

PORTFOLIO BUDGET STATEMENTS 2026–27
BUDGET RELATED PAPER NO. 1.9

HEALTH, DISABILITY AND AGEING PORTFOLIO

Budget Initiatives and Explanations of Appropriations
Specified by Outcomes and Programs by Entity

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Corporate Communication Branch, Department of Health, Disability and Ageing
GPO Box 9848, Canberra ACT 2601, or via email to:
corporatcomms@health.gov.au



The Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme

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 2026–27 Budget for the Health, Disability and Ageing 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

A handwritten signature in blue ink, appearing to read 'Mark Butler', written over the 'Yours sincerely' text.

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nfp	not for publication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, Disability and Ageing 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 *2026–27 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) 2026–2027 (or Appropriation (Parliamentary Departments) Bill (No. 1) 2026–2027 for the parliamentary departments) and related Supply Bills where they exist applicable to the 2026–27 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.

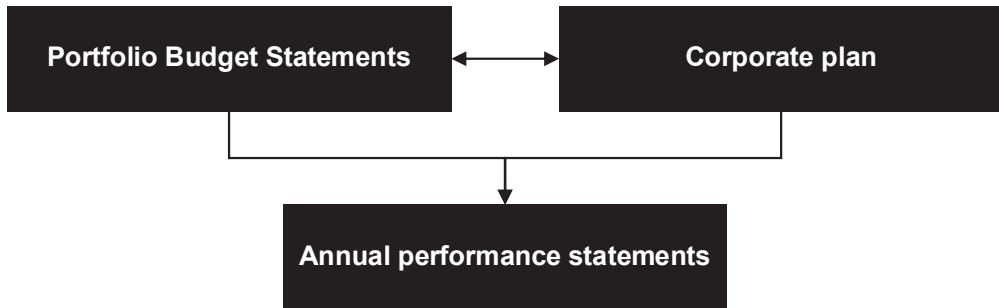
As required under section 12 of the *Charter of Budget Honesty Act 1998*, only entities within the general government sector are included as part of the Commonwealth general government sector fiscal estimates and produce PB Statements where they receive funding (either directly or via portfolio departments)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

(typically in May) Portfolio based

Supports Annual Appropriations. Informs senators and members of parliament of the proposed allocations of other resources to government outcomes and programs.

Provides links to relevant programs undertaken by other Commonwealth entities.

Provides high-level performance information for current, ongoing programs.

Provides detailed performance information for proposed new budget measures that require a new program or significantly change an existing program.

Links to the corporate plan through reporting key activities.

Corporate plan

(by 31 August) Entity based

Primary planning document of a Commonwealth entity.

Sets out the purposes of the entity and the key activities it will undertake to achieve its purposes, over a minimum 4-year period.

Describes the environment in which the entity operates, the capability it requires to undertake its key activities, its risk oversight and management systems including key risks and how those are managed, and how it will cooperate with others, including any subsidiaries, to achieve its purposes.

Explains how the entity's performance will be measured and assessed.

Annual performance statements

(October in the 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.

Contents

User guide	v
Health, Disability and Ageing Portfolio overview	1
Entity resources and planned performance	13
Department of Health, Disability and Ageing	15
Aged Care Quality and Safety Commission	127
Australian Centre for Disease Control	149
Australian Commission on Safety and Quality in Health Care	173
Australian Digital Health Agency	197
Australian Institute of Health and Welfare	219
Australian Radiation Protection and Nuclear Safety Agency	241
Cancer Australia	267
Food Standards Australia New Zealand	293
Independent Health and Aged Care Pricing Authority	313
National Blood Authority	335
National Disability Insurance Agency	363
NDIS Quality and Safeguards Commission	385
National Health Funding Body	413
National Health and Medical Research Council	433
Office of the Inspector-General of Aged Care	459
Organ and Tissue Authority	479
Professional Services Review	505
Portfolio glossary	523

Portfolio overview

Health, Disability and Ageing Portfolio overview

Ministers and portfolio responsibilities

The Health, Disability and Ageing Portfolio includes the Department of Health, Disability and Ageing, 18 portfolio entities and 5 statutory office holders. These entities help us deliver the Australian Government’s health, disability and aged care policies and programs.

With our partners, we support the government to lead and shape Australia’s health, disability and aged care systems and outcomes. We do this through evidence-based policy, well-targeted programs and best practice regulation.

The Health, Disability and Ageing Portfolio works towards achieving better health and wellbeing for all Australians, including future generations. Each portfolio entity has produced performance information to determine its effectiveness in achieving their outcomes.

Outcome and program reporting and resource allocations for each entity are presented in the respective Entity Resources and Planned Performance sections.

Portfolio structure

Minister and portfolio responsibilities, and a list of the 18 portfolio entities and 5 statutory office holders currently within the Health, Disability and Ageing portfolio, can be found in Figure 1. For information on resourcing across the portfolio, please refer to Part 1: Agency Financial Resourcing in the *Budget Paper No. 4: Agency Resourcing*.

Portfolio Entity Changes

Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare has made changes to their Outcome Statement.

Changes to Outcome Statement:

<i>2025-26 Health and Aged Care Portfolio Budget Statements</i>	<i>2026-27 Health, Disability and Ageing Portfolio Budget Statements</i>
<p>Outcome 1</p> <p>A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.</p>	<p>Outcome 1</p> <p>A robust evidence-base for the health, disability, ageing, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.</p>

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes

<p>Minister for Health and Ageing Minister for Disability and the National Disability Insurance Scheme The Hon Mark Butler MP</p> <p>Portfolio responsibilities: Department of Health, Disability and Ageing: Outcomes: 1, 2, 3 and 4. Entities: Australian Centre for Disease Control, Australian Commission on Safety and Quality in Health Care, Australian Digital Health Agency, Australian Institute of Health and Welfare, Cancer Australia, Independent Health and Aged Care Pricing Authority, National Health Funding Body, National Health and Medical Research Council, Professional Services Review.</p>
<p>Minister for the National Disability Insurance Scheme Senator the Hon Jenny McAllister</p> <p>Portfolio responsibilities: Department of Health, Disability and Ageing: Outcome: 4. Entities: National Disability Insurance Agency, NDIS Quality and Safeguards Commission, Hearing Australia.</p>
<p>Minister for Aged Care and Seniors The Hon Sam Rae MP</p> <p>Portfolio responsibilities: Department of Health, Disability and Ageing: Outcome: 3. Entities: Aged Care Quality and Safety Commission, Office of the Inspector-General of Aged Care. Statutory Office Holders: Aged Care Quality and Safety Commissioner, Aged Care Complaints Commissioner.</p>
<p>Assistant Minister for Mental Health and Suicide Prevention Assistant Minister for Rural and Regional Health The Hon Emma McBride MP</p> <p>Portfolio responsibilities: Department of Health, Disability and Ageing: Outcome: 1. Statutory Office Holder: Office of the National Rural Health Commissioner.</p>

