

Senate Committee: Community Affairs Committee**Budget Estimates 2026-2027****Outcome: 0 - Whole of Portfolio****Corporate Overview****STAFFING ASL****Headcount and ASL**

	30 Jun 2024 (FY24)	30 Jun 2025 (FY25)	31 Mar 2026 (FY26)	Variance from Jun 2025 to Mar 2026
Department Total Headcount	7135	7429	7399	-30
Headcount - ongoing	6615	7130	7220	90
Headcount - non-ongoing (excluding casuals)	512	291	176	-115
Headcount - casuals	8	8	3	-5
Full-time Equivalent (FTE) staffing	6710	7018	6965	-53
Actual Average Staffing Level (ASL)	6159	7038	7085	47
Budgeted ASL (*at 2025-26 PAES)	5884	6967	7051*	84
<i>Variance over (under) Budget ASL v Actual ASL</i>	<i>275</i>	<i>71</i>	<i>34</i>	

For the financial years 2021-22 to 2025-26, staffing levels (ASL) grew due to a number of factors including:

- Increased support for the aged care reform following the Royal Commission into Aged Care Quality and Safety (including investment in Aged Care digital transformation) [+784]
- Net impact of Machinery of Government changes (Sport [-76] and CDC [-126] out, Disability & Carers [+475] in) [+274]
- Public good activities provided by the Therapeutic Goods Administration including compliance and enforcement of products outside the regulatory system and management of medicine shortages [+70]
- Work supporting the Review of the Medicare Benefits Schedule and Strengthening Medicare in the primary care sector [+212]
- Measures to support smoking and vaping controls [+175]
- Conversion of external contractors to staff through the Budget process [+321].

Movement in ASL between financial years 2021-22 to 2025-26

- The Department of Health, Disability and Ageing's (the department) average staffing level increased by 2,141 from 2021-22 Budget to 2025-26 PAES Budget.

Contact Officer:	Amy Laffan	Deputy Secretary	Rachel Balmano	Clearance: 04 May 2026
		Clearing Officer:		
Mobile No:	s47E(c), s47F	Mobile No:	s47E(c), s47F	
Division:	Corporate Operations People Communication & Parliamentary			

Demographics

	30 Jun 2024 (FY24)	30 Jun 2025 (FY25)	31 Mar 2026 (FY26)
Non-ongoing staff (excluding casuals)	7.2%	3.9%	2.4%
Casual staff	0.1%	0.1%	0.04%
Female	70.6%	70.2%	70.1%
Part-time staff (excluding casuals)	15.1%	15.2%	16.2%
^Aboriginal and/or Torres Strait Islander	2.3%	2.2%	2.1%
^Staff with disability	4.3%	4.7%	4.8%
^Culturally and Linguistically Diverse (CALD)	24.9%	25.8%	26.2%

^ self-disclosed by employees in the department's SAP HR system.

Classification

Actual Classification and Equivalents	30 Jun 2024 (FY24)	30 Jun 2025 (FY25)	31 Mar 2026 (FY26)	Change from Jun 2025 to Dec 2025
Secretary	0.01%	0.01%	0.01%	→
Chief Medical Officer	0.01%	0.0%	0.01%	↑
Holder of Public Office	0.07%	0.08%	0.08%	→
Senior Executive Band 1-3	3.11%	3.24%	2.96%	↓
Medical Officer 5-6	0.38%	0.43%	0.30%	↓
Executive Level 1-2	47.46%	47.54%	47.84%	↑
APS 1-6	48.96%	48.69%	48.79%	↑

Headcount % by Location

State/Territory	30 Jun 2022 (FY22)	30 Jun 2023 (FY23)	30 Jun 2024 (FY24)	30 Jun 2025 (FY25)	31 Mar 2026 (FY26)	Change from Jun 2025 to Mar 2026
Australian Capital Territory	80.3%	76.8%	69.8%	63.9%	63.0%	↓
Outside of ACT	19.7%	23.2%	30.2%	36.1%	37.1%	↑

Commencements and Separations Headcount

	2023-24	2024-25	2025-26 YTD to 31 March 2026
Total commencements	2062	1182	856
Ongoing Hire rate (annualised)	24.1%	24.6%	13.3%
Total separations	868	909	617
*Ongoing Staff Turnover rate (annualised)	10.0%	8.9%	8.7%
*Ongoing Staff Turnover rate (APS average)	11.5%	11.5%	10% (30 Jun 2025)
Voluntary Redundancy (VR)	14	9	3
**Employer Initiated Terminations rate	3.9%	3.4%	1.1%

*Ongoing Staff Turnover rate excludes voluntary redundancy and machinery of government separations

**Data is presented as a percentage of the total financial year separations.

Employer Initiated Terminations

Reason/grounds for termination	2024-25	2025-26 YTD to 31 Mar 2026
Section 29(1) of the <i>Public Service Act 1999</i> – Early termination of non-ongoing engagement e.g., duties no longer available, section disbanded (e.g. pandemic-related)	9	1
Section 29(3)(a) of the <i>Public Service Act 1999</i> – The employee is excess to the requirements of the Agency (voluntary redundancies)	9	3
Section 29(3)(c) of the <i>Public Service Act 1999</i> – Non-performance, or unsatisfactory performance, of duties	2	0
Section 29(3)(d) of the <i>Public Service Act 1999</i> – Inability to perform duties because of physical or mental incapacity	3	2
Section 29(3)(f) of the <i>Public Service Act 1999</i> – Failure to meet a condition imposed under section 22(a) namely, probation	5	0
Section 29(3)(g) of the <i>Public Service Act 1999</i> – Breach of the Code of Conduct	3	1
Total	31	7

Personal & Miscellaneous Leave (Unscheduled Absence)

	2023-24	2024-25	12-month avg (to 31 Mar 2026)	APS Large Agencies average (2024-25)
Personal & Misc. leave days per full time equivalent (FTE) staff	11.6 days	12.9 days	14.4 days	14.0 days

The 2024 APS Enterprise Bargaining common conditions expanded personal leave to include preventative and proactive health-related absences. This is likely contributing to recent growth in PML rates.

SES Cohort

	30 Jun 24	30 Jun 25	31 Mar 26
Number of SES - SES Cohort Methodology*	198.0	199.3	188.4
SES Cohort (ie 'cap')**	181.6	198.9	216.9

*Actual SES FTE.

