PORTFOLIO BUDGET STATEMENTS 2025–26 BUDGET RELATED PAPER NO. 1.9

HEALTH AND AGED CARE PORTFOLIO

Budget Initiatives and Explanations of Appropriations Specified by Outcomes and Programs by Entity ISBN: 978-1-74186-093-1

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HON MARK BUTLER PARLIAMENT HOUSE CANBERRA 2600

President of the Senate Australian Senate Parliament House CANBERRA ACT 2600

Speaker House of Representatives Parliament House CANBERRA ACT 2600

Dear President

Dear Mr Speaker

I hereby submit the Portfolio Budget Statements in support of the 2025–26 Budget for the Health and Aged Care portfolio.

These statements have been developed, and are submitted to the Parliament, as a statement on the outcomes for the portfolio.

I present these statements to provide accountability to the Parliament and, through it, the public.

Yours sincerely

Mark Butler

Abbreviations and conventions

The following notation may be used:

NEC/nec not elsewhere classified

· nil

. not zero, but rounded to zero

na not applicable (unless otherwise specified)

nfp not for publication

\$m \$ million \$b \$ billion

Figures in tables and in the text may be rounded. Figures in text are generally rounded to one decimal place, whereas figures in tables are generally rounded to the nearest thousand. Discrepancies in tables between totals and sums of components are due to rounding.

Enquiries

Should you have any enquiries regarding this publication please contact David Hicks, Chief Financial Officer, Department of Health and Aged Care on (02) 5132 4495.

Links to Portfolio Budget Statements (including Portfolio Additional Estimates Statements and Portfolio Supplementary Additional Statements) can be located on the Australian Government Budget website at: www.budget.gov.au

User guide to the Portfolio Budget Statements

User guide

The purpose of the 2025–26 Portfolio Budget Statements (PB Statements) is to inform Senators and Members of Parliament of the proposed allocation of resources to government outcomes by entities within the portfolio. Entities receive resources from the annual appropriations acts, special appropriations (including standing appropriations and special accounts), and revenue from other sources.

A key role of the PB Statements is to facilitate the understanding of proposed annual appropriations in Appropriation Bills (No. 1 and No. 2) 2025–2026 (or Appropriation (Parliamentary Departments) Bill (No. 1) 2025–2026 for the parliamentary departments) and related Supply Bills where they exist applicable to the 2025–26 Budget. In this sense, the PB Statements are Budget related papers and are declared by the Appropriation Acts to be 'relevant documents' to the interpretation of the Acts according to section 15AB of the Acts Interpretation Act 1901.

The PB Statements provide information, explanation and justification to enable Parliament to understand the purpose of each outcome proposed in the Bills.

As required under section 12 of the *Charter of Budget Honesty Act* 1998, only entities within the general government sector are included as part of the Commonwealth general government sector fiscal estimates and produce PB Statements where they receive funding (either directly or via portfolio departments) through the annual appropriation acts.

The Commonwealth performance framework

The following diagram outlines the key components of the Commonwealth performance framework. The diagram identifies the content of each of the publications and the relationship between them. Links to the publications for each entity within the portfolio can be found in the introduction to Section 2: Outcomes and planned performance.

Commonwealth performance framework Key components of relevant publications Portfolio Budget Statements Corporate plan (31 August) (typically May) Portfolio based Entity based Supports Annual Appropriations. Informs Primary planning document of a senators and members of parliament of Commonwealth entity. the proposed allocations of other Sets out the purposes of the entity and resources to government outcomes and the key activities it will undertake to programs. achieve its purposes over a minimum Provides links to relevant programs 4-year period. undertaken by other Commonwealth Describes the environment in which the entities. entity operates, the capability it requires Provides high-level performance to undertake its key activities, its risk information for current, ongoing programs. oversight and management systems including key risks and how those are Provides detailed performance managed, and how it will cooperate with information for proposed new budget others, including any subsidiaries, to measures that require a new program or achieve its purposes. significantly change an existing program. Explains how the entity's performance will Links to the corporate plan through be measured and assessed. reporting key activities. Annual performance statements (October following year) Entity based Included in the Commonwealth entity's annual report. Reports on the actual performance results for the reporting year as set out in the corporate plan and Portfolio Budget Statements. Provides an analysis of the factors that may have contributed to the entity's performance results.

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Portfolio Overview

Health and Aged Care Portfolio Overview

Minister(s) and portfolio responsibilities

The Health and Aged Care Portfolio includes the Department of Health and Aged Care, 17 Portfolio entities and 7 statutory office holders. These entities help us deliver the Australian Government's health policies and programs.

With our partners, we support the Government to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.

The Health and Aged Care Portfolio works towards achieving better health and wellbeing for all Australians, now and for future generations. The Health and Aged Care Portfolio's services are delivered through the 21 Outcomes outlined in Figure 1: Health and Aged Care Portfolio Structure and Outcomes. Each portfolio entity has developed performance information to determine its effectiveness in achieving entity-specific Outcomes. Outcome and Program reporting, and resource allocations for each entity, are presented in the respective Entity Resources and Planned Performance sections.

For information on resourcing across the Health and Aged Care Portfolio, refer to Part 1: Agency Financial Resourcing in Budget Paper No. 4 – Agency Resourcing.

Portfolio Structure

Minister and Portfolio responsibilities, and a list of the 17 Portfolio entities and 7 statutory office holders currently within the Health and Aged Care Portfolio, can be found in Figure 1: Health and Aged Care Portfolio Structure and Outcomes.

Department of Health and Aged Care Changes

The Department of Health and Aged Care has made changes to two Outcome Statements and one Program Name.

Changes to Outcome Statements:

2024-25	2025-26
Outcome 3: Ageing and Aged Care Improved wellbeing for older Australians through targeted support, access to appropriate, high- quality care, and related information services.	Outcome 3: Ageing and Aged Care Improved wellbeing for older people in Australia through targeted support, access to appropriate, high-quality care, and related information services.
2024-25	2025-26
Outcome 4: Sport and Physical Activity Improved opportunities for community participation in sport and physical activity, excellence in high- performance athletes, protecting the integrity of sport, delivery of sports related funding including for sport infrastructure, sport policy development, coordination of Commonwealth involvement in major sporting events and international cooperation on sport issues.	Outcome 4: Sport and Physical Activity Contribute to healthy, active communities and a sustainable sport system through policy development, coordination and targeted support.

Changes to Program names:

2024-25	2025-26
Program 1.2: Mental Health	Program 1.2: Mental Health and Suicide Prevention

Portfolio Entity Changes

Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission has made changes to their Outcome Statement.