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes (continued)

<p style="text-align: center;">Assistant Minister for Health and Aged Care Assistant Minister for Indigenous Health Assistant Minister for Women The Hon Rebecca White MP</p> <p>Portfolio responsibilities: Department of Health, Disability and Ageing: Outcome: 1. Entities: Australian Radiation Protection and Nuclear Safety Agency, Organ and Tissue Authority, Food Standards Australia New Zealand, National Blood Authority. Statutory Office Holders: Australian Industrial Chemicals Introduction Scheme, Office of the Gene Technology Regulator.</p>
<p style="text-align: center;">Special Envoy for Men’s Health Mr Dan Repacholi MP</p>

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes (continued)

Portfolio entities

<p style="text-align: center;">Department of Health, Disability and Ageing Portfolio Secretary: Blair Comley PSM</p> <p>Outcome 1: 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.</p> <p>Outcome 2: 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.</p> <p>Outcome 3: Improved wellbeing for older people in Australia through targeted support, access to appropriate, high-quality care, and related information services.</p> <p>Outcome 4: Supporting the independence of people with disability and carers by providing targeted supports.</p>
<p style="text-align: center;">Aged Care Quality and Safety Commission Commissioner: Liz Hefren-Webb</p> <p>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.</p>
<p style="text-align: center;">Australian Centre for Disease Control Director-General: Professor Zoe Wainer</p> <p>Outcome 1: Protect and promote the health of all Australians through nationally coordinated public health data and delivery of evidence-informed expert advice; and strategic program development and implementation; to detect, prepare for, prevent, and enable responses to public health threats and disease.</p>
<p style="text-align: center;">Australian Commission on Safety and Quality in Health Care Chief Executive Officer: Conjoint Professor Anne Duggan</p> <p>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.</p>
<p style="text-align: center;">Australian Digital Health Agency Chief Executive Officer: Amanda Cattermole PSM</p> <p>Outcome 1: To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians.</p>

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes (continued)

<p style="text-align: center;">Australian Hearing Services¹ (Hearing Australia) Managing Director: Kim Terrell</p>
<p style="text-align: center;">Australian Institute of Health and Welfare Chief Executive Officer: Dr Zoran Bolevich</p> <p>Outcome 1: A robust evidence-base for the health, disability, ageing, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.</p>
<p style="text-align: center;">Australian Radiation Protection and Nuclear Safety Agency Chief Executive Officer: Dr Gillian Hirth AO</p> <p>Outcome 1: Protection of people and the environment through radiation protection and nuclear safety research, policy, advice, codes, standards, services and regulation.</p>
<p style="text-align: center;">Cancer Australia Chief Executive Officer: Professor Dorothy Keefe PSM MD</p> <p>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.</p>
<p style="text-align: center;">Food Standards Australia New Zealand Chief Executive Officer: Dr Sandra Cuthbert</p> <p>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.</p>
<p style="text-align: center;">Independent Health and Aged Care Pricing Authority Chief Executive Officer: Professor Michael Pervan</p> <p>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.</p>
<p style="text-align: center;">National Blood Authority Chief Executive Officer: Adjunct Professor Adriana Platona PSM</p> <p>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.</p>

¹ Hearing Australia is a public non-financial corporation (trading) entity established under the *Australian Hearing Services Act 1991*. Trading entities are not required to publish Portfolio Budget Statements.

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes (continued)

<p style="text-align: center;">National Disability Insurance Agency Chief Executive Officer: Graeme Head AO</p> <p>Outcome 1: Improve the independence, and the social and economic participation, of eligible people with disability through the management of a financially sustainable National Disability Insurance Scheme with proper, efficient and effective use of resources.</p>
<p style="text-align: center;">National Health Funding Body Chief Executive Officer: Shannon White</p> <p>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.</p>
<p style="text-align: center;">National Health and Medical Research Council Chief Executive Officer: Professor Steve Wesselingh</p> <p>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.</p>
<p style="text-align: center;">NDIS Quality and Safeguards Commission Commissioner: Louise Glanville</p> <p>Outcome 1: Promote the delivery of quality supports and services to people with disability under the National Disability Insurance Scheme and other prescribed supports and services, including through nationally consistent and responsive regulation, policy development, advice and education.</p>
<p style="text-align: center;">Office of the Inspector-General of Aged Care Inspector-General: Natalie Siegel-Brown</p> <p>Outcome 1: Provide independent oversight of the aged care system to drive accountability and positive change through reviews, recommendations, and reporting to Parliament.</p>
<p style="text-align: center;">Australian Organ and Tissue Donation and Transplantation Authority (Organ and Tissue Authority) Chief Executive Officer: Lucinda Barry AM</p> <p>Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.</p>
<p style="text-align: center;">Professional Services Review Director: Associate Professor Antonio Di Dio</p> <p>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.</p>

Figure 1: Health, Disability and Ageing Portfolio structure and outcomes (continued)

Statutory office holders:

Aged Care Complaints Commissioner Treasure Jennings
Aged Care Quality and Safety Commissioner Liz Hefren-Webb
Australian Industrial Chemicals Introduction Scheme Graeme Barden
Office of the Gene Technology Regulator Dr Raj Bhula
Office of the National Rural Health Commissioner Professor Jenny May AM

Portfolio Resources

Table 1 shows the total resources provided to the Portfolio in the 2026-27 Budget year by entity.

Table 1: Portfolio Resources 2026-27

	Appropriations			Receipts	Total
	Bill No. 1 \$'000	Bill No. 2 \$'000	Special \$'000		
DEPARTMENTAL					
Department of Health, Disability and Ageing	1,427,042	70,680	-	272,855	1,770,577
Aged Care Quality and Safety Commission	343,842	-	-	311	344,153
Australian Commission on Safety and Quality in Health Care	-	-	-	26,051	26,051
Australian Centre for Disease Control	61,000	6,500	-	-	67,500
Australian Digital Health Agency ^(a)	354,274	31,620	-	32,250	418,144
Australian Institute of Health and Welfare ^(a)	38,382	-	-	73,000	111,382
Australian Organ and Tissue Donation and Transplantation Authority	7,339	-	-	-	7,339
Australian Radiation Protection and Nuclear Safety Agency	25,839	4,330	-	15,725	45,894
Cancer Australia	13,668	-	-	2,067	15,735
Food Standards Australia New Zealand ^(a)	18,158	-	-	2,500	20,658
Independent Health and Aged Care Pricing Authority	-	-	-	44,406	44,406
National Blood Authority	10,450	-	-	5,541	15,991
National Disability Insurance Agency ^(a)	2,251,057	-	-	54,201,065	56,452,122
NDIS Quality and Safeguards Commission	211,664	21,056	-	-	232,720
National Health Funding Body	8,821	-	-	-	8,821
National Health and Medical Research Council	52,043	-	-	12,847	64,890
Office of the Inspector-General of Aged Care	7,715	900	-	-	8,615
Professional Services Review	16,230	-	-	-	16,230
Total departmental	4,847,524	135,086	-	54,688,618	59,671,228