** SES Cohort number submitted to APSC bi-annually (July and January) calculated from approved Budget Measures.

Remote Work

Working from Home Days per Fortnight

APS employees with an active Remote Work Agreement (RWA) as at 31 Mar 2026			
Department	Active RWA	Total headcount*	% Based on total headcount
Headcount	5,880	6,607	89.0%

*Excludes employees on long term leave for more than 3 months

Total no. of days working from home in a fortnight (headcount & %)*											
Days	0	1	2	3	4	5	6	7	8	9	10
Count	67	25	319	90	1,193	249	1,918	228	1,529	242	316
%	1.1%	0.4%	5.2%	1.5%	19.3%	4.0%	31.1%	3.7%	24.8%	3.9%	5.1%

*Excludes staff with no active remote work agreement

Notes:

- As at 31 March 2026, 89% of APS employees have an active Remote Work Agreement in place.
- The most common pattern being working from home 6 days per fortnight (31.1% of employees) followed by 8 days per fortnight (24.8%).

TRAVEL

Period	Domestic			International			Total travel expenditure
	Travel expenditure (GST inc)	Number of trips	Avg travel cost	Travel expenditure (GST inc)	Number of trips	Avg travel cost	
2019-20	\$5,826,272	8,395	\$694	\$2,331,430	319	\$7,308	\$8,157,702
2020-21	\$1,586,625	N/A	N/A	\$224,042	N/A	N/A	\$1,810,667
2021-22	\$2,113,708	2,882	\$733	\$552,195	81	\$6,817	\$2,665,903
2022-23	\$5,943,397	5,816	\$1,022	\$2,418,526	263	\$9,196	\$8,361,923
2023-24	\$9,650,586	9,607	\$1,005	\$3,994,319	349	\$11,445	\$13,644,905
2024-25	\$10,044,914	9,563	\$1,050	\$3,416,197	315	\$10,845	\$13,461,111
2025-26 (YTD 31 Mar)	\$6,938,306	6,417	\$1,081	\$3,033,296	301	\$10,077	\$9,971,602

Notes:

- Historical expenditure is based on Qantas Business Travel (QBT) reported charges for airline costs, accommodation, and car hire. Travel allowance and incidentals (e.g. Taxis) are not included. There are also some costs paid through departmental Credit Cards where WOAG arrangements are not available. These costs are not included.
- Travel expenditure from 2020-21 is based on actual charges received for airline costs, accommodation, and car hire. Expenditure does not include incidental expenditure such as taxis, parking, or travel allowance. The change in reporting method is due to the implementation of a new Expenditure Management System for travel expenses.
- Expenditure from 2020-21 to 2022-23 excludes travel and accommodation support provided for aged care workers as part of the response to COVID-19.

- Trip numbers and average costs are not available for 2020-21 due to the large number of charges/refunds that relate to cancelled trips from prior years within the current year expenditure figures. COVID-related cancellations and refunds from March to June 2020 are reflected in 2020-21 numbers primarily due to the lag in processing by travel providers.
- Average costs are based on the number of unique bookings with travel suppliers.
- QBT is now owned and operated by Corporate Travel Management (CTM).

Flight Cost by Airline (Domestic and International)				
Period	Qantas (inc. Jetstar) (GST inc)	Virgin (GST inc)	Other (GST inc)	Total
2019-20	\$3,998,031	\$928,293	\$1,130,235	\$6,056,559
2020-21	\$754,420	\$156,761	\$39,618	\$950,799
2021-22	\$995,566	\$282,112	\$641,867	\$1,919,545
2022-23	\$3,366,419	\$818,161	\$1,296,200	\$5,480,780
2023-24	\$5,790,396	\$1,468,286	\$1,989,531	\$9,248,213
2024-25	\$5,330,065	\$1,578,868	\$1,547,399	\$8,456,332
2025-26 (YTD 31 Mar)	\$4,502,406	\$1,197,640	\$1,374,370	\$7,074,416

Notes:

- The data in this table is from CTM/QBT booking system, the data in the table on the previous page is from SAP. Discrepancies between data provided in the two tables are due to cancelled and rebooked flights which are not always captured in the CTM/QBT reporting source.
- The expenditure on "other" airlines is mostly international flights (approx. less than 10% for Financial Years 22-23, 23-24, 24-25 and 25-26 pertains to domestic). Not all financial impacts of cancellations or rebooking are accurately reflected in the CTM/QBT data in the table above.
- Airline expenditure excludes travel support provided for aged care workers as part of the response to COVID-19.

CONTRACTORS

Contractor headcount	30 Jun 24	30 Jun 25	31 Mar 26
Headcount	1,992	2,618	2,430

- The number of contractors engaged by the department as at 31 March 2026 was 2,430.
- The headcount does not reflect a full-time workforce. Contractors may be attached to service contracts or short-term assignments.
- The growth in the number of contractors in recent years is due primarily to the investment in Aged Care Digital Transformation. Current numbers also include a significant number of very short-term engagements to support the NextEra Program (transition of core departmental IT services from Datacom to a multi-provider environment).
- The department engages a combination of on-going, non-ongoing, contractors and labour hire staff to ensure successful delivery of outcomes.

- Contractors may also be engaged to deliver professional skills which are difficult to attract or retain within the APS in a competitive labour market.
- Engaging contractors and labour hire staff provides the department with the necessary flexibility to expand or contract its staffing levels rapidly, in response to fluctuations in demand for services and skills to meet key deliverables.
- The proportion of contractor expense to total revenue has remained consistent over the last three financial years (12 - 13% of departmental revenue).

Contractor Expenditure	2023-24 \$m	2024-25 \$m	2025-26 (Mar 26) \$m
Total expenditure	265.1	336.7	257.0

The movement in contractor headcount across the department from June 2024 was:

Group	Contractor headcount			Movement from Jun 2024 to:	
	Jun 2024	Jun 2025	31 Mar 2026	Jun 2025	Mar 26
DTDD	512	944	899	432	387
ITD and CDIO	613	786	829	173	216
Other COG Divisions	152	132	92	(20)	(60)
Other Groups	603	675	610	72	7
TOTAL	1,880	2,537	2430	626	550

CONSULTANTS

- Consultancies are engaged to provide specialised professional skills and insights to assist the department in achieving its objectives. This includes:
 - specialised or professional services
 - independent research or assessment
 - skills currently unavailable in the agency.
- The department's use of consultants has remained relatively stable over the last three financial years in proportionate dollar terms (3% of departmental revenue, 2% of administered revenue YTD this financial year).