Changes to Outcome Statement:

2024–25	2025–26
Outcome 1 Protect and enhance the safety, health, wellbeing and quality of life of older Australians receiving aged care services, including through effective engagement with them, regulation and education of Commonwealth-funded aged care service providers and resolution of aged care complaints.	Outcome 1 Uphold rights, and protect and enhance the safety, health, wellbeing and quality of life of older people in Australia receiving Commonwealth-funded aged care services, including through effective engagement with older people, regulation and education of aged care providers and workers, and independent and accessible resolution of complaints about aged care services.

Figure 1: Health and Aged Care Portfolio structure and outcomes

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The Hon Mark Butler MP Minister for Health and Aged Care Deputy Leader of the House	The Hon Anika Wells MP Minister for Aged Care Minister for Sport	The Hon Ged Kearney MP Assistant Minister for Health and Aged Care Assistant Minister for Indigenous Health	The Hon Emma McBride MP Assistant Minister for Mental Health and Suicide Prevention Assistant Minister for Rural and Regional Health	The Hon Kate Thwaites MP Assistant Minister for Ageing Assistant Minister for Social Security Assistant Minister for Women
Portfolio Responsibilities Department of Health and Aged Care: Outcomes: 1, 2, 3 and 4	Portfolio Responsibilities Department of Health and Aged Care: Outcomes: 3 and 4	Portfolio Responsibilities Department of Health and Aged Care: Outcome: 1	Portfolio Responsibilities Department of Health and Aged Care: Outcome: 1	Portfolio Responsibilities Department of Health and Aged Care: Outcome: 1
Entities: ACSQHC, Digital Health, AIHW, Cancer Australia, IHACPA, NHFB, NHMRC, and PSR	Entities: ACQSC, ASC, ASF, OIGAC and Sport Integrity Australia	Entities: ARPANSA, FSANZ, NBA, and OTA		
Statutory Office Holders: National Health Funding Pool Administrator National Health and Medical Research Council Commissioner of Complaints	Statutory Office Holders: Aged Care Quality and Safety Commissioner CEO, National Sports Tribunal	Statutory Office Holders: Executive Director, Australian Industrial Chemicals Introduction Scheme Gene Technology Regulator	Statutory Office Holders: National Rural Health Commissioner	

Figure 1: Health and Aged Care portfolio structure and outcomes (continued)

Department of Health and Aged Care

Blair Comley PSM

Secretary

Outcome 1: Health Policy, Access and Support

Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community.

Outcome 2: Individual Health Benefits

Ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in health care services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance.

Outcome 3: Ageing and Aged Care

Improved wellbeing for older people in Australia through targeted support, access to appropriate, high-quality care, and related information services

Outcome 4: Sport and Physical Activity

Contribute to healthy, active communities and a sustainable sport system through policy development, coordination and targeted support.

Figure 1: Health and Aged Care portfolio structure and outcomes (continued)

Aged Care Quality and Safety Commission Liz Hefren-Webb

Commissioner

Outcome 1: Uphold rights, and protect and enhance the safety, health, wellbeing and quality of life of older people in Australia receiving Commonwealth-funded aged care services, including through effective engagement with older people, regulation and education of aged care providers and workers, and independent and accessible resolution of complaints about aged care services.

Australian Commission on Safety and Quality in Health Care

Conjoint Professor Anne Duggan Chief Executive Officer

Outcome 1: Improved safety and quality in health care across the health system, including through the development, support for implementation, and monitoring of national clinical safety and quality guidelines and standards.

Australian Digital Health Agency

Amanda Cattermole PSM

Chief Executive Officer

Outcome 1: To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians.

Australian Institute of Health and Welfare

Dr Zoran Bolevich

Acting Chief Executive Officer

Outcome 1: A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.

Australian Radiation Protection and Nuclear Safety Agency

Dr Gillian Hirth AO

Chief Executive Officer

Outcome 1: Protection of people and the environment through radiation protection and nuclear safety research, policy, advice, codes, standards, services and regulation.

Australian Sports Commission

Kieren Perkins OAM

Chief Executive Officer

Outcome 1: Increased participation in organised sport and continued international sporting success including through leadership and development of a cohesive and effective sports sector, provision of targeted financial support, and the operation of the Australian Institute of Sport.

Australian Sports Foundation Limited¹

Sue Hunt AM

Chief Executive Officer

Outcome 1: Improved Australian sporting infrastructure through assisting eligible organisations to raise funds for registered sporting projects.

Cancer Australia

Professor Dorothy Keefe PSM MD

Chief Executive Officer

Outcome 1: Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support.

Food Standards Australia New Zealand

Dr Sandra Cuthbert

Chief Executive Officer

Outcome 1: A safe food supply and well-informed consumers in Australia and New Zealand, including through the development of food regulatory measures and the promotion of their consistent implementation, coordination of food recall activities and the monitoring of consumer and industry food practices.

Independent Health and Aged Care Pricing Authority

Professor Michael Pervan

Chief Executive Officer

Outcome 1: Support public hospitals and aged care services to improve efficiency in, and access to, services through the provision of independent pricing determinations and advice and designing pricing systems that promote sustainable and high-quality care.

Australian Sports Foundation Limited is a Commonwealth company. Commonwealth companies are not directly funded by Australian Government appropriation and are not required to publish Portfolio Budget Statements.

Figure 1: Health and Aged Care Portfolio Structure and Outcomes (continued)

National Blood Authority

John Cahill

Chief Executive

Outcome 1: Access to a secure supply of safe and affordable blood products, including through national supply arrangements and coordination of best practice standards within agreed funding policies under the national blood arrangements.

National Health Funding Body

Shannon White

Chief Executive Officer

Outcome 1: Improve transparency of public hospital funding in Australia by supporting the obligations and responsibilities of the Administrator of the National Health Funding Pool through best practice administration of public hospital funding.

National Health and Medical Research Council

Professor Steve Wesselingh Chief Executive Officer

Outcome 1: Improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health.

Office of the Inspector-General of Aged Care

Natalie Siegel-Brown

Inspector-General

Outcome 1: Provide independent oversight of the aged care system to drive accountability and positive change through reviews, recommendations, and reporting to Parliament.

Organ and Tissue Authority

Lucinda Barry AM

Chief Executive Officer

Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.

Professional Services Review

Associate Professor Antonio Di Dio

Director

Outcome 1: A reduction of the risks to patients and costs to the Australian Government of inappropriate practice, including through investigating health services claimed under the Medicare and Pharmaceutical benefits schemes.

Sport Integrity Australia

Dr Sarah Benson PSM

Chief Executive Officer

Outcome 1: Protection of the integrity of Australian sport and the health and welfare of those who participate in sport through the coordination of a national approach to all sports integrity matters.

Statutory Office Holders

Aged Care Quality and Safety Commissioner Liz-Hefren-Webb

Executive Director, Australian Industrial Chemicals Introduction Scheme

Graeme Barden

Gene Technology Regulator

Dr Raj Bhula

National Health Funding Pool Administrator

Toni Cunningham

National Health and Medical Research Council Commissioner of Complaints

Chris Reid

National Rural Health Commissioner

Professor Jenny May AM

CEO, National Sports Tribunal

Dr Michelle Gallen

Portfolio Resources

Table 1 shows the total resources provided to the Portfolio in the 2025–26 Budget year by entity.

