Medicare Benefits Schedule (MBS) rebates is expected to deliver almost \$900 million in additional benefits in 2024–25. This is on top of around \$940 million in additional Medicare benefits already delivered in 2023–24. New MBS tests, including for suspected heart failure and rare cancers, will be added to reduce waiting times and catch health problems sooner.

This Budget will provide funding to strengthen Australia's digital health infrastructure, and improve the integrity and compliance of Medicare.

The Budget is improving access to essential health services, including the Royal Flying Doctor Service (RFDS), which will receive funding to continue providing services across outback Australia.

Who benefits

Medicare Urgent Care Clinics

More Australians in more locations will be able to walk in and get the urgent care they need, fully bulk billed, without waiting hours in a busy hospital emergency department, thanks to a further 29 Medicare Urgent Care Clinics (\$227 million).

This Budget will grow the national network of Medicare Urgent Care Clinics to 87 and expand support for clinics located in regional, rural and remote areas. Medicare Urgent Care Clinics are open with extended hours, seven days a week, and offer walk-in care that is fully bulk billed. They can treat a range of urgent, but not life-threatening conditions and injuries, from cuts, rashes, viral infections and foot and hand injuries.

The 58 existing clinics have already delivered almost 400,000 free services for Australians in every state and territory, while reducing the load on busy emergency departments.

Almost a third of visits have been for children under the age of 15, with parents and carers getting the urgent care their child needs, without waiting for hours in a busy hospital emergency department.

More than a third of visits have been outside normal working hours.

Case study

Emily, a teacher from Adelaide, accidentally cut her hand while making dinner one Saturday. It was a deep cut that couldn't wait for an appointment with her usual GP. But she knew there would be a long wait at her local hospital's emergency department, especially on a weekend.

Instead, Emily decided to visit the new Medicare Urgent Care Clinic nearby. She walked in, without an appointment, and was quickly seen by a GP who treated her hand.

The visit was fully bulk billed, sparing Emily the stress of out-of-pocket expenses. Emily was also relieved to find the urgent care she needed close to home, without having to add extra pressure on her local emergency department.



New Mental Health Services in a Stronger Medicare

Almost half of Australians will experience a mental health concern in their lifetime and everyone's experience is different. Gaps in the supports available have put pressure on other services, worsening access and affordability. The 2024–25 Budget begins to fill these gaps, with new free mental health services that are better matched to the needs of each person.

Everyone experiences periods of distress at different points in our lives, like when we lose 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. And 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.

The 2024–25 Budget will fill that gap with a national early intervention service that anyone can access for free mental health support, whenever they need it (\$163.9 million).

This service will provide access to someone trained in evidence-based therapies, who can provide safe and high quality care to get you through whatever is troubling you.

Or maybe you'll just want a bit of coaching or advice, and to be given the tools and resources you need to work through things, at your own pace and in your own time.

This new low intensity service is based off a very successful UK model called "talking therapies".

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.

The new national early intervention service is part of a \$361 million mental health package that expands the range and reach of free mental health services to better cater to a range of needs, whether someone needs a low, moderate or high level of support.

Moving to a stepped model of care will help refocus our efforts towards prevention. 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 take 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.

Australians with more complex mental health needs, at the higher end of the stepped model of care, will benefit from the establishment of a network of Medicare Mental Health Centres.

Medicare Mental Health Centres will be built on the established Head to Health network, which will have their clinical capability upgraded to ensure that every centre can provide free access to a psychologist and psychiatrist (\$29.8 million).

A network of 61 Medicare Mental Health Centres will be opened by the middle of 2026.

They will be free, they will be walk in, and they will need no referral.

Upgrading the clinical capability of the new Medicare Mental Health Centres and refocusing their efforts towards adults with complex needs will ensure that cost is not a barrier for Australians to get the ongoing care they need from a psychologist or psychiatrist, as part of a multidisciplinary team.

That ongoing care is critical, which is why this Budget also builds the clinical capability of general practice to provide mental health care.

Primary Health Networks, in partnership with GPs, will be funded to commission the services of mental health nurses, counsellors, social workers and peer workers, to provide that ongoing and wraparound care and care coordination for people with high needs – in between their GP and specialist appointments (\$71.7 million).

Sometimes the best support comes from someone who has lived through the same or a similar experience. A new national peer workforce association will help to mobilise, professionalise and unlock the potential of this all-important workforce (\$7.1 million). This Budget will diversify the psychology workforce, and explore the role that psychology assistants might play in the mental health workforce.



Case study

Ben, a concession cardholder from rural Victoria, sometimes struggles with his mental health, but is reluctant to seek help.

Ben's GP asked about his mental health at a recent check-up, and Ben said he was struggling and wasn't sleeping well. As an initial step, his GP suggested Ben contact the new early intervention service, which he can do in the comfort and privacy of his own home. Ben can now have regular evidence-based talking therapy sessions with a trained mental health worker at no cost, without needing to go into town to see someone in person. He can also use online tools and resources at any time he feels like his mental health isn't at its best. Ben's GP will check in with him again in 6 weeks to see if he needs additional support or treatment.

Ben's GP appointments are now bulk billed thanks to the Government's higher bulk billing incentives for GPs. Between his GP, the regular talking therapy sessions and the online resources, Ben is sleeping well and starting to do the things he enjoys again.