Table 1: Portfolio Resources 2026-27 (continued)

	Appropriations			Receipts	Total
	Bill No. 1 \$'000	Bill No. 2 \$'000	Special \$'000	\$'000	\$'000
ADMINISTERED					
Department of Health, Disability and Ageing	57,950,307	95,070	49,622,982	60,165,854	167,834,213
Australian Centre for Disease Control	181,755	-	-	-	181,755
Australian Organ and Tissue Donation and Transplantation Authority	54,293	-	-	-	54,293
Cancer Australia	34,633	-	-	-	34,633
National Blood Authority	13,443	-	-	1,533,855	1,547,298
National Health and Medical Research Council	995,919	-	-	-	995,919
Total administered	59,230,350	95,070	49,622,982	61,699,709	170,648,111
less non-appropriation funding transfers to Corporate entities	-	-	-	(55,805,377)	-
Total Portfolio	64,077,874	230,156	49,622,982	60,582,950	230,319,339

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*.

Entity resources and planned performance

Department of Health, Disability and Ageing	15
Aged Care Quality and Safety Commission	127
Australian Centre for Disease Control	149
Australian Commission on Safety and Quality in Health Care	173
Australian Digital Health Agency	197
Australian Institute of Health and Welfare	219
Australian Radiation Protection and Nuclear Safety Agency	241
Cancer Australia	267
Food Standards Australia New Zealand	293
Independent Health and Aged Care Pricing Authority	313
National Blood Authority	335
National Disability Insurance Agency	363
NDIS Quality and Safeguards Commission	385
National Health Funding Body	413
National Health and Medical Research Council	433
Office of the Inspector-General of Aged Care	459
Organ and Tissue Authority	505
Professional Services Review	523

Department of Health, Disability and Ageing

Entity resources and planned performance

Department of Health, Disability and Ageing

Section 1: Entity overview and resources	18
1.1 Strategic direction statement	18
1.2 Entity resource statement	25
1.3 Budget measures.....	30
Section 2: Outcomes and planned performance	41
2.1 Budgeted expenses and performance for Outcome 1	43
2.2 Budgeted expenses and performance for Outcome 2	73
2.3 Budgeted expenses and performance for Outcome 3	87
2.4 Budgeted expenses and performance for Outcome 4	101
Section 3: Budgeted financial statements	109
3.1 Budgeted financial statements.....	109
3.2 Budgeted financial statements tables	113

2026-27 Health, Disability and Ageing Portfolio Budget Statements – Corrigendum (Correction)

Department of Health, Disability and Ageing

Section 1: Entity overview and resources

Corrections have been made to *‘Disability and the National Disability Insurance Scheme’* (page 20), *‘Investing in the health system and continuing to Strengthen Medicare’* (page 21-23), and *‘Ageing and Aged Care’* (page 23). Additional wording has been made to clarify the nature of expenditure for the Medical Research Future Fund under the *‘Investing in the health system and continuing to Strengthen Medicare’*(page 22).

1.1 Strategic direction statement

The Department of Health, Disability and Ageing (the department) develops and delivers evidence-based policy, well-targeted programs, and best practice regulation to achieve better health and wellbeing for all Australians, now and for future generations. Across these 3 domains, the department is focused on improving system integration, sustainability and equity.

The May 2025 transfer of the disability functions, including the National Disability Insurance Scheme (NDIS), into the portfolio united key care economy functions. This alignment positioned the department to take a central stewardship role to ensure the long-term sustainability and performance of the health, disability and ageing systems. Effective stewardship of these systems remains essential to managing medium and long-term structural pressures, including population ageing, rising service demand and underlying cost growth.

The department continues to advance a system-wide approach to balance access, quality and equity with fiscal sustainability, workforce capacity and system efficiency. This includes stewarding reform agendas that moderate structural spending pressures, reduce inefficiency and fragmentation, while improving productivity. The department remains committed to the principles of universality, safety and fairness, while addressing intergenerational equity by ensuring that current policy settings are affordable, well-targeted and efficient.

The 2026-27 Budget focuses on interventions across aged care, disability and health to achieve these aims of sustainability and better integration of the health, disability and aged care systems.

The 2026-27 Budget includes changes to the NDIS to return it to its original intent to support Australians with significant and permanent disability. Measures in the 2026-27 Budget will secure the NDIS for future generations while delivering savings of \$37.8 billion over the forward estimates.

Core to sustainable investment in the health system is continuing the Australian Government's commitment to building a stronger Medicare. Significant funding for public hospital and health services will be provided through the 2026-31 National Health Reform Agreement (NHRA) Addendum to improve health outcomes, ensure sustainability and provide equitable access. The 137 Medicare Urgent Care Clinics will now be a permanent fixture in the primary care landscape through the provision of ongoing funding.

Further funding for the aged care sector will support the continued transition to the new *Aged Care Act 2024* and continued capability and viability support for providers.

Funding will strengthen the implementation of the new Support at Home program, including funding personal care for program participants. The 2026-27 Budget will also uplift the capability of the aged care sector and increase the supply of residential aged care beds and dementia units.

Disability and the National Disability Insurance Scheme

The 2026-27 Budget includes changes that will return the scheme to its original intent of providing reasonable and necessary supports to people with significant and permanent disability; ensuring it is sustainable for current participants and future generations. Measures are focused on tackling fraud and non-compliance, slowing rapid cost growth, clarifying eligibility requirements and delivering quality services and supports. These changes will deliver on National Cabinet's agreement to work together to reduce the annual NDIS growth rate to 5-6%, or lower.

The changes continue the Government's implementation of the recommendations of the Independent Review into the NDIS and Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The Government remains committed to working closely with the disability community, sector and states and territories to consult on broader reforms and on the implementation of changes, and will invest \$4.2 million over 2 years from 2026-27 to support the disability community to engage in the reforms.

Future eligibility for the NDIS will be based on a standardised, evidence-based assessment of a person's functional capacity, rather than diagnosis. Access will be based on a substantial reduction in a person's functional capacity that impacts their day-to-day living. These changes will commence 1 January 2028. The Government will establish a Technical Advisory Group and consult with the disability community, sector and states and territories on development of the assessment model.

To improve service quality, integrity standards and reduce fraud, the National Disability Insurance Agency will commission a limited number of plan managers and the NDIS Quality and Safeguards Commission will expand mandatory registration to high-risk providers. Upgrades to the NDIS payment system will improve integrity and user experience. Plans will no longer automatically rollover and unspent funds will stop being carried forward.

Participants will still be funded for the reasonable and necessary supports they were assessed for but not roll over past unspent funds. New framework planning will also create fairer and more consistent individual plan budgets. The commencement of new framework planning will be delayed to 1 April 2027, with \$270.1 million in 2026-27 to support preparatory work and commence rollout.