Table 1: Portfolio Resources 2025-26

		Appropriations		Receipts	Total
	Bill No. 1 \$'000	Bill No. 2 \$'000	Special \$'000	\$'000	\$'000
DEPARTMENTAL					
Department of Health and Aged Care	1,634,466	141,628	-	261,208	2,037,302
Aged Care Quality and Safety Commission	338,996	50	-	1,734	340,780
Australian Commission on Safety and Quality in Health Care	-	-	-	33,110	33,110
Australian Digital Health Agency (a)	302,513	18,240	-	32,250	353,003
Australian Institute of Health and Welfare ^(a)	36,547	-	-	61,000	97,54
Australian Organ and Tissue Donation and Transplantation Authority	7,252	-	-	-	7,252
Australian Radiation Protection and Nuclear Safety Agency	24,637	1,820	-	15,431	41,888
Australian Sports Commission (a)	449,037	710	-	22,092	471,839
Cancer Australia	13,456	-	-	421	13,87
Food Standards Australia New Zealand ^(a)	18,015	-	-	2,512	20,52
Independent Health and Aged Care Pricing Authority	-		-	58,091	58,09
National Blood Authority	9,257	-	-	5,887	15,14
National Health Funding Body	6,954	-	-	-	6,95
National Health and Medical Research Council	46,156	-	-	5,974	52,13
Office of the Inspector-General of Aged Care	6,256	900	-	-	7,15
Professional Services Review	16,345	-	-	-	16,34
Sport Integrity Australia	43,259	_	-	1,986	45,24
Total departmental	2,953,146	163,348	-	501,696	3,618,19

Table 1: Portfolio Resources 2025–26 (continued)

	Appropriations			Receipts	Total
	Bill No. 1 \$'000	Bill No. 2 \$'000	Special \$'000	\$'000	\$'000
ADMINISTERED					
Department of Health and Aged Care	16,964,529	299,364	46,589,316	56,257,498	120,110,707
Australian Organ and Tissue Donation and Transplantation Authority	52,833		-	-	52,833
Cancer Australia	33,199	-	-	-	33,199
National Blood Authority	10,171	-	-	1,335,657	1,345,828
National Health and Medical Research Council	973,172	-	-	-	973,172
Sport Integrity Australia	4,746	-	-	-	4,746
Total administered	18,038,650	299,364	46,589,316	57,593,155	122,520,485
less non-appropriation funding transfers to Corporate entities		_	-	(1,413,895)	-
Total Portfolio	18,038,650	299,364	46,589,316	56,179,260	122,520,485

All figures are GST exclusive.

⁽a) These entities are not directly appropriated as they are corporate entities under the *Public Governance*, *Performance and Accountability Act 2013*.

Department of Health and Aged Care

Entity resources and planned performance



Department of Health and Aged Care

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Department of Health and Aged Care

Section 1: Entity overview and resources

1.1 Strategic direction statement

The Department of Health and Aged Care (the department) develops and delivers evidence-based policy, well-targeted programs, and best practice regulation to achieve better health and wellbeing of all Australians, now and for future generations.

The department supports the government to lead and steward the health and aged care systems and sporting outcomes through high-quality advice.

Developed as part of the response to the 2023 Capability Review, four strategic priorities guide the department's work to deliver the greatest impact to all Australians:

- pivoting to prevention and early intervention
- addressing health equity
- leveraging digital and health technology
- supporting integrated health systems.

These priorities are imbedded in policy development and delivery within the Health and Aged Care portfolio.

Aligned with these priorities, new investments in the 2025–26 Budget will expand the availability of bulk billing incentives to all Australians eligible for Medicare and introduce a new program to support fully bulk billing GP practices. It also supports more Australians to get free, urgent care in their community, by investing in an additional 50 Medicare Urgent Care Clinics. The 2025–26 Budget grows and strengthens the GP workforce by increasing investment in all stages of the training pipeline. It provides fairer salary incentives and entitlements for junior doctors who choose to specialise in general practice, with entitlements more in line with their hospital colleagues. This Budget also funds more scholarships for nurses and midwives to extend their skills and practice in primary health care.

Funding will ensure that Australians maintain access to cheaper medicines through new listings on the Pharmaceutical Benefits Scheme (PBS). Key investment will see a reduction to the maximum general patient PBS co-payment.

Funding delivers more choice, lower costs, and better health care for women. This is achieved through a range of initiatives including:

- listing of new oral contraceptive pills on the PBS
- changes to Medicare to provide lower costs and better access to long-term contraceptives
- more Medicare support for women experiencing menopause
- pharmacy trials to improve access to contraceptives and uncomplicated Urinary Tract Infections (UTIs) for patients with concession cards.

The 2025–26 Budget will further support aged care reform by funding award wage increases for nurses in the aged care sector in line with the decisions of the Fair Work

Commission. It also provides access to culturally safe and appropriate aged care assessments for First Nations people.

Further information about the department's outcomes, operating environment and key activities is detailed in the department's 2024–25 Corporate Plan.

Strengthening Medicare

Expanding Bulk Billing Incentives

Universal access to affordable primary health care is the cornerstone of Australia's Medicare system. Affordable primary health care ensures fewer Australians are deferring their health care due to cost. It also supports better health outcomes for all Australians by helping to prevent chronic health conditions developing, and promoting earlier intervention where people do have these health conditions.

The 2025–26 Budget includes \$7.9 billion over four years to expand the availability of bulk billing incentives to include all Australians eligible for Medicare (currently only those aged under 16 years or who hold a concession card are eligible for bulk billing incentives). Funding also introduces an additional incentive program for general practitioners and practice owners who commit to bulk bill all their GP non-referred attendance services. This investment builds upon the Government's \$3.5 billion investment in the 2023–24 Budget to triple Medicare bulk billing incentives and incentivise bulk billing.

Medicare Urgent Care Clinics

Medicare Urgent Care Clinics provide essential health care for illness and injuries that can be managed without a trip to the emergency department, but can't wait for a regular appointment with a GP. Medicare Urgent Care Clinics improve access to affordable urgent care for Australians and assist in reducing pressure on hospital emergency departments. Building on previous investments, the 2025–26 Budget will provide:

- \$644.3 million over three years from 2025–26 to expand the Urgent Care Clinics
 Program by an additional 50 clinics. This will build on previous investments to
 establish 87 Medicare Urgent Care Clinics around Australia and will take the total
 number of clinics to 137
- Funding has been committed to extend the opening hours of the Batemans Bay and Launceston Medicare Urgent Care Clinics, and to continue to support the operations of the Mparntwe (Alice Springs) Medicare Urgent Care Clinic
- \$4.1 million over two years from 2025–26 (one year extension) to enable state-funded urgent care services to access Medicare Benefits Schedule (MBS) items.