Top 3 procuring divisions in 2025-26 by value:

- Mental Health and Suicide Prevention (\$20.6 Million),
- People, Communication and Parliamentary (\$9.5 Million), and
- Population Health (\$7.8 Million)

Consultancy contracts by volume, value and financial year contracts commenced (valued at or over \$10,000, published on AusTender)

	2021-22	2022-23	2023-24	2024-25*	2025-26* (YTD 31 Mar)
No. of new contracts commencing ¹	312	335	396	417	239
No. existing contracts ²	Not previously reported	Not previously reported	Not previously reported	Not previously reported	306
Total new contract Value (\$m) ³	82.2	132.6	152.7	202.7	87.79
Total expenditure value (\$m) ⁴	49.3	52.4	70.8	84.1	118.92

Note: Values are GST inclusive.

**2024-25 and 2025-26 total includes Department of Social Services (DSS) Disability MoG Consultancy contracts.*

Consultancy Services

- The nature of consultancy contracts involves
 - Specialist professional knowledge or expertise that may not be maintained in-house.
 - Development of an intellectual output, such as research, evaluation, advice, and recommendations to assist with the department's decision making.
 - A one-off task, a set of tasks or irregular tasks.
 - Work performed is an accessory to the departments business
- The direction and control of consultancy contracts performance is
 - Largely left up to the discretion and professional expertise of the consultant, and
 - Undertaken without the department's direction supervision
- The outputs produced from the contract
 - Reflects the independent views of findings of the service provider, and
 - are produced for but may not belong to the department
- When determining if a procurement is to be classed as consultancy contract, the following three criteria must be confirmed:
 - the contract involves development of an intellectual output that assists decision making
 - the intellectual output represents the independent views of findings of the service provider
 - the sole or majority element of the contract in terms of importance or relative value.
- Majority of consultancy contracts are engaged through the Mandatory Whole of Government Management Advisory Services Panel (MAS), which Department of Finance (DoF) has established to enhance the quality, consistency, and efficiency of consultancy procurement across Commonwealth entities.

¹ Count of contracts that commenced that financial year

² Count of existing contracts active that financial year but had commenced in a previous financial year

³ Total of the contract value for contracts commencing that financial year, inclusive of multiyear contracts commencing that financial year

⁴ Total of invoices received for that financial year

Top 10 Consultancy Contracts commenced between 1 July 2025 and 31 March 2026 based on contract value

Division	CN ID	Supplier Name	Description	Start Date	End Date	Contract Value (AUD)
Mental Health and Suicide Prevention Division	CN4164818	Australian Institute of Health and Welfare	Maintain the National Suicide and Self-harm Monitoring System	1/07/2025	30/06/2028	11,940,000
Quality and Assurance Division	CN4213133	Ernst & Young	Undertake Assurance Activities for the National Aged Care Quality Program	24/12/2025	30/06/2027	2,915,000
Population Health Division	CN4188782	THE CANCER COUNCIL NSW	Generation Vape Research Project	12/09/2025	30/06/2027	2,310,000
National Mental Health Commission	CN4228940	Monash University	Economic Research and Analysis Services	23/03/2026	30/09/2027	2,122,808
Benefits Integrity Division	CN4193055	The Boston Consulting Group Pty Ltd	Operating Model Implementation Support	3/10/2025	30/01/2026	1,870,000
Primary Care Division	CN4191885	AUSTRALIAN GENERAL PRACTICE ACCREDITATION LTD	Independent Clinical Assessments for the Medicare Urgent Care Clinics Program	24/09/2025	30/06/2028	1,728,100
Mental Health and Suicide Prevention Division	CN4221315	Headspace National Youth Mental Health	Headspace Plus Services	11/02/2026	31/07/2026	1,624,788
Technology Assessment and Access Division	CN4183825-A1	35 SOUTH ADVISORS PTY LTD	Charging Model	19/08/2025	30/06/2026	1,612,930
Chronic Conditions and Screening Division	CN4220019	It Newcom Pty Limited	Strategic Procurement Advice	10/02/2026	30/06/2027	1,557,000
Financial Management and Assurance Division	CN4183832-A1	Envoltec Pty Ltd	Technical Advisory Services	26/08/2025	30/06/2026	1,449,336

Reported Contract breakdown 1 July 2025-31 March 2026 (valued at or over \$10,000, published on AusTender)

Contract Description	Number of New Contracts (YTD Mar 2026)	Total Contract Value (\$m)	Number of existing Contracts ⁵	Total Contract value of existing contracts (\$m)
Consultancies	239 (18%)	87.79 (2%)	306 (14%)	247.75 (2%)
Labour Hire	493 (37%)	149.74 (3%)	901 (40%)	953.26 (9%)
Other Goods & Services	616 (46%)	4,423.86 (95%)	1,035 (46%)	9,520.65 (89%)
Total	1,348	4,661.39	2,242	10,721.66

Note: Values are GST inclusive.

*2025-26 consultancy figures include Department of Social Services (DSS) Disability MoG contracts.

⁵ Count of existing contracts active that financial year but had commenced in a previous financial year

Senate Committee: Community Affairs Committee
Budget Estimates 2026-2027
Outcome: 0 - Whole of Portfolio

2026-27 Budget

BUDGET

Table 1: Whole of Government Expenses by Function

Reporting Category	2025-26 \$b	2026-27 \$b	2027-28 \$b	2028-29 \$b	2029-30 \$b	Total over 4 Yrs \$b
Health [^]	127.0	136.9	140.4	144.6	148.9	570.9
Aged Care ^{>}	44.7	46.9	48.0	50.9	53.3	199.1
Disability and Carers ⁺	40.9	43.0	41.4	41.7	42.2	168.4
Total Expenses*	212.6	226.8	229.8	237.3	244.5	938.4

[^] As reported 2026-27 Budget Paper 1, Table 6.8: Summary of Expenses - Health, p230.

[>] As reported 2026-27 Budget Paper 1, Table 6.9.1: Trends in the major components of the assistance to the aged sub-function expense, p233. Excludes Support for seniors category.

⁺ As reported 2026-27 Budget Paper 1, Table 6.9.2: Trends in the major components of the assistance to people with disabilities sub-function expense, p234. Excludes Financial support for people with disabilities and Financial support for carers categories. Also adjust to remove state contributions to the NDIS.