Participant budgets for individualised social, civic and community participation supports and capacity building for daily activities will be reset to stabilise cost growth and encourage genuine community participation. The Government will establish an Inclusive Communities Fund to ensure NDIS participants have options to genuinely participate in their local communities. The Government will provide \$200 million over 3 years from 2026-27.

The Fund will support community organisations to build up group based social and community participation activities and individual capacity building supports. The Thriving Kids program will introduce supports for children aged 8 and under with developmental delay and/or autism with low to moderate support needs. It will give children the best start in life by identifying those with developmental delay earlier and connecting them to services that will support their development. It will build on existing mainstream health, early childhood, and community supports and strengthen disability supports outside of the NDIS that are responsive to the diverse needs of families.

The program will progressively roll out from 1 October 2026, with full rollout of services by 1 January 2028. The Government will contribute \$2 billion over 5 years to Thriving Kids, with at least \$1.4 billion of the Government's investment going to states and territories to deliver services. States will contribute an additional \$2 billion in line with the National Cabinet agreement. The Commonwealth has provisioned \$3.0 billion for the Commonwealth's contributions to further foundational supports, and will work with states on future cohorts in line with the National Cabinet agreement.

Investing in the health system and continuing to Strengthen Medicare

The Government is continuing to make health care more affordable for all Australians. Medicare ensures all Australians have access to healthcare when they need it, regardless of where they live or their ability to pay. The Commonwealth will work in partnership with state and territory governments to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

The 2026-27 Budget provides \$25 billion in additional Commonwealth funding for public hospitals, including \$24.4 billion in additional funding through the 2026–31 NHRA. This takes Commonwealth total funding for public hospital services – including emergency departments, community health and high-cost therapies to \$220.3 billion from 2026–27 to 2030–31. The investment ensures integration of health, aged care and disability services to ensure seamless care and accessibility for all Australians.

The NHRA includes a dedicated Aboriginal and Torres Strait Islander health schedule. This will embed the National Agreement on Closing the Gap into the mainstream health system. The Commonwealth will contribute a \$248.7 million over 5 years from 2026-27, matched by \$200 million from states and territories, to support implementation of the schedule.

Building on previous investments that increased access to urgent care, the 2026-27 Budget will invest \$1.8 billion over 5 years from 2025-26 to provide ongoing funding for all 137 Medicare Urgent Care Clinics. The clinics are open 7 days a week across extended hours and provide bulk billed urgent care for non-life-threatening conditions and illnesses. The introduction of new and amended items on the Medicare Benefits Schedule will ensure that Medicare eligible patients continue to have access to contemporary, evidence-based, safe and clinically relevant services.

To help address the high and increasing costs of seeing a specialist, \$2.1 million in 2026-27 will be provided to improve informed financial consent and standardised fee disclosure, building on previously announced upgrades to the Medical Costs Finder.

Timely access to high-value medicines and advanced therapies is one of the strongest drivers of health system productivity growth and improved health outcomes for Australians. The Government remains committed to timely and affordable access to medicines. The 2026-27 Budget will invest \$5.9 billion across the forward estimates to fund the listing of new medicines on the Pharmaceutical Benefits Scheme.

The Government remains committed to supporting essential health, so Australians can get early access to life-changing medicines and treatments. The Government is increasing disbursements from the Medical Research Future Fund at a cost of \$508.5 million over the next 4 years from 2026-27, and will increase the annual investment from \$650.0 million per annum to \$1.0 billion per annum from 2030-31. This investment will strengthen Australia's health and medical research system, improve health outcomes, and foster innovation through coordinated long-term investment.

The Government will also provide \$71.0 million over 3 years from 2026-27 to the Precision Oncology Enabling Clinical Trials (PrOSPeCT) Program to provide additional patients with advanced, poor-prognosis and treatment resistant cancers access to comprehensive genomic profiling.

Furthermore, the Government is investing \$15.8 million over 2 years from 2026-27 to fund the next stage of implementation of a National One Stop Shop for clinical trials and human research, including an approach to market for an ICT delivery partner.

Our workforce needs the right skills and training so Australians can continue to get the care they need across the nation, including in rural and remote areas. Investments in the 2026-27 Budget will fund targeted initiatives to uplift the capability of health and care providers. Investments include progressing development of a national registration scheme for personal care workers in aged care, including options for mandatory minimum qualifications and defined professional scope and competency standards. Funds will upskill the aged care workforce to increase the quality of oncology care, and fund the Health in My Language program to recruit, train and coordinate bicultural women’s health educators.

The 2026-27 Budget continues investment to make the mental health system simpler, fairer and more targeted to the different levels of care that Australians need, building on the \$1.1 billion mental health package in the 2025-26 MYEFO. The National Mental Health and Suicide Prevention Agreement will be extended for an additional year, to ensure service continuity, while future arrangements are considered. Commonwealth investment of \$277.5 million in 2026-27 will maintain existing critical services, including prevention and early intervention services and community-based mental health and wellbeing programs.

Supporting equity in our mental health services remains a priority for the Government. Investments in the Budget include \$3.1 million over 4 years to support young people with a mentoring program for students in years 7 to 9 at risk of school disengagement and poor mental health and wellbeing. Measures will also support engagement with people with lived experience and First Nations people for their perspectives and advice on eating disorders.

The National Aboriginal Community Controlled Health Organisation will establish two First Nations youth headspace mental health services in remote locations. The Government remains committed to addressing the health disparities faced by Aboriginal and Torres Strait Islander people. Funding in the 2026-27 Budget will contribute to better outcomes for First Nations people by targeting investment in programs that are demonstrated to work in partnership with the community.

The Government will invest \$144.1 million over 2 years from 2026-27 to deliver new or renovated health clinics and associated housing for health professionals. This will help meet the urgent infrastructure needs of the Aboriginal Community Controlled Health sector. Kidney disease is the leading cause of mortality for First Nations people. \$53.0 million over 5 years from 2025-26 will fund the completion and operation of dialysis units and support accommodation under construction in remote and very remote communities.

Birthing on Country funds community-controlled maternity services that provide continuity of care and promote the best start in life for First Nations children. The Government will provide \$44.4 million over 4 years from 2025-26 to extend these services.

Ageing and aged care

The Government has made significant investment in the aged care system, including \$2.9 billion in the 2025-26 Budget. That said, the demand for aged care services continues to accelerate. Capacity constraints are increasingly impacting the ability of older people to access the care they need. The 2026-27 Budget will build on previous reforms through a \$3.7 billion investment to further uplift supply and access to services to address the growing demand in residential and home care settings.