Strengthening Australia's primary health care workforce

Having the right workforce, with the right skills, and in the right place is critical to a strong Medicare that delivers high quality care to all Australians. Investments in the 2025–26 Budget will continue to strengthen and support Australia's health workforce, including:

• \$265.2 million from 2025–26 to expand GP registrar training, with an extra 200 training places per year from 2026, increasing to an extra 400 places per year from 2028. This will mean there will be more than 2,000 doctors entering GP training every year from 2028

- \$204.8 million from 2025–26 for salary incentives for junior doctors to specialise in general practice to help bridge the estimated pay gap that new GP trainees face when they choose to leave the state-funded hospital system
- \$43.9 million from 2025–26 to provide paid parental leave and study leave for trainee GPs
- \$44.0 million for an extra 200 rotations for junior doctors in primary health care each year from 2026, increasing to an extra 400 per year from 2028. This will support up to 1,300 more early career doctors to gain exposure to primary health care
- \$48.4 million for an extra 100 Commonwealth Supported Places for medical students per year from 2026, increasing to 150 per year by 2028, and demand-driven places for First Nations students to study medicine
- \$10.5 million over two years for more scholarships for nurses and midwives, with an additional 400 scholarships for nurses and midwives to undertake postgraduate study to extend their skills and qualifications, and become a nurse practitioner or endorsed midwife
- \$28.0 million over three years to support construction of the Nursing and Midwifery
 Academy in Victoria, to be operated by the Epworth Medical Foundation, to provide
 professional development pathways to enable nurses and midwives to enhance their
 leadership, research, and training and education skills
- \$1.3 million in 2025–26 to extend the Obstetrics and Gynaecological Education and Training Program to upskill and provide training opportunities for a range of medical professionals who assist in the provision of maternity or maternity-related services, particularly in rural and remote areas.

Ensuring access to Essential Services

The 2025–26 Budget ensures Australians have access to high quality health care by continuing funding for essential services. To further invest in our world-class healthcare system, the 2025–26 Budget has committed an additional \$1.8 billion to fund public hospitals and health services in 2025–26, including a funding uplift for the Northern Territory.

The 2025–26 Budget is investing \$107.8 million in 2025–26 for a one-year extension of the Federation Funding Agreement for Public Dental Services for Adults to support states and territories to deliver public dental services. Funding of \$7.0 million over five years from 2024–25 delivers improved functionality to the Medical Costs Finder website. This allows public access to data about the median fee charged by individual non-GP specialists and gap arrangements from private health insurers.

An investment of \$256.2 million over four years for the introduction of new and amended items on the Medicare Benefits Schedule (MBS) ensures that Medicare eligible patients continue to have access to contemporary, evidence based, safe and clinically relevant services. This includes the introduction of new MBS items for monitoring symptomatic patients with inflammatory bowel disease.

The 2025–26 Budget provides \$46.0 million over three years to continue funding for core national crisis support services and low intensity digital mental health services. This investment will ensure continuity of critical supports for people living in Australia.

Driving a digitally connected health system

The 2025–26 Budget will continue funding to support the transition to a digitally connected and integrated health system that delivers better coordinated care. Investments include:

- \$228.7 million in 2025–26 to continue the operations and modernisation of My Health Record to drive a digitally connected healthcare system
- \$15.6 million over two years from 2025–26 to continue My Health Record initiatives under the Health Delivery Transformation Program to support essential work
- \$5.7 million in 2025–26 to improve electronic prescribing infrastructure and services Australia- wide.

Improving Health Outcomes for Women

The Government is committed to enhancing gender equity and achieving better health outcomes for women by removing gender bias from the health system.

The 2025–26 Budget will take important steps towards providing women with more choice, access and affordability regarding their contraception options. An investment of \$71.5 million will increase Medicare payments to doctors, and in addition, nurse practitioners, for insertion and removal of intrauterine devices (IUDs) and implants. A further MBS loading item will apply where the service is bulk billed. Eight Centres of Training Excellence will also be established to ensure healthcare providers are trained, skilled and confident to insert IUDs and implants.

Investments in the 2025–26 Budget will improve the quality of care for women's health. Funding of \$19.6 million over three years will increase access to specialist care for women's health through the delivery of an additional 11 endometriosis and pelvic pain clinics across Australia. This will add to the 22 clinics that are already providing care to women, and all 33 clinics will extend their focus to also provide specialist support for menopause and perimenopause. An investment of \$17.5 million over three years will fund a public health campaign and additional training on menopause and perimenopause for health professionals, and the development of the first ever national guidelines.

In addition, new listings on the PBS will improve available treatment options for women's health:

- Relugolix with Estrodiol and with Norethisterone (Ryeqo®) on the PBS from 1 May 2025 for the treatment of endometriosis
- Estradiol and Progesterone (Estrogel® Pro) on the PBS from 1 March 2025 for menopausal hormone therapy
- Drospirenone (Slinda®) on the PBS from 1 May 2025 for oral contraception.

Funding has also been provided to support two national trials to make it easier and cheaper for women with concession cards to get contraceptives and treatment for uncomplicated UTIs.

Access to maternity services will be improved through the provision of \$10.0 million in 2025–26 to support delivery of public maternity services for women and babies in the Central Coast region of New South Wales. The Budget also provisions \$6.0 million to support the Tasmanian Government to improve maternity services and facilities in Hobart.

Making medicines cheaper

The affordability of medicines is a critical factor in ensuring accessible healthcare for patients. The Government is committed to ensuring Australians have access to affordable medicines through the PBS.

The 2025–26 Budget lists new medicines on the PBS to address clinical need, ensuring supply and reducing the time for Australians to access new medicines. The maximum general patient PBS co-payment will be reduced to \$25.00, improving the affordability of medicines and helping with cost of living pressures. The 2025–26 Budget will also continue funding a nation-wide service that safely disposes of unwanted and expired medicines. Investments include:

- \$824.4 million over five years to fund 38 new and amended listings on the PBS from January 2025 to April 2025, price increases for nine existing medicines and changes to the Stoma Appliance Scheme
- \$689.1 million over four years to make cheaper medicines even cheaper, by reducing the maximum general patient PBS co-payment from \$31.60 in 2025 to \$25.00 from 1 January 2026 This builds on the Government's earlier investments to keep medicines affordable, including the reduction in the PBS general patient co-payment to \$30.00 from 1 January 2023, the introduction of 60-day prescriptions that save time and money for Australians with an ongoing health condition, and the freezing of PBS copayments so they didn't rise with inflation for all Australians in January 2025, and will stay at their current level of \$7.70 for pensioners and Commonwealth concession cardholders until 2030
- listing of Esketamine (Spravato®) on the PBS from 1 May 2025 to provide Australians with major depression with affordable treatment options
- listing of Epicoritamab (Epkinly®) on the PBS from 1 May 2025 to address the urgent clinical need for additional effective treatments for patients with relapsed of refractory diffuse large B-cell lymphoma
- continuing the listing of Mirena® and Ritalin® on the PBS from 1 April 2025
- continuing availability of Nyxoid® and Prenoxad® under the Take Home Naloxone Program
- \$13.2 million over four years to ensure the National Return of Unwanted Medicines
 Program can continue to provide a nationwide service that safely disposes of expired
 and unwanted medicines to avoid accidental poisoning, medication misuse and toxic
 releases into the environment
- \$1.0 million in 2025–26 to support implementation of the Strategic Agreement on Pharmacists Professional Practice with the Pharmaceutical Society of Australia, for updating of Australia's pharmacist practice standards and guidelines
- Amendments to the cost recovery arrangements for the National Joint Replacement Registry to improve transparency, governance and more equitable proportioning of levies among sponsors.