* Estimates do not include provisions in the Contingency Reserve, including \$1.1 billion over four years from 2026-27 as an initial response to the Residential Aged Care Accommodation Pricing Review, announced in the 2026-27 Budget, and \$505.2 million over four years from 2026-27 to increase investment in health and medical research through the Medical Research Future Fund (MRFF).

Table 2: Whole of Government Expenses by Activity

Reporting Category	2025-26 \$m	2026-27 \$m	2027-28 \$m	2028-29 \$m	2029-30 \$m	Total over 4 Yrs \$m
Medical Benefits	35,144	37,563	39,028	40,138	41,474	158,203
Private Health Insurance	7,861	7,897	7,404	7,457	7,510	30,268
General medical consultations and services	720	708	621	587	566	2,482
Dental services	374	335	333	332	333	1,333
Other Medical benefits and services	669	697	716	672	695	2,780
Pharmaceutical benefits, services and supply	22,127	23,461	23,860	24,277	23,809	95,407
Immunisation	738	739	633	652	653	2,727
Veteran's pharmaceutical benefits	453	386	392	381	377	1,536
Assistance to states for public hospitals	33,925	37,498	40,508	43,743	47,205	168,954
Hospital services	1,220	1,559	1,323	1,221	1,235	5,338
General administration	5,691	5,490	5,054	4,977	5,037	20,558
Aboriginal and Torres Strait Islander health	1,297	1,431	1,343	1,285	1,320	5,379
Sub Total for Health [^]	127,015	136,918	140,430	144,648	148,915	570,911
Aged Care ^{>}	44,660	46,874	48,017	50,895	53,305	199,091
Disability and Carers ⁺	40,883	43,009	41,361	41,749	42,248	168,367
Total Expenses *	212,558	226,801	229,808	237,292	244,468	938,369
Grand Total (\$ billion)*	212.6 B	226.8 B	229.8 B	237.3 B	244.5 B	938.4 B

[^] As reported 2026-27 Budget Paper 1, Tables 6.8, 6.8.1 and 6.8.2, pp230-231.

[>] As reported 2026-27 Budget Paper 1, Table 6.9.1, p233. Excludes Support for Senior category.

⁺ As reported 2026-27 Budget Paper 1, Table 6.9.2, p234. Excludes Financial support for people with disabilities and Financial support for carers categories. Also adjust to remove state contributions to the NDIS.

* Estimates do not include provisions in the Contingency Reserve, including \$1.1 billion over four years from 2026-27 as an initial response to the Residential Aged Care Accommodation Pricing Review, announced in the 2026-27 Budget, and \$505.2 million over four years from 2026-27 to increase investment in health and medical research through the Medical Research Future Fund (MRFF).

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KEY POINTS

FACTS AND FIGURES

- The 2026-27 Budget focussed on interventions across aged care, disability and health to improve sustainability and better integrate health, disability and aged care systems.
- It is guided by responsible and sustainable budgeting to increase productivity, cut waste and crack down on fraud, with savings reinvested where they deliver the most benefit.
- The 2026-27 Budget delivered **\$227 billion** in 2026-27 and **\$938 billion** overall (whole of government) investment over four years (2026-27 to 2029-30) in Health, Disability and Ageing.
- The 2026-27 Budget included total new investments of:
 - \$3.5 billion in strengthening Medicare.
 - \$6.5 billion in cheaper medicines.
 - \$589 million for investing in world-class research.
 - \$3.7 billion in better care for older Australians.
 - \$1.9 billion in securing the NDIS for future generations.
- Key measures include:
 - **\$25 billion** over 5 years from 2026-27 for public hospital and health services provided through the 2026-31 Addendum to the National Health Reform Agreement.
 - **\$2.0 billion** over 5 years from 2026-27 to deliver national services, enabling supports and contributions to state and territory services for the Thriving Kids program.
 - **\$5.9 billion** over 5 years from 2025-26 for new and amended listings on the Pharmaceutical Benefits Scheme.
 - **\$1.8 billion** over 5 years from 2025-26 (\$580.2 million per year ongoing) to establish 137 Medicare Urgent Care Clinics as a permanent fixture in the primary care landscape.
 - **\$431.0 million** over 4 years from 2026-27 (\$107.8 million per year ongoing) to extend the Federation Funding Agreement for Public Dental Services for Adults to support the delivery of dental services to eligible adult patients.
 - **\$1.4 billion** over 4 years from 2026-27 (\$377.3 million per year ongoing) to strengthen implementation of the new Support at Home program, including fully funding personal care for those who need help.
 - **\$606.5 million** over 4 years from 2026-27 (\$3.0 billion from 2030-31 to 2035-36) to respond to the Residential Aged Care Accommodation Pricing Review to stimulate an increase in bed supply and to protect equity of access for supported residents.
 - **\$1.7 billion** over 5 years from 2025-26 (\$110.9 million per year ongoing) to support people with disability and to improve the quality of supports delivered through the National Disability Insurance Scheme (NDIS).
- The 2026-27 Budget also included key investments provisioned in the Contingency Reserve but noted under the relevant measure, including:
 - **\$1.1 billion** to increase the Accommodation Supplement and introduce an additional payment for high supported resident ratios.

- **\$508.5 million** for MRFF funding over 4 years from 2026-27, with annual investment growing to **\$1.0 billion** per annum from 2030-31.
- **\$200.0 million** over 3 years from 2026–27 to establish an Inclusive Communities Fund to support community organisations to deliver group based social and community participation activities and individual capacity building support for NDIS participants.
- **\$139.7 million** over 5 years from 2026–27 to facilitate Thriving Kids services for children in early childhood education and care settings and **\$50.0 million** for a National Digital Child Health Record in My Health Record.
- Significant savings and efficiencies delivered through the 2026-27 Budget include:
 - **\$37.8 billion** over 4 years from 2026–27 in reduced growth in NDIS payments through changes that will restore the NDIS to its original intent and secure the Scheme for future generations.
 - **\$3.0 billion** over 4 years from 2026–27 (\$1.0 billion per year ongoing) by removing the age-based uplift of the Private Health Insurance Rebate (the PHI Rebate) from 1 April 2027, to enable a simplified and more equitable distribution of the PHI Rebate and help to improve intergenerational equity.
 - **\$2.7 billion** over 5 years from 2025–26 from health, disability and ageing programs which will be reinvested in new or expanded health, disability and ageing services.
 - **\$674.1 million** over 4 years from 2026–27 (\$230.8 million per year ongoing) by reducing fraud and non-compliance in the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.
- Further details of key Health, Disability and Ageing 2026-27 Budget investments are included at **Attachment A – Strategic Direction Statement**.
 - The attached SDS includes a small number of corrections (yellow highlights) which will be reflected in a corrigendum to the Portfolio Budget Statement.