The 2026-27 Budget will provide investment to improve the pricing arrangements for residential aged care. These improvements will stimulate an increase in bed supply and protect equity of access for supported residents. Investment of up to \$1.1 billion over 4 years from 2026-27 has been provisioned and will increase the base and higher accommodation supplements, remove base accommodation supplement tiering, add new Higher Accommodation Supplement tiers, and introduce a new payment for services with supported resident ratios of 60% or higher.

Residential accommodation will be further supported by \$348.4 million over 4 years from 2026-27 to introduce targeted capital subsidies, available from 1 January 2027 for providers to encourage expansion and modernisation of existing homes. The subsidy will comprise top-up payments of \$30 per supported resident, per day, for newly constructed homes; and \$15 per supported resident, per day, for homes that undertake a significant expansion in capacity.

An investment of \$224.3 million over 4 years from 2026-27 will improve care for people with dementia through delivering a further 20 specialist dementia care units, expanding the Hospital to Aged Care Dementia Support Program from 11 to 20 locations and extending the program to 30 June 2030. This investment will support more older people with dementia to transition from acute care to aged care.

The *Aged Care Act 2024* introduced a simpler, sustainable, and more equitable in-home aged care system for older people. The 2026-27 Budget will provide \$1.4 billion over 4 years from 2026-27 to strengthen implementation of the Support at Home program and improve the affordability and access to home care supports. This includes \$1.0 billion over 4 years from 2026-27 to ensure services for showering, continence management and dressing are fully funded under the Support at Home program from 1 October 2026.

The Government remains committed to the stewardship of the aged care system. This Budget sees investments in the continuation of viability support programs that improve quality of care and operational performance of providers. This includes funding to aged care providers facing financial viability concerns, professional support to aged care service providers located in rural and remote areas, and early intervention support to strengthen operations, workforce and supply of aged care services.

The quality and safety of older Australians remains core to the Government’s strategy in aged care. The Aged Care Quality and Safety Commission will receive \$120.3 million in 2026-27 to support their regulatory role in upholding the rights of older people and enhancing the quality and safety of aged care services. Full cost recovery and fee waiver arrangements will continue to support this work.

Amendments to the Private Health Insurance Rebate to remove the higher aged-based rebates for individuals over the age of 65 for people on the same income will restore intergenerational equity. The change will enable reinvestment of \$3.0 billion over 4 years from 2026-27 and \$1.0 billion per year ongoing from 2030-31 into the aged care system to improve access to aged care services.

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, Disability and Ageing resource statement – Budget estimates for 2026–27 as at Budget May 2026

	2025–26 Estimated actual \$'000	2026–27 Estimate \$'000
DEPARTMENTAL		
Annual appropriations - ordinary annual services ^(a)		
Prior year appropriation available ^{(b) (c)}	129,337	197,190
Departmental appropriation ^{(d) (e) (f)}	1,721,348	1,410,888
s74 retained revenue receipts ^(g)	40,806	31,052
Departmental Capital Budget ^(h)	15,465	16,154
Annual appropriations - other services - non-operating ⁽ⁱ⁾		
Prior year appropriation available ^(j)	131,341	144,355
Equity injection ^(k)	134,128	70,680
Total departmental annual appropriations	2,043,088	1,673,129
Special accounts ^(l)		
Opening balance	140,375	129,896
Appropriation receipts ^(m)	80,407	88,512
Non-appropriation receipts	227,538	241,803
Total special accounts	448,320	460,211
Less appropriations drawn from annual or special appropriations above and credited to special accounts ⁽ⁿ⁾	(80,407)	(88,512)
Total departmental resourcing	2,540,338	2,242,018

Table 1.1: Department of Health, Disability and Ageing resource statement – Budget estimates for 2026–27 as at Budget May 2026 (continued)

	2025–26 Estimated actual \$'000	2026–27 Estimate \$'000
ADMINISTERED		
Annual appropriations - ordinary annual services ^{(a) (o) (p)}		
Outcome 1: Health Policy, Access and Support	8,535,077	8,926,455
Outcome 2: Individual Health Benefits	2,149,113	2,215,051
Outcome 3: Ageing and Aged Care	6,630,876	6,176,916
Outcome 4: Disability and Carers	38,119,272	40,631,885
Payments to corporate entities	2,750,114	2,661,871
Annual appropriations - other services - non-operating ⁽ⁱ⁾		
Administered assets and liabilities ^{(q) (r)}	135,278	95,070
Payments to corporate entities ^(s)	22,949	31,620
Total administered annual appropriations	58,342,679	60,738,868
Special appropriations limited by criteria/entitlement		
<i>Aged Care Act 1997</i>	11,869,308	40,039
<i>Aged Care Act 2024 - residential care</i> ^(t)	17,494,045	27,445,606
<i>Aged Care Act 2024 - support at home</i> ^(t)	6,583,615	10,014,001
<i>Aged Care Act 2024 - specialist aged care programs</i> ^(t)	441,594	814,873
<i>Aged Care Act 2024 - at home scheme</i> ^(t)	198,124	316,016
<i>Dental Benefits Act 2008</i>	369,664	329,356
<i>Medical Indemnity Act 2002</i>	132,875	123,501
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	1,547	2,349
<i>National Health Act 1953 - aids and appliances</i>	510,653	518,397
<i>National Health Act 1953 - blood fractionation products and blood related products to National Blood Authority</i>	1,285,884	1,533,855
<i>National Health Act 1953 - essential vaccines</i>	702,328	750,667
<i>National Health Act 1953 - continence aids payments</i>	135,356	144,303
<i>Private Health Insurance Act 2007 - incentive payments and rebate</i>	7,562,748	7,588,019
<i>Public Governance, Performance and Accountability Act 2013 s77 - repayments</i>	2,000	2,000
Total administered special appropriations	47,289,741	49,622,982

Table 1.1: Department of Health, Disability and Ageing resource statement – Budget estimates for 2026–27 as at Budget May 2026 (continued)

	2025–26 Estimated actual \$'000	2026–27 Estimate \$'000
Special accounts ^(l)		
Opening balance	73,216	74,383
Appropriation receipts ^(m)	7,133	7,133
Non-appropriation receipts	56,682,323	60,165,854
Total special accounts	56,762,672	60,247,370
Total administered resourcing	162,395,092	170,609,220
Less appropriations drawn from annual or special appropriations above and credited to special accounts and/or payments to corporate entities through annual appropriations	(2,780,196)	(2,700,624)
Total administered resourcing	159,614,896	167,908,596
Total resourcing for Health, Disability and Ageing	162,155,234	170,150,614
	2025–26	2026–27
Average staffing level (number)	7,073	6,883

All figures are GST exclusive.
Prepared on a resourcing (i.e. appropriation available) basis.