First Nations Health

The 2025-26 Budget supports the Government's commitment to closing the gap in health and wellbeing outcomes between First Nations people and non-Indigenous Australians.

The 2025-26 Budget will seek to strengthen the capacity of the Aboriginal Community Controlled Health Sector to deliver services to First Nations people. In line with the government's commitment to build a community-controlled sector under the National Agreement on Closing the Gap, the Australian Rotary Health Indigenous Scholarships Program will transition to delivery by a First Nations organisation. The program will continue to build a strong culturally safe First Nations workforce by addressing barriers to education and training.

Further investments will be made into First Nations preventive health activities, including:

- \$9.2 million over three years to states and territories to deliver improved monitoring and detection of Acute Rheumatic Fever and Rheumatic Heart Disease and provide education and training for health care providers, individuals, families and communities
- \$3.5 million in 2025–26 to extend the measure Deadly Choices to increase uptake of 715 Health Checks, a First Nations specific health assessment focused on key areas of risk, critical to detect common and treatable conditions that are major contributors to First Nations illness.

Ensuring dignity and choice in aged care

Valuing the Aged Care Workforce

The 2025-26 Budget will build upon the key reform to the aged care system and the government's commitment to provide funding that supports the outcome of the Fair Work Commission's Aged Care Work Value Case, ensuring fairer award wages for aged care workers.

The 2025-26 Budget will invest \$2.6 billion over five years to fund the increase to award wages for registered nurses (RNs) and enrolled nurses employed in aged care to reflect the value of the work they undertake. This investment responds to the Fair Work Commission's decision to increase the minimum wages for aged care nurses from 1 March 2025 and includes:

- \$2.3 billion over five years to be delivered through the Australian National Aged Care Classification funding model and \$26.8 million over five years to fund an increase to the 24/7 RN supplement, ensuring providers have sufficient funding to pay the legislated higher award wages for residential aged care nurses
- \$187.8 million over five years to increase funding for the Home Care Packages program in 2024-25 and in-home aged care through the new Support at Home program from
- \$76.8 million over five years for additional in-home aged care services through both the Commonwealth Home Support Program and the Support at Home program

- \$35.5 million over two years to fund eligible aged care providers for higher cost of historical leave entitlements associated with the Fair Work Commission decision
- \$19.4 million over five years to increase fees for the Department of Veterans Affairs Community Nursing program
- \$4.2 million over five years for specialist aged care programs.

\$30.1 million will be invested to revise the approach for funding for Commonwealth Home Support Program providers to deliver funding through an uplift in indexation for the Fair Work Commission Stage 3 decision on the Aged Care Work Value Case.

Improving the Quality of Aged Care

The Aged Care Quality and Safety Commission (Commission) will receive \$116.1 million in 2025–26 to support its regulatory functions under the *Aged Care Act* 2024 from 1 July 2025. In addition, \$27.7 million in 2025–26 will be raised through the introduction of cost recovery arrangements to support operations of the Commission.

An investment of \$3.6 million in 2025–26 will build the governance capability within residential aged care facilities. Funding will also provide for an evaluation and review, including stakeholder engagement, on a revised version of the Quality Standards for aged care, a key mechanism to ensure the quality and safety of aged care.

Additional funding is provided to finalise operational arrangements for the Single Assessment System. It will provide older people in Australia with a simpler entry point into aged care. This includes \$4.5 million in 2025–26 to extend arrangements with states and territories for aged care assessments and a pricing study to inform long term negotiations. Existing funding will also support the staged digital implementation of the *Aged Care Act 2024* and associated reforms.

The 2025–26 Budget will provide \$47.6 million over four years from 2025–26 (and an additional \$12.7 million in 2029–30) to fund Aboriginal Community Controlled Health Organisations and service providers to deliver culturally appropriate aged care assessments for Aboriginal and Torres Strait Islander people from July 2025.

Other investments include:

- \$53.2 million in 2025–26 to continue implementation of the Single Assessment System and support the staged digital implementation of the *Aged Care Act* 2024 to ensure continuity of aged care assessment services
- \$37.8 million in 2025–26 for the Aged Care Quality and Safety Commission to support the staged digital implementation of the *Aged Care Act* 2024
- \$24.4 million in 2024–25 for additional Commonwealth Home Support Program assessments to meet new requirements under the *Aged Care Act* 2024
- \$5.7 million in 2025–26 for the National Centre for Monitoring Dementia to continue its role of providing essential dementia data and monitoring National Dementia Action Plan progress
- \$2.4 million in 2025–26 to extend the Care Together Program to support the start-up and development of cooperative and mutual enterprises, and deliver business resources and professional support to the aged, disability and veterans' care sectors

•	\$0.7 million in 2025–26 for the Remote Accord to continue to deliver aged care services in remote locations, and for United Care to work with the department to provide effective channel for communication with remote aged care providers. Extending this service supports the provision of aged care services in thin markets.			

1.2 Entity resource statement

Table 1.1 shows the total resourcing from all sources available to the entity for its operations and to deliver programs and services on behalf of the Government.

The table summarises how resources will be applied by outcome (government strategic policy objectives) and by administered (on behalf of the Government or the public) and departmental (for the entity's operations) classification.

For more detailed information on special accounts and special appropriations, please refer to the *Budget Paper No. 4 – Agency Resourcing*.

Information in this table is presented on a resourcing (that is, appropriations/cash available) basis, whilst the 'Budgeted expenses by Outcome 1' tables in Section 2 and the financial statements in Section 3 are presented on an accrual basis. Amounts presented below are consistent with amounts presented in the Appropriation Bills themselves.

