



Strengthening Medicare Women's health



\$792.9 million

investment in
women's health

\$134.3 million

better access to
long-acting reversible
contraceptives

**Menopause
support**

new Medicare rebates,
PBS listings, workforce
training & treatment
guidelines

11 additional

endometriosis & pelvic
pain clinics, now also
supporting menopause
and perimenopause

Summary

The 2025–26 Budget delivers more choice, lower costs and better health care for women and girls through a stronger Medicare. It will help support the healthcare system to better understand and respond to the changing health needs of women throughout their lives.

Funding will lower the cost of new oral contraception and address barriers for access to long-acting reversible contraception. It will increase awareness of menopause and perimenopause and improve access to the support women need. More endometriosis and pelvic pain clinics will open, and there will be more access to contraceptives and treatment for uncomplicated urinary tract infections (UTIs) directly from pharmacies.

New contraceptives and menopausal hormone therapies will be added to the PBS – the first listings in decades. Other medicines will be added or expanded on the PBS to make treatment for endometriosis, IVF and certain types of breast cancer more affordable.

There will be more endometriosis and pelvic pain clinics, and the scope of the network will expand so they can also help women experiencing menopause and perimenopause.

The measures in this Budget will reduce healthcare costs for women and their families across their lifetimes. They will help alleviate pain, reduce delays in diagnosis, avoid unplanned pregnancies, and improve perimenopause and menopause care.

Who benefits

From 1 March 2025, some of the most commonly used contraceptive pills, Yaz® and Yasmin®, were listed on the PBS. These are the first listings of a new type of contraceptive pill in decades. Around 50,000 women, who would otherwise pay up to \$380 per year, will now pay \$126.40 a year (dropping to \$100 a year from 1 January 2026), or just \$30.80 a year with a concession card.

Drospirenone (Slinda®) will also be listed on the PBS for the first time as a new contraceptive option. More than 100,000 Australian women are expected to benefit from this listing each year, who without subsidy, might pay more than \$250 per year.

Around 300,000 women are expected to save up to \$400 in out-of-pocket costs each year when having intrauterine contraceptive devices (IUDs) and birth control implants inserted and removed. Doctors and nurse practitioners who bulk bill patients for these services will receive up to 150% higher Medicare payments and an additional bulk bill loading (\$134.3 million). Despite their effectiveness and safety, currently only one in 10 Australian women of reproductive age uses a long-acting reversible contraceptive, a much lower rate than other comparable countries.

Eight Centres of Training Excellence for Long-Acting Reversible Contraception will ensure healthcare professionals are trained, skilled and confident to offer these services (\$25.1 million).

Around 250,000 women who hold concession cards will be able to consult a pharmacist, at no cost, for treatment of uncomplicated UTIs and to access contraceptives from their local pharmacy. Two national trials will make it cheaper and easier for women to get the care they need from a pharmacist. If they require medications, they'll only pay the usual medicine cost.

For the first time in more than 20 years, 3 new menopausal hormone therapies – estradiol (Estrojel®), progesterone (Prometrium®) and estradiol and progesterone (Estrojel® Pro) – were listed on the PBS, saving around 150,000 women up to \$290 a year (\$370 a year from 1 January 2026), or up to \$577 a year with a concession card.



An additional 11 endometriosis and pelvic pain clinics will open across Australia, (\$19.6 million). All 33 clinics will be supported to extend their focus to also provide specialist support for menopause and perimenopause.

Women whose menopausal symptoms affect their daily activities will benefit from a new Medicare rebate for perimenopause and menopause health assessments (\$26.3 million). It means they can get an assessment to discuss and determine the ongoing care and support they need. Health professionals will also have increased access to training in menopause and perimenopause to better support their patients. The first-ever national clinical guidelines will be developed, and a national awareness campaign will help women have informed discussions with their doctor or health professional.



Around 300 women will benefit from the expanded listing of olaparib (Lynparza®) to treat women with human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer with a confirmed breast cancer gene (BRCA1 or BRCA2) mutation. Olaparib would otherwise cost patients about \$72,000 per course of treatment, but this new listing means eligible patients will pay a maximum of \$31.60 per script (dropping to \$25 from 1 January 2026), or just \$7.70 with a concession card.

Women with specific low levels of reproductive hormones will have earlier access to the combination therapy follitropin alfa with lutropin alfa (Pergoveris®) through the PBS. Previously this treatment was only funded for later IVF cycles. Additionally up to 4 Pergoveris® pens per script instead of the usual 2 will be listed to improve access for many who require a higher number to complete a cycle. These women will now pay just one PBS co-payment for up to 4 pens as needed for their IVF cycle. Without the PBS subsidy, 4 pens would cost more than \$3,500.

The Budget also ensures mothers and their babies can continue to have access to essential maternity services. Upgrades to improve antenatal and postnatal services at Gosford and Wyong Hospitals, along with workforce support and training, will ensure that new mothers on the NSW Central Coast get the local care they need (\$10.0 million). Royal Hobart Hospital and Calvary Healthcare will also be supported to manage an expected increase in demand for maternity services in Southern Tasmania through infrastructure and equipment upgrades (\$6.0 million).



Case study

Rita 52 and her daughter Eliza 21 live in Sydney's West.

Rita is experiencing severe symptoms of menopause – she is tired, has trouble sleeping and regularly has hot flushes, which make it difficult for her to concentrate at work. Thanks to the new Medicare rebate for menopause health assessments, she is able to visit her regular GP to discuss her symptoms and choose a treatment plan. The GP prescribes Rita with estradiol and progesterone (Estrogel®Pro), which is now listed on the PBS. The listing means Rita will save up to \$290 a year, and \$370 a year from 1 January 2026 when the PBS general patient co-payment is cut to \$25.

Eliza has been using contraceptive pill Yasmin® for a number of years, but has often skipped buying it due to the cost. This led to her needing to access the emergency contraception pill on one occasion. Now that Yasmin® is listed on the PBS, Eliza will pay just \$30.80 a year as she has a concession card.

Eliza has also been considering a long-acting reversible contraceptive like an IUD. Eliza visits her GP to get more advice. After deciding it is the right option for her, she has the IUD inserted. The procedure is fully bulk billed and reduces Eliza's risk of an unplanned pregnancy while she completes her studies.