- (a) Appropriation Bill (No. 1) 2026–27.
- (b) Excludes \$20.0m in 2023–24 and \$199.8m in 2024–25 subject to administrative quarantine by Finance or withheld under section 51 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).
- (c) The department has received \$19.4m and relinquished \$3.0m in 2024–25 under section 75 determinations.
- (d) \$4.8 million will be received through the Annual Appropriation Bill (No. 3) 2025–26. The annual appropriations received from these Bills will be recognised in future Portfolio Budget Statements but only after the Bills have received Royal Assent.
- (e) The department has relinquished \$7.0m in 2025–26 under section 75 determinations. A further \$76.4m was received, and \$40.8m was relinquished not subject to section 75 transfers as part of machinery of government changes. In addition, \$0.249m will be subject to quarantine through *Appropriation Act (No. 3) 2025–26*.
- (f) Excludes \$1.3m in 2025–26 subject to administrative quarantine by Finance or withheld under section 51 of the PGPA Act.
- (g) Estimated retained revenue receipts under the section 74 of the PGPA Act.
- (h) The department has relinquished \$0.092m in 2025–26 under section 75 determinations. A further \$0.13m was relinquished not subject to section 75 transfers as part of machinery of government changes.
- (i) Appropriation Bill (No. 2) 2026–27.
- (j) Excludes \$197.9m in 2024–25 subject to administrative quarantine by Finance or withheld under section 51 of the PGPA Act.
- (k) The department has relinquished \$7.5m in 2025–26 not subject to section 75 transfers as part of machinery of government changes. A further \$3.469m was relinquished not subject to section 75 transfers as part of machinery of government changes.
- (l) Excludes Services for Other Entities and Trust Moneys Special Accounts as these accounts are not considered resourcing for the department. For further information on special accounts refer to the department's Table 3.1: Estimates of Special Account Flows.
- (m) Amounts credited to the special account(s) from the department's annual and special appropriations.
- (n) Appropriation receipts from Health annual and special appropriations included above.
- (o) The department has relinquished \$67m and received \$28b in 2025–26 under section 75 determinations. A further \$89.8m was received, and \$88m was relinquished not subject to section 75 transfers as part of machinery of government changes. In addition, \$7.852m will be subject to quarantine through *Appropriation Act (No. 3) 2025–26*.
- (p) \$637.8 million will be received through the Annual Appropriation Bill (No. 3) 2025–26. The annual appropriations received from these Bills will be recognised in a future Portfolio Budget Statements but only after the Bills have received Royal Assent.
- (q) The department has relinquished \$68.4m in 2025–26 under section 75 determinations. A further \$95.7m was relinquished not subject to section 75 transfers as part of machinery of government changes.
- (r) \$20.0 million will be received through the Annual Appropriation Bill (No. 3) 2025–26. The annual appropriations received from these Bills will be recognised in future Portfolio Budget Statements but only after the Bills have received Royal Assent.
- (s) The department has received \$4.7m not subject to section 75 transfers as part of machinery of government changes.
- (t) *The new Aged Care Act 2024* received Royal Assent on 2 December 2024 and commenced 1 November 2025.

Corrections have been made to Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures as follows:

Changes to footnote order (no change to footnote meaning) (page 39)

- Good Friday Appeal - Royal Children's Hospital Melbourne (page 30)
- Health Protection (page 31)
- Boosting Productivity - Promoting Research, Development and Innovation (page 36)
- Closing the Gap - further investments (page 36)
- Combatting Illicit Tobacco (page 36)
- Employment Services and Support – additional funding (page 39)

Changes to Financial Table impacts

- National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system (page 32)
- Securing the National Disability Insurance Scheme for Future Generations (page 34)
- Thriving Kids (page 35)
- Boosting Productivity - Promoting Research, Development and Innovation (page 36)
- Closing the Gap - further investments (page 36)
- Ending Gender-Based Violence - continued investment (page 37)

Footnote reference removed

- Better Care for Older Australians (page 30)
- Residential Aged Care Supply and Equity of Access (page 34)
- Government Response to the Antisemitic Bondi Terrorist Attack (page 37)

Additional Footnote reference included

- National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system (page 32)
- Pharmaceutical Benefits Scheme (PBS) New and Amended Listings (page 32)
- Government Response to the Antisemitic Bondi Terrorist Attack (page 37).

1.3 Budget measures

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

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures

Part 1: Measures announced since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Better Care for Older Australians^(a)						
Department of Health, Disability and Ageing						
Administered payments	1.6	-	5,412	-	-	-
	3.1	-	47,368	-	-	-
	3.2	-	242	260	278	298
	3.3	-	67,365	7,575	1,841	1,881
Departmental payments	1	-	820	754	-	-
	3	-	236,415	19,590	904	916
Departmental capital payments	3	-	8,929	584	-	-
Aged Care Quality and Safety Commission						
Departmental payments	1.1	-	156,837	-	-	-
Total payments		-	523,388	28,763	3,023	3,095
<i>Related receipts</i>						
<i>Aged Care Quality and Safety Commission</i>		-	(59,141)	(33,440)	(44,440)	-
Good Friday Appeal - Royal Children's Hospital Melbourne^(b)						
Department of Health, Disability and Ageing						
Administered payments	1.2	-	-	-	-	-
	1.5	-	-	-	-	-
Total payments		-	-	-	-	-
Health, Agencies, Systems and Data^(a)						
Department of Health, Disability and Ageing						
Administered payments	1.1	500	-	5,213	6,660	2,327
	1.2	(500)	-	-	-	-
	1.5	-	3,323	(1,817)	(3,193)	1,220
	1.9	-	-	-	-	-
	2.1	-	-	-	-	-
Departmental payments	1	-	1,742	1,687	1,715	1,701
Total payments		-	5,065	5,083	5,182	5,248
<i>Related receipts</i>						
		-	(399)	(1,197)	(2,215)	(4,253)

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000	
Health Protection ^(c)							
Department of Health, Disability and Ageing							
	Administered capital payments	1.8	20,000	67,070	69,454	70,838	72,579
	Administered payments	1.8	-	15,388	16,187	14,439	14,238
	Departmental payments	1	-	4,700	4,780	4,840	4,906
Australian Centre for Disease Control							
	Departmental payments	1	-	-	-	-	-
Department of the Treasury							
	Administered payments	1	-	12,500	28,000	28,000	-
Total payments			20,000	99,658	118,421	118,117	91,723
Improving Access to and Uptake of Medicines and Vaccines ^(a)							
Department of Health, Disability and Ageing							
	Administered payments	1.5	-	39,483	31,517	-	-
		1.7	-	11,600	6,750	-	-
		1.9	101,336	161,223	56,809	58,385	59,241
		2.3	454	7,662	3,710	11,423	2,211
	Departmental payments	1	-	3,520	1,367	-	-
		2	-	1,954	-	-	-
Department of the Treasury							
	Administered payments	1	-	4,560	6,850	2,372	2,439
Total payments			101,790	230,002	107,003	72,180	63,891
Improving Access to Home Care							
Department of Health, Disability and Ageing							
	Administered payments	3.1	-	1,550	1,584	1,618	1,654
		3.2	-	297,400	268,325	313,050	346,478
		3.3	-	13,058	7,665	-	-
	Departmental payments	3	-	40,392	12,418	10,391	10,514
	Departmental capital payments	3	-	27,895	2,392	-	-
Total payments			-	380,295	292,384	325,059	358,646
Mental Health ^(a)							
Department of Health, Disability and Ageing							
	Administered payments	1.2	-	31,480	1,533	783	-
	Departmental payments	1	-	291	-	-	-
Department of the Treasury							
	Administered payments	1	-	41,334	-	-	-
Total payments			-	73,105	1,533	783	-