Table 1.1: Department of Health and Aged Care resource statement – Budget estimates for 2025–26 as at Budget March 2025

	2024–25 Estimated actual	2025–26 Estimate
	\$'000	\$'000
DEPARTMENTAL		
Prior year appropriation available	341,321	191,528
Annual appropriations		
Ordinary annual services (a)		
Departmental appropriation	1,710,299	1,618,909
s74 retained revenue receipts (b)	39,257	33,670
Departmental Capital Budget (c)	21,455	15,557
Other services (d)		
Equity injection	16,014	141,628
Total departmental annual appropriations	1,787,025	1,809,764
Special accounts (e) (f)		
Opening balance	128,371	123,926
Appropriation receipts (g)	84,242	87,924
Non-appropriation receipts	223,453	227,538
Total special accounts	436,066	439,388
Less appropriations drawn from annual or special		
appropriations above and credited to special accounts (h)	(84,242)	(87,924)
Total departmental resourcing for Health and Aged Care	2,480,170	2,352,756

Table 1.1: Department of Health and Aged Care resource statement – Budget estimates for 2025–26 as at Budget March 2025 (continued)

	2024–25 Estimated	2025–26 Estimate
	actual \$'000	\$'000
ADMINISTERED	•	,
Annual appropriations		
Ordinary annual services (a)		
Outcome 1: Health Policy, Access and Support	7,661,837	8,266,916
Outcome 2: Individual Health Benefits	1,974,441	1,998,832
Outcome 3: Ageing and Aged Care	5,921,664	6,539,935
Outcome 4: Sport and Physical Activity	166,158 790,497	158,846 806,112
Payments to corporate entities (i)	790,497	000,112
Other services ^(d) Administered assets and liabilities	100,213	299,364
Payments to corporate entities (i)	45,773	18,240
Total administered annual appropriations	16,660,583	18,088,245
Special appropriations limited by criteria/entitlement	10,000,000	10,000,210
National Health Act 1953 - blood fractionation products		
and blood related products to National Blood Authority	1,168,695	1,335,676
Public Governance, Performance and Accountability Act 2013 s77 - repayments	2,000	2,000
Private Health Insurance Act 2007 - incentive payments and rebate	7,312,428	7,539,241
Medical Indemnity Act 2002	116,864	118,964
Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010	1,231	745
Dental Benefits Act 2008	359,113	320,493
National Health Act 1953 - aids and appliances	545,380	532,173
National Health Act 1953 - essential vaccines	716,822	600,992
National Health Act 1953 - continence aids payments	126,616	134,703
Aged Care Act 1997 - residential and home care	31,801,732	-
Aged Care Act 1997 - flexible care	865,302	-
Aged Care Act 2024 - residential care (i)	-	26,022,128
Aged Care Act 2024 - support at home (i)	-	8,946,239
Aged Care Act 2024 - specialist aged care programs (i)	-	737,139
Aged Care Act 2024 - at home scheme (i)		298,823
Total administered special appropriations	43,016,183	46,589,316

Table 1.1: Department of Health and Aged Care resource statement – Budget estimates for 2025–26 as at Budget March 2025 (continued)

	2024–25	2025–26
	Estimated actual	Estimate
	\$'000	\$'000
Special accounts (e) (f)		
Opening balance	5,360,621	4,559,441
Appropriation receipts (g)	7,133	7,133
Non-appropriation receipts	51,962,830	56,257,498
Total special accounts	57,330,584	60,824,072
Total administered resourcing	117,007,350	125,501,633
Less appropriations drawn from annual or special		
appropriations above and credited to special accounts and/or payments to corporate entities through annual		
appropriations (h)	(843,403)	(831,485)
Total administered resourcing for Health	116,163,947	124,670,148
Total resourcing for Health and Aged Care	118,644,117	127,022,904
	2024–25	2025–26
Average staffing level (number)	6,967	6,726

All figures are GST exclusive.

Prepared on a resourcing (i.e. appropriation available) basis.

- (a) Appropriation Bill (No. 1) 2025–2026 and Supply Bill (No. 1) 2025–2026.
- (b) Estimated retained revenue receipts under section 74 of the Public Governance, Performance and Accountability Act 2013 (PGPA Act).
- (c) Departmental capital budgets are not separately identified in Appropriation Bill (No. 1) and Supply Bill (No. 1) and form part of ordinary annual services items. Please refer to Table 3.5 for further details. For accounting purposes, this amount has been designated as a 'contribution by owner'.
- (d) Appropriation Bill (No. 2) 2025–2026 and Supply Bill (No. 2) 2025–2026.
- (e) For further information on special appropriations and special accounts, please refer to Budget Paper No. 4 -Agency Resourcing. Please also see Table 2.1 for further information on outcome and program expenses broken down by various funding sources, e.g. annual appropriations, special appropriations and special accounts.
- (f) Excludes Services for Other Entities and Trust Moneys Special Account as this account is not considered resourcing for the Department of Health and Aged Care (Health).
- (9) Amounts credited to the special account(s) from Health's annual and special appropriations.
- (h) Appropriation receipts from Health annual and special appropriations included above.
- (i) 'Corporate entities' are corporate Commonwealth entities and Commonwealth companies as defined under the PGPA Act.
- (i) The new Aged Care Act 2024 received Royal Assent on 2 December 2024 and will commence 1 July 2025.

1.3 Budget measures

Budget measures in Part 1 relating to the Department of Health and Aged Care are detailed in the Budget Paper No. 2 and are summarised below.

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures

Part 1: Measures announced since the 2024–25 Mid-Year Economic and Fiscal Outlook (MYEFO)

Outlook (MYEFO)						
	come/ gram	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Critical Health Infrastructure a Department of Health and Aged Care	nd Sys	tems ^{(a) (b)}				
Administered payments	1.8	-	-	-	-	-
	2.3	-	-	-	-	-
	2.4	-	587	603	616	630
Departmental payments Australian Radiation Protection and Nuclear Safety Agency	2	-	-	-	-	-
Departmental payments	1	-	-	-	-	-
Total payments		-	587	603	616	630
Related receipts Department of Health and			(507)	(603)	(616)	(620)
Aged Care	-	-	(587)	(603)	(616)	(630)
Digital Mental Health ^(a) Department of Health and Aged Care						
Administered payments	1.2	-	14,821	15,177	15,480	-
Departmental payments	1	-	-	-	-	-
Total payments	-	-	14,821	15,177	15,480	-
Even Cheaper Medicines Department of Health and Aged Care						
Administered payments	2.3	-	107,712	214,910	225,545	236,447
Total payments	-	-	107,712	214,910	225,545	236,447
Related receipts Department of Health and				·		
Aged Care		-	(11,481)	(24,546)	(27,834)	(34,618)
Funding Pay Increases for Age Department of Health and Aged Care	ed Care	Workers - n	urses ^(a)			
Administered payments	3.2	3,481	17,366	28,306	297	303
	3.3	-	18,313	12,033	-	-
Departmental payments Independent Health and Aged Care Pricing Authority	3	-	606	1,043	-	-
Departmental payments	1	-	-	-	-	
Total payments	_	3,481	36,285	41,382	297	303