A Stronger Medicare to Improve Health Equity and Access

The 2024–25 Budget continues the Australian Government's generational reforms to strengthen Medicare for all Australians, ensuring equity in health care. It takes the next steps to build women's health into the foundations of a stronger Medicare, including through new rebates for midwifery and gynaecology consultations.

Women and girls have unique health needs, but socioeconomic factors and gender bias in the health system often put them at a disadvantage, resulting in misdiagnosis and lack of access to quality health services. This was reported again and again through the National Women's Health Advisory Council's #EndGenderBias report, which found that two thirds of women surveyed experienced gender bias or discrimination in the health system.

While these are complex systemic issues that will take time to fix, this Budget takes important next steps to make quality health care more affordable and available for women.

Women with complex gynaecological conditions, including endometriosis, will benefit from 2 new Medicare rebates allowing for extended gynaecologist consultations of 45 minutes or longer (\$49.1 million). This will reduce the cost for women seeking help and ensure they receive timely and expert assessments and are no longer left waiting for critical diagnoses and treatments.

New Medicare services for endorsed midwives will be introduced, unlocking their potential to provide longer consultations under Medicare, in the important weeks before and after the birth of a child (\$56.5 million).

Women should not face higher out-of-pocket costs for health services simply due to their gender. A review of MBS items will focus on contraception and diagnostic imaging in the first instance and will help identify any gender bias in the rates of Medicare rebates and payments. This will help us better balance the health system to meet the needs of all women.

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 (\$5.8 million).

The availability of professional indemnity insurance will also improve Birthing on Country services for First Nations mothers facilitated by Aboriginal Community Controlled Health Organisations (\$3.5 million).

Miscarriage has devastating effects on women and their families. Many women experience ongoing anxiety and depression and can face social and financial impacts. Support services for women and families who experience miscarriage will be strengthened, as families and health professionals receive education support and have increased awareness about miscarriage (\$7 million).

The Australian Institute of Health and Welfare (AIHW) will conduct a scoping study on national miscarriage data (\$1 million) and develop a dataset on sexual and reproductive health (\$5.5 million), further informing policy and improving access to health care.

Funding of \$53.6 million from the Medical Research Future Fund will be invested in research priorities including to improve women's health outcomes. Women going through menopause will benefit from improved treatment with enhanced, knowledgeable and understanding care with funding for health professional training through Jean Hailes for Women's Health (\$1.2 million).

Women and girls in rural and remote First Nations communities will receive free menstrual products, like pads and tampons. This will help them to go about their normal lives, engage with the community and not miss school (\$12.5 million).

Outreach health care in women's crisis accommodation and services will be trialled in up to 6 Primary Health Network regions to support women and children fleeing family, domestic and sexual violence (\$6 million).

This Budget will help women make informed decisions about contraception. A virtual contraception decision-making tool will support women and health practitioners providing contraceptive counselling (\$1.1 million).

This will be complemented by scholarship funding for health practitioners to undertake training to deliver long-acting reversible contraception (LARC) services (\$5.2 million). More trained health practitioners will ensure more women can access LARCs as their contraceptive of choice, no matter where they live.

An extension of the MBS item for telehealth for sexual and reproductive health will better support women, particularly in regional and remote areas to get the care they need.



Patients who need an MRI will benefit from shorter waiting times and won't need to be referred for less-appropriate scans with changes to MRI licencing agreements. This Budget expands access so that every comprehensive practice with MRI equipment will be eligible to provide Medicare-funded services (\$69.8 million), almost tripling the number of fully Medicare-eligible MRIs.

Medicare rebates for nuclear medicine imaging will rise each year, particularly supporting people in rural and regional Australia to get the scans they need close to home (\$92.8 million).

Rebates for many common medical tests, including for infertility/pregnancy and tissue pathology, will also rise each year for the first time in 25 years (\$174.1 million). This will ensure these tests remain accessible and affordable by maintaining the very high rates of bulk billing in pathology. Less than 1% of tests provided outside of hospitals are not bulk billed.

Improvements to the MBS, including services for suspected heart failure and rare cancers, will help to reduce waiting times and catch health problems sooner (\$22.3 million).

COVID-19 pathology testing will be permanently added to the MBS, recognising the significant impacts COVID-19 continues to have, particularly for vulnerable people (\$335.7 million).

To boost the supply of health care in areas of shortage, the Budget provides \$17.4 million to support health services at risk of closing. Primary Health Networks and Rural Workforce Agencies will work with local communities to support people to get the care they need, close to home.

Charles Darwin University will be funded to establish a new medical school in the Northern Territory from 2026 (\$24.6 million), and will be invited to apply for an ongoing allocation of 40 commencing medical Commonwealth Supported Places a year.

The Northern Territory Medical Program will also grow by 6 places with a total of 36 students a year to start from 2024 (\$4.7 million). These investments will help develop and retain a locally trained medical workforce equipped to deal with the NT's unique health challenges.

Students in nursing, midwifery and social work will benefit from the establishment of a Commonwealth Prac Payment. This will support them while they undertake mandatory placements required for higher education and vocational education and training qualifications. Eligible students will be able to access \$319.50 per week during their clinical and professional placement periods.

The iconic RFDS will be supported to ensure that, even when emergency strikes in the bush, world-class health care is not far away. For almost 100 years, the RFDS has provided emergency medical and primary health care services to anyone in rural and remote Australia. Funding will continue to allow the RFDS to provide its primary care and dental services to more Australians across more remote communities (\$74.8 million).