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

Outcome/ Program		2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Modernising Private Health ^(a)						
Department of Health, Disability and Ageing						
Administered payments	2.4	-	(205,962)	(870,312)	(930,989)	(987,398)
Total payments		-	(205,962)	(870,312)	(930,989)	(987,398)
National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system ^{(a) (d)}						
Department of Health, Disability and Ageing						
Administered payments	1.1	-	14,795	15,865	11,957	10,314
	2.1	-	-	-	-	-
	2.6	-	-	-	-	-
Departmental payments	2	-	1,520	1,542	-	-
Australian Commission on Safety and Quality in Health Care						
Departmental payments	1	-	2,104	1,515	638	567
Independent Health and Aged Care Pricing Authority						
Departmental payments	1	-	1,000	1,030	-	-
National Health Funding Body						
Departmental payments	1.1	-	1,830	1,563	840	850
Departmental capital payments	1.1	-	150	-	-	-
Department of the Treasury						
Administered payments		-	3,435,407	3,987,217	4,848,793	5,787,339
Total payments		-	3,456,806	4,008,732	4,862,228	5,799,070
Pharmaceutical Benefits Scheme (PBS) New and Amended Listings ^{(a) (e)}						
Department of Health, Disability and Ageing						
Administered payments	2.1	1,426	5,718	5,650	5,956	6,147
	2.3	446,607	1,398,744	1,321,951	1,254,410	1,322,439
	2.7	(3)	(8)	(8)	(8)	(8)
Total payments		448,030	1,404,454	1,327,593	1,260,358	1,328,578
<i>Related receipts</i>						
Department of Health, Disability and Ageing						
		<i>nfp</i>	<i>nfp</i>	<i>nfp</i>	<i>nfp</i>	<i>nfp</i>

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Preventive Health ^(a)						
Department of Health, Disability and Ageing						
Administered payments	1.5	-	12,900	12,900	-	-
	1.6	-	-	-	-	-
	1.8	-	-	-	-	-
	2.1	-	2,857	3,027	3,090	-
	2.5	-	-	-	-	-
Department of the Treasury						
Administered payments		-	107,760	107,760	107,760	107,760
Total payments		-	123,517	123,687	110,850	107,760
Reinvesting in Health, Disability and Ageing Programs						
Department of Health, Disability and Ageing						
Administered payments	1.1	(1,860)	(4,311)	(3,636)	(3,771)	(3,787)
	1.2	(30,411)	(69,371)	(69,836)	(74,328)	(74,852)
	1.3	(58,709)	(52,531)	(48,769)	(50,727)	(53,212)
	1.4	(56,843)	(46,360)	(44,531)	(45,845)	(48,119)
	1.5	(31,097)	(37,240)	(30,028)	(26,911)	(27,054)
	1.6	(6,696)	(28,059)	(28,864)	(22,277)	(22,107)
	1.7	-	(121)	(20)	(20)	(20)
	1.8	(61,799)	(8,019)	(7,973)	(7,988)	(8,453)
	1.9	-	(1,051)	(1,064)	(1,128)	(1,159)
	2.1	(4,056)	(963)	(680)	(585)	(588)
	2.3	(18,284)	(21,161)	(21,709)	(22,419)	(20,076)
	2.4	-	(363)	(324)	(307)	(307)
	2.6	(1,608)	(825)	(825)	(665)	(665)
	2.7	(495)	(2,021)	(2,079)	(2,113)	(2,175)
	3.1	(53,373)	(30,211)	(30,923)	(32,377)	(34,160)
	3.2	(157,719)	(206,477)	(208,393)	(220,874)	(219,873)
	3.3	(45,960)	(13,005)	(9,699)	(9,676)	(9,887)
	4.1	(19,956)	(20,279)	(19,315)	(17,977)	(19,472)
Total payments		(548,866)	(542,368)	(528,668)	(539,988)	(545,966)

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Residential Aged Care Supply and Equity of Access						
Department of Health, Disability and Ageing						
Administered payments	3.1	-	6,875	718	-	-
	3.2	-	21,050	78,067	129,431	186,328
	3.3	-	10,980	11,222	25,669	26,260
Departmental payments	3	-	6,106	4,677	2,710	2,695
Departmental capital payments	3	-	4,978	1,477	-	-
Department of the Treasury						
Administered payments		-	-	15,882	16,830	17,217
Total payments		-	49,989	112,043	174,640	232,500
Securing the National Disability Insurance Scheme for Future Generations ^{(a) (d)}						
Department of Health, Disability and Ageing						
Administered payments	4.1	-	12,434	9,191	5,566	5,689
	4.2	-	-	-	-	-
Departmental payments	1	-	105	251	13	18
	3	385	1,130	1,150	1,167	1,181
	4	2,467	47,683	7,429	1,986	2,010
National Disability Insurance Agency						
Departmental payments	1.1	-	(2,013,602)	(7,431,787)	(11,830,241)	(16,652,205)
	1.2	-	880,551	178,585	82,165	82,740
NDIS Quality and Safeguards Commission						
Administered payments	1.1	-	(5,225)	(5,321)	(5,392)	(5,768)
Departmental payments	1.2	-	45,654	58,159	61,789	64,456
Departmental capital payments	1.2	-	682	-	-	-
Total payments		2,852	(1,030,588)	(7,182,343)	(11,682,947)	(16,501,879)
<i>Related receipts</i>						
<i>NDIS Quality and Safeguards Commission</i>		-	-	(7,591)	(8,996)	(10,503)