Changes to estimates

- The 2026-27 Budget provided **\$182.6 million** in movement of funds and **\$9.3 million** in reclassifications over the forward estimates.
- 2026-27 Budget included a total of **11 health and aged care estimates variations** with an overall increase of **\$11.2 billion** on underlying cash over five years from 2025-26 to 2029-30 including major estimate variations of:
 - The substantial upward trend in EVs is predominantly driven by NDIS participant plans (**\$10.6 billion**), PBS (**\$1.3 billion**), and Hospitals (**\$226.4 million**). Medicare services had a downward variation of **\$458.5 million**.

Portfolio Budget Statement corrigendum

- Subsequent to publication on Budget night, administrative errors were identified in the Portfolio Budget Statements 2026-27 (PBS) and the Portfolio Supplementary Additional Estimates Statements 2025-26 (PSAES).
- Corrigenda will be tabled out-of-session in Parliament in accordance with Senate Standing Order 166 in June 2026. This will not be tabled before estimates.
- Draft corrigenda for tabling: PBS 2026-27 **Attachment C** and PSAES 2025-26 **Attachment D**.

Department of Health, Disability and Ageing

Section 1: Entity overview and resources

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.

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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

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\$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.

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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.

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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.

This document has been released under
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By the Department of Health, Disability and Ageing

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Health, Disability and Ageing - Whole of Government and Portfolio Spend Summary, as at 2026-27 BUDGET (Net)										
Health and Aged Care - Whole of Government	2020-21 (Actuals) \$M	2021-22 (Actuals) \$M	2022-23 (Actuals) \$M	2023-24 (Actuals) \$M	2024-25 (Actuals) \$M	2025-26 (Estimate) \$M	2026-27 (Estimate) \$M	2027-28 (Estimate) \$M	2028-29 (Estimate) \$M	2029-30 (Estimate) \$M
Agency / Portfolio spend										
Total Whole of Government (Net of PBS Rebate Revenue and Disability S&T Contributions)	113,567.1	127,967.7	127,233.3	138,359.0	203,526.7	206,198.5	219,767.4	222,430.7	229,610.3	236,634.7
Annual Increase in spending	7,466.9	14,400.6	(734.4)	11,125.7	65,167.7	2,671.7	13,569.0	2,663.3	7,179.6	7,024.4
Annual Growth	7.0%	12.7%	-0.6%	8.7%	47.1%	1.3%	6.6%	1.2%	3.2%	3.1%
Health Portfolio (including Federation Funding Agreements)	106,833.7	120,756.2	119,993.4	128,989.7	139,135.8	194,972.9	207,082.0	209,677.9	216,681.6	223,997.5
Annual Increase in spending	4,962.0	13,922.6	(762.8)	8,996.3	10,146.1	55,837.1	12,109.1	2,595.9	7,003.7	7,315.9
Annual Growth	4.9%	13.0%	-0.6%	7.5%	7.9%	40.1%	6.2%	1.3%	3.3%	3.4%
Department of Veterans Affairs	5,319.6	5,682.3	5,796.4	7,874.4	25,283.9	9,981.3	11,573.9	11,735.4	11,899.2	11,584.8
Annual Increase in spending	2,464.4	362.7	114.1	2,078.0	17,409.5	(15,302.6)	1,592.6	161.4	163.9	(314.4)
Annual Growth	86.3%	6.8%	2.0%	35.9%	221.1%	-60.5%	16.0%	1.4%	1.4%	-2.6%
Australian Taxation Office	239.2	241.0	267.1	232.4	281.8	286.5	300.0	313.3	327.2	342.0
Annual Increase in spending	7.7	1.8	26.1	(34.7)	49.5	4.6	13.6	13.3	13.9	14.8
Annual Growth	3.3%	0.8%	10.8%	-13.0%	21.3%	1.6%	4.7%	4.4%	4.4%	4.5%
Treasury	12.8	23.4	4.4	5.1	41.1	-	-	-	-	-
Annual Increase in spending	(22.2)	10.6	(19.0)	0.7	36.0	(41.1)	-	-	-	-
Annual Growth	-63.4%	82.8%	-81.2%	15.8%	705.2%	-100.0%	0.0%	0.0%	0.0%	0.0%
Other	738.3	864.8	753.2	810.2	38,378.9	527.8	381.5	274.2	272.3	280.4
Annual Increase in spending	104.2	126.5	(111.7)	57.0	37,568.7	(37,851.0)	(146.3)	(107.3)	(1.9)	8.0
Annual Growth	16.4%	17.1%	12.9%	7.6%	4637.2%	-98.6%	-27.7%	-28.1%	-0.7%	3.0%
Medicare Benefits Schedule	28,291.5	29,508.0	28,149.6	30,237.3	33,199.6	35,719.7	38,127.4	39,528.2	40,605.4	41,917.5
Annual Increase in spending	2,848.0	1,216.5	(1,358.4)	2,087.7	2,962.3	2,520.1	2,407.8	1,400.7	1,077.2	1,312.1
Annual Growth	11.2%	4.3%	-4.6%	7.4%	9.8%	7.6%	6.7%	3.7%	2.7%	3.2%
Health Portfolio (including Federation Funding Agreements)	27,589.7	28,848.8	27,472.7	29,513.1	32,446.1	35,000.1	37,419.5	38,907.5	40,018.5	41,351.3
Annual Increase in spending	2,844.7	1,259.1	(1,376.1)	2,040.4	2,933.1	2,554.0	2,419.4	1,488.0	1,111.0	1,332.8
Annual Growth	11.5%	4.6%	-4.8%	7.4%	9.9%	7.9%	6.9%	4.0%	2.9%	3.3%
Department of Veterans Affairs	701.8	659.2	676.9	724.2	753.5	719.6	707.9	620.7	586.9	566.2
Annual Increase in spending	3.3	(42.6)	17.7	47.3	29.3	(33.9)	(11.6)	(87.3)	(33.8)	(20.7)
Annual Growth	0.5%	-6.1%	2.7%	7.0%	4.0%	-4.5%	-1.6%	-12.3%	-5.4%	-3.5%
Pharmaceutical Benefits Scheme (Net)	10,584.4	11,238.4	12,675.9	13,012.8	12,933.7	14,523.5	14,940.4	15,017.1	15,100.7	14,599.0
Adjusted increase in spending	453.1	654.0	1,437.5	336.9	(79.0)	1,589.7	416.9	76.7	83.6	(501.7)
Adjusted Growth	4.5%	6.2%	12.8%	2.7%	-0.6%	12.3%	2.9%	0.5%	0.6%	-3.3%
Health Portfolio (including Federation Funding Agreements)	10,270.9	10,924.7	12,341.3	12,671.5	12,557.7	14,070.9	14,554.1	14,625.5	14,719.9	14,221.7
Annual Increase in spending	442.2	653.9	1,416.6	330.1	(113.8)	1,513.2	483.2	71.4	94.4	(498.2)
Annual Growth	4.5%	6.4%	13.0%	2.7%	-0.9%	12.1%	3.4%	0.5%	0.6%	-3.4%
Department of Veterans Affairs	313.5	313.6	334.6	341.3	376.1	452.6	386.2	391.5	380.8	377.4
Annual Increase in spending	10.9	0.1	21.0	6.7	34.8	76.5	(66.4)	5.3	(10.8)	(3.4)
Annual Growth	3.6%	0.0%	6.7%	2.0%	10.2%	20.4%	-14.7%	1.4%	-2.7%	-0.9%
Private Health Insurance	6,560.6	6,741.7	7,011.2	7,310.5	7,661.7	7,849.4	7,888.2	7,396.5	7,449.9	7,502.3
Annual Increase in spending	252.7	181.1	269.5	299.3	351.2	187.6	38.9	(491.8)	53.4	52.5
Growth	4.0%	2.8%	4.0%	4.3%	4.8%	2.4%	0.5%	-6.2%	0.7%	0.7%
Health Portfolio (including Federation Funding Agreements)	6,321.4	6,500.7	6,744.1	7,078.1	7,379.9	7,562.9	7,588.2	7,083.2	7,122.7	7,160.4
Annual Increase in spending	245.0	179.3	243.4	334.0	301.8	183.0	25.3	(505.0)	39.5	37.7
Annual Growth	4.0%	2.8%	3.7%	5.0%	4.3%	2.5%	0.3%	-6.7%	0.6%	0.5%
Australian Taxation Office	239.2	241.0	267.1	232.4	281.8	286.5	300.0	313.3	327.2	342.0
Annual Increase in spending	7.7	1.8	26.1	(34.7)	49.5	4.6	13.6	13.3	13.9	14.8
Annual Growth	3.3%	0.8%	10.8%	-13.0%	21.3%	1.6%	4.7%	4.4%	4.4%	4.5%
Public Hospitals - National Health Reform Agreement	22,434.7	24,059.5	25,811.3	27,854.7	30,217.3	33,915.5	37,420.7	40,453.5	43,689.8	47,185.0
Annual Increase in spending	(125.7)	1,624.8	1,751.8	2,043.4	2,362.5	3,698.2	3,505.2	3,032.8	3,236.3	3,495.2
Growth	-0.6%	7.2%	7.3%	7.9%	8.5%	12.2%	10.3%	8.1%	8.0%	8.0%
Health Portfolio (including Federation Funding Agreements)	22,434.7	24,059.5	25,811.3	27,854.7	30,217.3	33,915.5	37,420.7	40,453.5	43,689.8	47,185.0
Annual Increase in spending	(125.7)	1,624.8	1,751.8	2,043.4	2,362.5	3,698.2	3,505.2	3,032.8	3,236.3	3,495.2
Annual Growth	-0.6%	7.2%	7.3%	7.9%	8.5%	12.2%	10.3%	8.1%	8.0%	8.0%

