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| HMM logo | Health Ministers Meeting (HMM): *Communique*  *12 September 2025 – Perth* |

**Health Ministers met in Perth today to discuss health system reform priorities including the National Health Reform Agreement and disability reform negotiations, aged care, the rapid review of the assistive reproductive technology sector and reforms to the National Registration and Accreditation Scheme.**

**National Health and Disability Reform**

Health Ministers discussed negotiations for a new multi-year National Health Reform Agreement (NHRA) and linked disability reforms, as agreed by National Cabinet on 6 December 2023. This includes taking account of the NHRA Mid-term Review recommendations to deliver a high performing and better integrated public health system.

Health Ministers acknowledged the Commonwealth’s proposal for a Thriving Kids program, aimed at supporting children eight and under with developmental delays and autism with mild to moderate support needs. Ministers noted the next steps outlined by the Commonwealth in the development of this initiative.

**Aged Care Status and Reform Update**

Health Ministers discussed the challenges, opportunities and key reforms to support ageing Australians and improving their access to care in the community.

Health Ministers noted updates on the commencement of the new *Aged Care Act 2024*, including the Support at Home Program, from 1 November 2025. The Commonwealth noted the deferral of the commencement followed advice from the aged care sector, as well as advocacy and representative bodies.

Health Ministers noted the Commonwealth’s update on the financial performance of the aged care sector and expected future demand for aged care services. Ministers noted the Commonwealth is providing over $1 billion in additional funding in 2025-26 for the residential aged care sector through an increase of the AN-ACC price and hoteling supplement.

Health Ministers discussed the importance of developing pathways to address the number of longer stay older people in public hospitals. Ministers discussed options to stimulate capital investment in residential aged care.

**Reform of the regulatory and accreditation environment for the Assisted Reproductive Technology (ART) Sector**

Health Ministers agreed that all Australians should have confidence in the ART services they access. Health Ministers commissioned a rapid review of ART in June. The Review found the current self-regulatory approach lacks the transparency and rigour that governments and the community expect, especially with the emergence of large private equity providers.

Today Ministers agreed to reforms which offer a pathway to restore confidence, independence, and transparency in the ART sector. Ministers noted the current industry-led accreditation is not adequate. Ministers agreed that the Australian Commission on Safety and Quality in Health Care (ACSQHC) should provide independent accreditation for ART services, against updated national standards. These will include performance monitoring metrics, workforce and staffing guidance, and clearer complaints pathways. Work will commence immediately and the new accreditation requirements will be in place by January 2027. This work will complement state and territory regulation, which remains crucial in protecting consumers and ensuring ethical and transparent delivery of ART services.

Ministers also agreed to undertake national engagement with consumers, donors, and donor-conceived people to inform reform design. This will ensure inclusive, co-designed policy development, exploring emerging concerns such as informal sperm donation and donor limits. Ministers endorsed referring to the Australian Law Reform Commission (ALRC) a request to review relevant legislation with a view to modernising and moving towards consistent state legislation. This aligns with existing ALRC reviews into surrogacy and human tissue laws.

Ministers noted that immediate work will get underway on these recommendations. That said, the implementation of the full suite of recommendations will take some time, allowing reform work to be informed by the voices of consumers and findings from the ALRC’s review.

**Medicare National Front Door Service**

Health Ministers reaffirmed their commitment to Healthdirect Australia and noted the Commonwealth’s commitment to the establishment of a nationally consistent virtual care Medicare branded service. It builds on existing cross-government investments to improve access and reduce pressure on emergency departments nationwide.

**Improving Health Practitioner Response to racism and discrimination**

Health Ministers issued a policy direction to Australian Health Practitioner Regulation Agency and National Boards to improve the health practitioner response to racism and discrimination, including antisemitism.

The policy direction asks them to ensure health practitioners undertake education and training to help promote a culture of anti-racism in healthcare and to undertake a review of the current complaints process on racism and discrimination, including antisemitism.