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

	Outcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Health - savings						
Department of Health and Aged Care						
Administered payments	2.1	-	(3,736)	-	-	-
Total payments	_	-	(3,736)	-	-	
mplementation of Aged (Care Reforms	s ^(a)				
Department of Health and Aged Care						
Administered payments	1.1	(200)	(200)	(200)	-	-
	3.1	24,419	63,708	10,754	11,717	12,832
	3.2	(24,419)	(51,000)	-	-	-
	3.3	-	9,265	-	-	-
Departmental payments	3	-	2,745	-	-	-
Aged Care Quality and Saf Commission	ety					
Departmental payments	1	-	116,112	-	-	-
Department of the Treasury Administered payments	/	(10,301)	(10,301)	_	_	_
Total payments	-	(10,501)	130,329	10,554	11,717	12,832
Related receipts	· -	(10,001)	100,020	10,001	,	,
Aged Care Quality and Safety Commission	· -	-	(27,701)	-	-	-
mproving Access to Med	licines and P	harmacy Pr	ograms (a) (b) (c	:)		
Department of Health and Aged Care						
Administered payments	2.3	-	3,299	3,115	3,876	4,541
Departmental payments	2	-	867	-	-	-
Australian Digital Health Agency						
Departmental payments	1 _	-	2,416	-	-	
Total payments	_	-	6,582	3,115	3,876	4,541
Related receipts						
Department of Health and Aged Care	d	_	_	nfp	nfp	nfp
5	-				<u>r</u>	

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

	Outcome/ Program_	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Medical Research and Clir	nical Trials (a	a) (b) (c)				
Department of Health and Aged Care						
Administered payments	1.5	-	-	-	-	-
	1.8	(7,764)	-	-	-	-
Departmental payments	1	-	-	-	-	-
National Health and Medical Research Council Departmental payments	1	7,764		_	_	_
, , ,	•	1,701				
Department of the Treasury Administered payments		nfp	nfp	nfp	nfp	nfp
Total payments	_	-	-	- mp	- IIIP	- 1119
National Health Reform As Department of the Treasury Administered payments	greement - 2	:025–26 Uplif	t 1,765,994			
Total payments	_		1,765,994	<u>-</u>		
	(DDO)	. NII A	, ,	(c)		
harmaceutical Benefits Sc	heme (PBS)	New and An	nended Listin	gs (c)		
Department of Health and Aged Care Administered payments	2.1	1,264	3,429	3,954	3,965	3,766
Aged Care	2.3	73,486	303,828	407,176	467,557	498,550
Aged Care Administered payments		73,486	303,828 (8)	407,176 (9)	467,557 (9)	498,550 (10)
Aged Care Administered payments	2.3	73,486	303,828	407,176	467,557	498,550
Aged Care Administered payments Total payments Related receipts Department of Health	2.3	73,486 (2) 74,748	303,828 (8) 307,249	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care	2.3 2.7 _ -	73,486 (2) 74,748 <i>nfp</i>	303,828 (8)	407,176 (9)	467,557 (9)	498,550 (10)
Aged Care Administered payments Total payments Related receipts Department of Health	2.3 2.7 _ -	73,486 (2) 74,748 <i>nfp</i>	303,828 (8) 307,249	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care	2.3 2.7 _ -	73,486 (2) 74,748 <i>nfp</i>	303,828 (8) 307,249	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbeit Department of Health and	2.3 2.7 _ -	73,486 (2) 74,748 <i>nfp</i>	303,828 (8) 307,249	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbei Department of Health and Aged Care Administered payments	2.3 2.7 — ng and Spo 1.5 1.8	73,486 (2) 74,748 <i>nfp</i>	303,828 (8) 307,249 nfp 2,639 2,657	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbeit Department of Health and Aged Care Administered payments Departmental payments Australian Sports	2.3 2.7 _ - ng and Spo	73,486 (2) 74,748 <i>nfp</i> rt ^{(a) (b)}	303,828 (8) 307,249 <i>nfp</i>	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbeit Department of Health and Aged Care Administered payments Departmental payments Australian Sports	2.3 2.7 — ng and Spo 1.5 1.8	73,486 (2) 74,748 <i>nfp</i> rt ^{(a) (b)}	303,828 (8) 307,249 nfp 2,639 2,657	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbeit Department of Health and Aged Care Administered payments Departmental payments Australian Sports Commission Departmental payments	2.3 2.7 _ - ng and Spo 1.5 1.8 1	73,486 (2) 74,748 <i>nfp</i> rt ^{(a) (b)}	303,828 (8) 307,249 nfp 2,639 2,657	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306
Aged Care Administered payments Total payments Related receipts Department of Health and Aged Care Preventive Health, Wellbei Department of Health and Aged Care Administered payments Departmental payments Australian Sports Commission	2.3 2.7 _ - ng and Spo 1.5 1.8 1	73,486 (2) 74,748 <i>nfp</i> rt ^{(a) (b)}	303,828 (8) 307,249 nfp 2,639 2,657	407,176 (9) 411,121	467,557 (9) 471,513	498,550 (10) 502,306

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

	Outcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Strengthening Medicare	a) (b)					
Department of Health and A	Aged					
Administered payments	1.1	-	3,050	2,105	-	-
	1.6	-	253,582	531,957	755,692	816,624
	2.1	-	904,812	1,473,803	1,568,077	1,629,379
	2.4	-	-	-	-	-
Departmental payments	1	-	6,549	3,870	-	-
	2	-	-	-	-	-
Australian Digital Health Ag	jency					
Administered payments			218,200		-	-
Total payments			1,386,193	2,011,735	2,323,769	2,446,003
Care Administered payments	1.6 2.1	-	(3,778) 4,196	3,873 512	3,950 521	-
Departmental payments	1	-	-	-	-	-
Department of the Treasury	/		4.404			
Administered payments			4,194	4,385	4,471	-
Total payments			4,612	4,305	4,471	<u>-</u>
Strengthening Medicare - Department of Health and A Care		kforce ^{(a) (b)}				
Administered payments	1.4	-	5,175	5,299	-	-
	2.1	-	517	563	587	616
	2.3	-	119	119	119	119
	3.2	-	2,628	2,927	3,119	3,325
Departmental payments	1	-	-	-	-	-
	3	150	110	-	-	-
Department of the Treasury	/					
Department of the Treasury	,					
Administered payments	,		-	-	-	-

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

	Outcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Strengthening Medicare	- Women's I	Health ^(b)				
Department of Health and Aged Care						
Administered payments	1.5	-	-	-	-	-
	2.1	-	-	-	-	-
	4.1	(4,000)	(2,000)	-	-	-
Departmental payments	1	-	-	-	-	-
Department of the Treasur Administered payments	ту	4,000	6,000	3,000	2,000	1,000
Total payments	•	-	4,000	3,000	2,000	1,000
Supporting Australian Co	ommunities	Affected by	the Hamas-Is	rael Conflict (a	i)	
Department of Health and Aged Care						
Administered payments	1.2	-	15,000	-	-	-
Departmental payments	1	-	-	-	-	-
Total payments	•	-	15,000	-	-	-