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Health and Aged Care - Whole of Government										
Primary Care including Mental Health	2,302.6	2,798.3	2,888.6	2,661.3	2,923.7	3,559.0	3,978.7	4,096.6	4,054.4	4,069.1
Annual Increase in spending	288.4	495.6	90.3	(227.3)	198.5	699.2	419.7	117.9	(42.1)	14.7
Growth	14.3%	21.5%	3.2%	-7.9%	9.9%	21.7%	11.8%	3.0%	-1.0%	0.4%
Health Portfolio (including Federation Funding Agreements)	2,302.6	2,798.3	2,888.6	2,661.3	2,859.8	3,559.0	3,978.7	4,096.6	4,054.4	4,069.1
Annual Increase in spending	288.4	495.6	90.3	(227.3)	198.5	699.2	419.7	117.9	(42.1)	14.7
Annual Growth	14.3%	21.5%	3.2%	-7.9%	7.5%	24.5%	11.8%	3.0%	-1.0%	0.4%
Department of Social Services	-	-	-	-	63.9	-	-	-	-	-
Annual Increase in spending	-	-	-	-	63.9	(63.9)	-	-	-	-
Annual Growth	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Aged Care	23,765.4	24,991.0	28,212.8	36,058.2	39,746.3	44,695.1	46,907.1	48,050.5	50,930.0	53,339.7
Annual Increase in spending	2,447.5	1,225.6	3,221.9	7,845.3	3,688.1	4,948.7	2,212.0	1,143.4	2,879.5	2,409.7
Growth	11.5%	5.2%	12.9%	27.8%	10.2%	12.5%	4.9%	2.4%	6.0%	4.7%
Health Portfolio (including Federation Funding Agreements)	22,843.8	24,135.3	27,334.4	35,043.0	38,592.4	43,268.1	45,472.6	46,603.6	49,519.5	52,038.8
Annual Increase in spending	2,516.8	1,291.6	3,199.1	7,708.6	3,549.4	4,675.7	2,204.6	1,131.0	2,915.9	2,519.2
Annual Growth	12.4%	5.7%	13.3%	28.2%	10.1%	12.1%	5.1%	2.5%	6.3%	5.1%
Department of Veterans Affairs	921.6	855.6	878.5	1,015.2	1,154.0	1,427.0	1,434.4	1,446.8	1,410.5	1,300.9
Annual Increase in spending	(69.3)	(65.9)	22.8	136.8	138.7	273.1	7.4	12.4	(36.4)	(109.6)
Annual Growth	-7.0%	-7.2%	2.7%	15.6%	13.7%	23.7%	0.5%	0.9%	-2.5%	-7.8%
Disability and Carers (Net)	-	-	-	-	37,896.8	41,777.9	43,908.8	42,197.2	42,527.2	43,045.5
Annual Increase in spending	-	-	-	-	37,896.8	3,881.1	2,131.0	(1,711.7)	330.0	518.3
Growth	0.0%	0.0%	0.0%	0.0%	0.0%	10.2%	5.1%	-3.9%	0.8%	1.2%
Health Portfolio (including Federation Funding Agreements)	-	-	-	-	-	41,777.9	43,908.8	42,197.2	42,527.2	43,045.5
Annual Increase in spending	-	-	-	-	-	3,881.1	2,131.0	(1,711.7)	330.0	518.3
Annual Growth	0.0%	0.0%	0.0%	0.0%	0.0%	10.2%	5.1%	-3.9%	0.8%	1.2%
Social Services Portfolio	-	-	-	-	37,896.8	-	-	-	-	-
Annual Increase in spending	-	-	-	-	37,896.8	-	-	-	-	-
Annual Growth	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sports and Recreation	565.0	559.1	587.9	612.6	849.8	-	-	-	-	-
Annual Increase in spending	20.9	(5.9)	28.8	24.7	237.3	(849.8)	-	-	-	-
Growth	3.8%	-1.0%	5.2%	4.2%	38.7%	-100.0%	0.0%	0.0%	0.0%	0.0%
Health Portfolio (including Federation Funding Agreements)	552.2	535.7	583.5	607.5	808.8	-	-	-	-	-
Annual Increase in spending	43.1	(16.5)	47.9	24.0	201.3	(808.8)	-	-	-	-
Annual Growth	8.5%	-3.0%	8.9%	4.1%	33.1%	-100.0%	0.0%	0.0%	0.0%	0.0%
Treasury	12.8	23.4	4.4	5.1	41.1	-	-	-	-	-
Annual Increase in spending	(22.2)	10.6	(19.0)	0.7	36.0	(41.1)	-	-	-	-
Annual Growth	-63.4%	82.8%	-81.2%	15.8%	705.2%	-100.0%	0.0%	0.0%	0.0%	0.0%