**The Independent Review of complexity in the National Registration and Accreditation Scheme (NRAS) Final Report**

Health Ministers agreed to publicly release the Final Report on the Independent Review of complexity in the National Registration and Accreditation Scheme (NRAS) (the Complexity Review) conducted by Ms Sue Dawson.

The final report, *Transforming health professionals regulation in Australia* sets out recommendations consisting of four overarching directions, supported by 26 actions. The recommendations embed the principles of regulatory stewardship, an evidence driven approach, and fostering collaboration across sectors.

Health Ministers endorsed actions for implementation, including:

* Directing Health Workforce Taskforce to review and revise the risk assessment method and the process for assessing professions for entry to the National Scheme by mid 2026.
* Issuing a policy direction to Ahpra to strengthen accountability for accreditation functions.
* Directing Ahpra to take immediate steps to improve complaints processes.

Health Ministers acknowledged Ms Dawson’s work in engaging with a wide range of stakeholders and delivering a comprehensive Review which will guide how the scheme can expand and grow to meet future needs. Health Ministers have requested further advice from the Health Workforce Taskforce on the remaining recommendations.

**National Approach for Harmonising Attention Deficit Hyperactivity Disorder (ADHD) Care**

Health Ministers noted the reforms already announced by several jurisdictions to improve accessibility to ADHD diagnosis and prescribing.

Health Ministers endorsed the need for national harmonisation of ADHD diagnosis and prescribing practices.

Health Ministers have previously commissioned work, in consultation with relevant stakeholders, to develop nationally consistent rules, with a progress report to be provided at the next HMM. Health Ministers acknowledged the advocacy of the Royal Australian and New Zealand College of Psychiatry, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Royal Australasian College of Physicians and the Australasian ADHD Professionals Association for better access to quality ADHD care.

**Audiology regulation**

Health Ministers noted the updated Audiology Decision Regulatory Impact Statement which affirmed the option of regulating the Audiology professions under the NRAS. Health Ministers agreed to amend the Health Practitioner Regulation National Law, following further policy work, to regulate the Audiology profession under the NRAS structure.

**Model Standards and Procedures for specialist medical college accreditation of training sites- Implementation Plan**

Health Ministers considered the Model Standards and Procedures for specialist medical college accreditation of training sites implementation plan. This was a key deliverable of the project responding to the National Health Practitioner Ombudsman’s report *Processes for progress: A roadmap for greater transparency and accountability in specialist medical training site accreditation*. Ministers welcomed that all Colleges will have implemented the key elements of the model procedures (procedural fairness, common terminology and risk matrix) by February 2026.

**Private hospital viability**

Ministers received an update on the Commonwealth’s work with the private health sector on short term and systemic reforms to improve the viability of the sector. Health Ministers noted the engagement being undertaken about the Healthscope sale process.

**Medicinal Cannabis regulatory arrangements**

Health Ministers discussed the rise in medicinal cannabis prescribing and use within the current regulatory settings. They agreed to consider what further work is needed to strengthen governance, oversight, and regulatory frameworks to address inappropriate prescribing and to request the TGA report back to Health Ministers in December 2025 with the outcomes of its review. Ministers asked the Commonwealth Department of Health, Disability and Ageing to provide an update on the actions arising from the national telehealth prescribing workshop held in May 2025.

Ministers also requested for the Australian Medical Board to report to HMM in December on their approach to complaints regarding over prescribing of medicinal cannabis utilising telehealth business models.

**Cosmetic Injectables**

Health Ministers discussed regulatory challenges in the cosmetic injectables sector, including inconsistent regulation, cross-border and telehealth workarounds, and non-compliant practices. They noted Ahpra’s new guidelines on safe, ethical non-surgical cosmetic practice and nurse prescribing. The Commonwealth Department of Health, Disability and Ageing including the Therapeutic Goods Administration will continue reviewing single-product telehealth prescribing and report to Health Ministers in December on any further nationally coordinated actions that may be required to ensure a patient-safety-focused regulatory environment.