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Strengthening Medicare ^{(a) (f)}						
Department of Health, Disability and Ageing						
Administered payments	1.1	-	6,010	3,846	-	-
	1.4	-	13,648	13,857	417	(27,922)
	1.5	-	-	-	-	-
	1.6	15,000	250,728	237,752	320,146	323,491
	1.7	-	59,018	59,651	611	-
	2.1	-	(53,803)	(74,262)	72,250	72,079
	2.3	-	(12,174)	(48,890)	(95,915)	(106,285)
	2.6	-	2,871	1,423	1,319	1,172
	3.3	-	-	(4,100)	(4,100)	-
Departmental payments	1	151	19,074	14,402	10,945	9,145
	2	-	15,550	18,875	10,815	10,297
Australian Digital Health Agency						
Departmental payments	1.1	-	256,633	248,301	-	-
Departmental capital payments	1.1	-	25,975	26,904	-	-
Department of the Treasury						
Administered payments		-	20,872	21,331	24,801	25,397
Total payments		15,151	604,402	519,090	341,289	307,374
Supporting Families Who Experience Stillbirth ^(a)						
Department of Health, Disability and Ageing						
Administered payments	1.5	-	1,300	2,000	-	-
Department of the Treasury						
Administered payments		-	4,781	4,894	-	-
Total payments		-	6,081	6,894	-	-
Thriving Kids ^{(a) (d)}						
Department of Health, Disability and Ageing						
Administered payments	1.1	-	5,925	22,680	22,500	-
	1.6	-	44,071	21,080	10,211	7,039
	2.1	-	12,275	20,203	20,929	21,619
	4.1	-	36,991	31,536	20,999	19,372
Departmental payments	1	-	1,619	1,653	91	91
	2	-	808	498	178	179
	4	-	7,974	7,492	5,976	5,254
Australian Digital Health Agency						
Departmental payments	1.1	-	12,175	6,907	-	-
Department of the Treasury						
Administered payments		-	280,001	280,001	280,001	280,001
Total payments		-	401,839	392,050	360,885	333,555

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO)						
Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000	
Boosting Productivity - Promoting Research, Development and Innovation ^{(a) (d) (g)}						
<i>Cross Portfolio</i>						
Department of Health, Disability and Ageing						
Administered payments	1.1	-	4,868	951	-	-
Departmental payments	1	-	9,812	-	-	-
National Health and Medical Research Council						
Departmental payments	1.1	-	12,962	11,292	-	-
Total payments		-	27,642	12,243	-	-
Closing the Gap - further investments ^{(a) (d) (g)}						
<i>Cross Portfolio</i>						
Department of Health, Disability and Ageing						
Administered payments	1.2	-	4,613	4,566	4,762	4,963
	1.3	-	1,800	1,536	523	-
	1.4	-	-	-	-	-
	1.6	-	-	-	-	-
Departmental payments	1	-	-	-	-	-
Total payments		-	6,413	6,102	5,285	4,963
Combatting Illicit Tobacco ^{(b) (h)}						
<i>Department of Home Affairs</i>						
Department of Health, Disability and Ageing						
Administered payments	1.5	-	-	-	-	-
Department of the Treasury						
Administered payments		-	-	-	-	-
Total payments		-	-	-	-	-
Continuing to Support Veterans and their Families ⁽ⁱ⁾						
<i>Department of Defence</i>						
Department of Health, Disability and Ageing						
Administered payments	2.1	-	(250)	(159)	-	-
	2.3	-	(153)	(178)	-	-
Total payments		-	(403)	(337)	-	-

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO)						
Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000	
Ending Gender-Based Violence - continued investment ^{(a) (g)}						
<i>Cross Portfolio</i>						
Department of Health, Disability and Ageing						
Administered payments	1.5	- 990	2,973	-	-	
Departmental payments	1	- 57	30	-	-	
Total payments		- 1,047	3,003	-	-	
Government Response to the Antisemitic Bondi Terrorist Attack ^(g)						
<i>Cross Portfolio</i>						
Department of Health, Disability and Ageing						
Administered payments	1.2	- -	-	-	-	
Departmental payments	1	- -	-	-	-	
Department of the Treasury						
Administered payments	1	- -	-	-	-	
Total payments		- -	-	-	-	

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO)					
Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Reducing Spending on Consultants, Contractors and Labour Hire, and Non-wage Expenses – one year extension ⁽⁹⁾					
<i>Cross Portfolio</i>					
Department of Health, Disability and Ageing					
Departmental payments	-	-	-	-	(19,394)
Aged Care Quality and Safety Commission					
Departmental payments	1	-	-	-	(2,326)
Australian Centre for Disease Control					
Departmental payments	1	-	-	-	(1,598)
Australian Digital Health Agency					
Departmental payments	1.1	-	-	-	(6,331)
Australian Institute of Health and Welfare					
Departmental payments	1	-	-	-	(1,024)
Australian Organ and Tissue Donation and Transplantation Authority					
Departmental payments	1	-	-	-	(117)
Australian Radiation Protection and Nuclear Safety Agency					
Departmental payments	1	-	-	-	(655)
Cancer Australia					
Departmental payments	1	-	-	-	(193)
Food Standards Australia New Zealand					
Departmental payments	1	-	-	-	(364)
National Disability Insurance Agency					
Departmental payments	1	-	-	-	(153,425)
National Health and Medical Research Council					
Departmental payments	1	-	-	-	(916)
National Health Funding Body					
Departmental payments	1	-	-	-	(244)
NDIS Quality and Safeguards Commission					
Departmental payments	1	-	-	-	(6,441)
Office of the Inspector-General of Aged Care					
Departmental payments	1	-	-	-	(392)
Professional Services Review					
Departmental payments	1	-	-	-	(948)
Total payments	-	-	-	-	(194,368)

Table 1.2: Department of Health, Disability and Ageing 2026–27 Budget measures (continued)

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO)						
Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000	
Nuclear Powered Submarine Program - continuation of government resourcing ⁽ⁱ⁾						
<i>Department of Defence</i>						
Australian Radiation Protection and Nuclear Safety Agency						
Departmental payments	1	-	8,227	8,511	-	-
Departmental capital payments	1	-	3,480	3,383	-	-
Total payments		-	11,707	11,894	-	-
Royal Commission into Defence and Veteran Suicide – continued implementation ⁽ⁱ⁾						
<i>Department of Defence</i>						
Australian Institute of Health and Welfare						
Departmental payments	1	-	2,050	2,000	2,701	-
Total payments		-	2,050	2,000	2,701	-
Employment Services and Support – additional funding ^{(b) (i)}						
<i>Department of Employment and Workplace Relations</i>						
Department of Health, Disability and Ageing						
Departmental payments	1	-	-	-	-	-
Total payments		-	-	-	-	-

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

(b) The cost of this measure will be met from within existing resources.

(c) Includes \$299.9m in capital funding over five years from 2025–26.

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

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

(f) Part of this measure was originally announced in the 2025–26 Budget and has been fully reversed by Strengthening Medicare announced in the 2026–27. The above financial figures reflect the current net fiscal impact of the measure.

(g) This is a Cross Portfolio measure. The full measure description and package details appear in 2026–27 Budget Paper 2 under Cross Portfolio.

(h) The lead entity for this measure is the Department of Home Affairs. The full measure description and package details appear in 2026–27 Budget under the Home Affairs Portfolio.

(i) The lead entity for this measure is the Department of Defence. The full measure description and package details appear in 2026–27 Budget under the Defence Portfolio.

(j) The lead entity for this measure is the Department of Employment and Workplace Relations. The full measure description and package details appear in 2026–27 Budget under the Employment and Workplace Relations Portfolio.