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

	Outcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Closing the Gap - further Cross Portfolio	investments	(a) (e)				
Department of Health and Aged Care						
Administered payments	1.3	-	-	-	-	-
Department of the Treasury Administered payments	y		3,064	3,064	3,064	_
Total payments	-	-	3,064	3,064	3,064	_
Disaster Support Department of Home Affair	rs ^(f)					
Department of Health and Aged Care						
Administered payments	1.2	-	1,379	-	-	-
Departmental payments	1 _	-	30	-	-	-
Total payments	· -	- -	1,409	-	-	-
	e and Enforc		1,409	-	-	to counter
Total payments Illicit Tobacco Compliano profits from illicit tobacco	e and Enforc		1,409	-	-	to counter
Total payments Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and	e and Enforc		1,409	-	-	to counter
Total payments Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and Aged Care	ee and Enford O ^(e)		1,409 age - direct a	- nd targeted ε	-	to counter
Total payments Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Departmental payments	ee and Enforce o (e) 1.5		1,409 age - direct a	- nd targeted e	-	to counter
Total payments Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Departmental payments	ee and Enforce o (e) 1.5		1,409 age - direct a	- nd targeted e	-	to counter
Total payments Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Departmental payments Department of the Treasury	ee and Enforce o (e) 1.5		1,409 age - direct a 7,505 10,414	7,186 10,501	-	to counter
Total payments Illicit Tobacco Compliance profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Departmental payments Department of the Treasur Administered payments Total payments Northern Territory Remote	te and Enforce 1.5 1 4	ement Packa - - - - Investment -	1,409 age - direct at 7,505 10,414 20,000 37,919	7,186 10,501 20,000 37,687	enforcement	to counter
Total payments Illicit Tobacco Compliance profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Department of the Treasury Administered payments Total payments Northern Territory Remot Department of the Prime In Department of Health and Aged Care	te and Enforce 1.5 1 4 te Aboriginal	ement Packa - - - - Investment -	1,409 age - direct at 7,505 10,414 20,000 37,919	7,186 10,501 20,000 37,687	enforcement	to counter
Illicit Tobacco Compliand profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Departmental payments Department of the Treasury Administered payments Total payments Northern Territory Remot Department of the Prime Modern Care Department of Health and Aged Care Departmental payments	te and Enforce 1.5 1 The example of the control	ement Packa - - - - Investment -	1,409 age - direct at 7,505 10,414 20,000 37,919	7,186 10,501 20,000 37,687	enforcement	to counter
Total payments Illicit Tobacco Compliance profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Department of the Treasur Administered payments Total payments Northern Territory Remol Department of the Prime M Department of Health and Aged Care Department of Health and Aged Care Departmental payments	te and Enforce 1.5 1 The example of the control	ement Packa - - - - Investment -	1,409 age - direct at 7,505 10,414 20,000 37,919	7,186 10,501 20,000 37,687	enforcement	to counter
Total payments Illicit Tobacco Compliance profits from illicit tobacco Cross Portfolio Department of Health and Aged Care Administered payments Department of the Treasury Administered payments Total payments Northern Territory Remonate Department of the Prime Ind Department of Health and Aged Care	te and Enforce 1.5 1 The example of the control	ement Packa - - - - Investment -	1,409 age - direct at 7,505 10,414 20,000 37,919	7,186 10,501 20,000 37,687	enforcement	to counter

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

Other Portfolio measures since the 2024–25 Mid-Year Economic and Fiscal Outlook (MYEFO) ^(d)						
Catioon (IIII El O)	Outcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Nuclear-Powered Submari Department of Defence	ne Program	- continuation	on of whole-	of-governmen	t support ^(h)	
Department of Health and Aged Care	,		4 004			
Departmental payments Australian Radiation Protection and Nuclear Safe Agency	1 ity	-	1,224		-	-
Departmental payments	1	-	6,910		-	-
Total payments		-	8,134		-	-
Savings from External Lab Cross Portfolio	our - furthe	r extension ^{(e}	·)			
Department of Health and Aged Care						
Departmental payments	3	-	-	-	-	(15,646)
Aged Care Quality and Safe Commission	ty					
Departmental payments	1	-	-	-	-	(1,067)
Australian Organ and Tissue Donation and Transplantatio Authority						
Departmental payments	1	-	-	-	-	(47)
Australian Digital Health Agency						
Departmental payments	1	-	-	-	-	(2,401)
Australian Institue of Health and Welfare						
Departmental payments Australian Radiation Protection and Nuclear Safe Agency	1 ety	-	-	-	-	(280)
Departmental payments	1	-	-	-	-	(228)
Australian Sports Commission Departmental payments	on 1	-	-	-	-	(313)
Cancer Australia Departmental payments	1	-	-	-	-	(37)
Food Standards Australia New Zealand						

Table 1.2: Department of Health and Aged Care 2025–26 Budget measures (continued)

Other Portfolio measures since the 2024–25 Mid-Year Economic and Fiscal Outlook (MYEFO) $^{\rm (d)}$

	utcome/ Program	2024–25 \$'000	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
National Blood Authority Departmental payments	1	-	-	-	-	(45)
National Health and Medical Research Council Departmental payments	1	_		_	_	(827)
National Health Funding Body Departmental payments	1				_	(123)
Office of the Inspector-General of Aged Care	·				-	(123)
Departmental payments Professional Services Review	1	-	-	-	-	(169)
Departmental payments	1	-	-	-	-	(504)
Sport Integrity Australia Departmental payments	1	_	_	_	_	(642)
Total payments	· -	-	-	-	-	(22,482)

⁽a) Part of the costs of this measure will be met from within existing resources.

⁽b) Part of the funding for this measure has already been provided for by the Government.

⁽c) Includes the impact of measures that are not for publication due to commercial sensitivities (nfp).

⁽d) The Department of Health and Aged Care (Health) is not the lead entity for these measures. Only the Health Portfolio impacts and associated Health policy flow-ons to other Portfolios are shown in this table.

⁽e) This is a Cross Portfolio measure. The full measure description and package details appear in 2025–26 Budget Paper 2 under Cross Portfolio.

⁽f) The lead entity for this measure is the Department of Home Affairs. The full measure description and package details appear in 2025–26 Budget under the Home Affairs Portfolio.

⁽⁹⁾ The lead entity for this measure is the Department of the Prime Minister and Cabinet. The full measure description and package details appear in 2025–26 Budget under the Prime Minister and Cabinet Portfolio.

⁽h) The lead entity for this measure is the Department of Defence. The full measure description and package details appear in 2025–26 Budget under the Defence Portfolio.

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