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Health, Disability and Ageing - Whole of Government and Portfolio Spend Summary, as at 2026-27 BUDGET (Net)										
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30
Health and Aged Care - Whole of Government	(Actuals)	(Actuals)	(Actuals)	(Actuals)	(Actuals)	(Estimate)	(Estimate)	(Estimate)	(Estimate)	(Estimate)
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
First Nations Health	976.2	988.6	1,128.6	1,236.6	1,319.5	1,247.8	1,382.2	1,294.9	1,285.1	1,319.7
Annual Increase in spending	3.2	12.3	140.1	108.0	82.9	(71.7)	134.4	(87.2)	(9.8)	34.6
Growth	0.3%	1.3%	14.2%	9.6%	6.7%	-5.4%	10.8%	-6.3%	-0.8%	2.7%
Health Portfolio (including Federation Funding Agreements)	976.2	988.6	1,128.6	1,236.6	1,319.5	1,247.8	1,382.2	1,294.9	1,285.1	1,319.7
Annual Increase in spending	3.2	12.3	140.1	108.0	82.9	(71.7)	134.4	(87.2)	(9.8)	34.6
Annual Growth	0.3%	1.3%	14.2%	9.6%	6.7%	-5.4%	10.8%	-6.3%	-0.8%	2.7%
Other	18,086.8	27,083.2	20,767.3	19,375.1	36,778.2	22,910.7	25,213.9	24,396.5	23,967.9	23,656.9
Annual Increase in spending	1,278.8	8,996.5	(6,315.9)	(1,392.3)	17,403.1	(13,867.4)	2,303.2	(817.5)	(428.5)	(311.0)
Growth	7.6%	49.7%	-23.3%	-6.7%	89.8%	-37.7%	10.1%	-3.2%	-1.8%	-1.3%
Health Portfolio (including Federation Funding Agreements)	13,542.2	21,964.6	15,688.8	12,324.0	12,954.3	14,570.7	15,357.1	14,416.0	13,744.5	13,606.1
Annual Increase in spending	(1,295.8)	8,422.4	(6,275.7)	(3,364.9)	630.4	1,616.4	786.4	(941.2)	(671.5)	(138.3)
Annual Growth	-8.7%	62.2%	-28.6%	-21.4%	5.1%	12.5%	5.4%	-6.1%	-4.7%	-1.0%
Department of Veterans Affairs	3,382.7	3,853.9	3,906.5	5,793.6	23,000.4	7,382.2	9,045.3	9,276.3	9,521.1	9,340.4
Annual Increase in spending	2,519.5	471.2	52.6	1,887.2	17,206.8	(15,618.2)	1,663.1	231.0	244.8	(180.7)
Annual Growth	291.9%	13.9%	1.4%	48.3%	297.0%	-67.9%	22.5%	2.6%	2.6%	-1.9%
Department of Human Services	681.6	864.8	334.3	362.8	416.7	526.5	380.2	274.2	272.3	280.4
Annual Increase in spending	47.4	183.3	(530.5)	28.5	53.9	109.7	(146.3)	(106.0)	(1.9)	8.0
Annual Growth	7.5%	26.9%	-61.3%	8.5%	14.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Department of Social Services	56.8	-	-	-	-	-	-	-	-	-
Annual Increase in spending	56.8	(56.8)	-	-	-	-	-	-	-	-
Annual Growth	100.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Australian Prudential Regulation Authority	423.5	399.9	418.9	447.3	405.3	430.0	430.0	430.0	430.0	430.0
Annual Increase in spending	(49.1)	(23.6)	18.9	28.5	(42.0)	24.7	-	-	-	-
Annual Growth	-10.4%	-5.6%	4.7%	6.8%	-9.4%	6.1%	0.0%	0.0%	0.0%	0.0%
Australian Prudential Regulation Authority	-	-	418.9	447.3	1.4	1.4	1.4	-	-	-
Annual Increase in spending	-	-	418.9	28.5	(446.0)	-	-	(1.4)	-	-
Annual Growth	#DIV/0!	#DIV/0!	#DIV/0!	6.8%	-99.7%	0.0%	0.0%	-100.0%	#DIV/0!	#DIV/0!

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By the Department of Health, Disability and Ageing

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

Page numbers refer to the original publication.

Department of Health, Disability and Ageing

Section 1: Entity overview and resources

1.1 Strategic direction statement

Corrections align funding to measure descriptions in 2026-27 Budget Paper 2.

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.

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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.

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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.

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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

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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.

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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.

1.3 Budget measures

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

Changes to financial table impacts

- National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system (page 31)
- Securing the National Disability Insurance Scheme for Future Generations (page 33)
- 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 29)
- Residential Aged Care Supply and Equity of Access (page 33)
- Government Response to the Antisemitic Bondi Terrorist Attack (page 37)

Additional footnote references

- National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system (page 31)
- Pharmaceutical Benefits Scheme (PBS) New and Amended Listings (page 31)
- Government Response to the Antisemitic Bondi Terrorist Attack (page 37).

Changes to footnote order

- Good Friday Appeal - Royal Children's Hospital Melbourne (page 29)
- Health Protection (page 29)
- 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)

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Budget 2026–27 | Corrigendum to the Portfolio Budget Statements

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>						
Aged Care Quality and Safety Commission		-	(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)

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

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 ^(a)						
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	-

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Budget 2026–27 | Corrigendum to the Portfolio Budget Statements

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

	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						
		nfp	nfp	nfp	nfp	nfp

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

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

	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)

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Budget 2026–27 | Corrigendum to the Portfolio Budget Statements

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

	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>						
NDIS Quality and Safeguards Commission						
		-	-	(7,591)	(8,996)	(10,503)

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

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

	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

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Budget 2026–27 | Corrigendum to the Portfolio Budget Statements

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

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)	-	-

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

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

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO) (continued)						
Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000	
Ending Gender-Based Violence - continued investment ^(a) (a)						
<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 ^(a)						
<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		-	-	-	-	-

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Budget 2026–27 | Corrigendum to the Portfolio Budget Statements

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

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO) (continued)					
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 ^(a)					
<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)

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

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

Other Portfolio measures since the 2025–26 Mid-Year Economic and Fiscal Outlook (MYEFO) (continued)						
	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 ^(a)						
<i>Department of Defence</i>						
<i>Australian Radiation Protection and Nuclear Safety Agency</i>						
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 ^(a)						
<i>Department of Defence</i>						
<i>Australian Institute of Health and Welfare</i>						
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>						
<i>Department of Health, Disability and Ageing</i>						
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.

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Outcome 1: Health Policy, Access and Support

Corrections to Table 2.1.1: Budgeted expenses for Outcome 1:

Program 1.1 Administered Expenses: Ordinary annual services to Services for Other Entities and Trust Moneys for Special Account; and Special accounts: Services for Other Entities and Trust Moneys Special Account. (page 52)

Outcome 1 totals by appropriation type: Total expenses for Outcome 1; Administered expenses: Ordinary annual services to Special accounts and Special accounts lines; and Departmental expenses: Departmental appropriation to Special accounts and Special accounts. (page 55)

Table 2.1.1: Budgeted expenses for Outcome 1

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.

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–30 Forward estimate \$'000
Program 1.1: Health Research, Coordination and Access ^(a)					
Administered expenses					
Ordinary annual services ^(b) to Services for Other Entities and Trust Moneys Special Account	161,992 (12,052)	274,095 (12,655)	199,426 (13,288)	156,264 (13,952)	130,036 (14,650)
Special accounts					
Biomedical Translation Fund	-	-	-	-	-
Services for Other Entities and Trust Moneys Special Account	12,052	12,655	13,288	13,952	14,650
Medical Research Future Fund	650,000	650,000	650,000	650,000	650,000
Special appropriations					
National Health Act 1953 – blood fractionation products and blood related products to National Blood Authority	1,285,884	1,533,855	1,676,575	1,832,247	1,832,247
Public Governance, Performance and Accountability Act 2013 s77 – repayments	2,000	2,000	2,000	2,000	2,000
Payments to corporate entities	359,616	410,814	384,322	131,260	128,586
Total for Program 1.1	2,459,492	2,870,764	2,912,323	2,771,771	2,742,869
Program 1.2: Mental Health and Suicide Prevention ^(a)					
Administered expenses					
Ordinary annual services ^(b)	1,606,220	1,710,478	1,685,604	1,791,270	1,801,431
Total for Program 1.2	1,606,220	1,710,478	1,685,604	1,791,270	1,801,431
Program 1.3: First Nations Health ^(a)					
Administered expenses					
Ordinary annual services ^(b)	1,223,316	1,325,040	1,237,550	1,236,608	1,279,696
Total for Program 1.3	1,223,316	1,325,040	1,237,550	1,236,608	1,279,696

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Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–30 Forward estimate \$'000
Program 1.4: Health Workforce ^(a)					
Administered expenses					
Ordinary annual services ^(b)	1,984,364	2,019,917	1,850,301	1,874,833	1,905,168
Total for Program 1.4	1,984,364	2,019,917	1,850,301	1,874,833	1,905,168
Program 1.5: Preventive Health and Chronic Disease Support ^(a)					
Administered expenses					
Ordinary annual services ^(b)	863,135	959,798	781,232	641,372	650,490
Total for Program 1.5	863,135	959,798	781,232	641,372	650,490
Program 1.6: Primary Health Care Quality and Coordination ^(a)					
Administered expenses					
Ordinary annual services ^(b)	1,247,057	1,575,811	1,783,673	1,754,624	1,747,246
Total for Program 1.6	1,247,057	1,575,811	1,783,673	1,754,624	1,747,246
Program 1.7: Primary Care Practice Incentives and Medical Indemnity					
Administered expenses					
Ordinary annual services ^(b)	508,609	521,162	533,116	484,233	495,526
Special appropriations					
Medical Indemnity Act 2002	135,562	143,277	152,038	161,655	172,163
Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010	5,793	6,575	7,435	8,372	10,390
Total for Program 1.7	649,964	671,014	692,589	654,260	678,079

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Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–30 Forward estimate \$'000
Program 1.8: Health Protection, Emergency Response and Regulation ^(a)					
Administered expenses					
Ordinary annual services ^(b)	984,677	492,373	480,786	485,887	562,513
Non cash expenses ^(c)	166,644	16,529	16,529	16,529	16,529
Total for Program 1.8	1,151,321	508,902	497,315	502,416	579,042
Program 1.9: Immunisation ^(a)					
Administered expenses					
Ordinary annual services ^(b) to Australian Immunisation Register Special Account	31,915 (7,133)	34,281 (7,133)	29,661 (7,133)	31,273 (7,133)	30,890 (7,133)
Special accounts					
Australian Immunisation Register Special Account - s78 PGPA Act	9,819	9,819	9,819	9,819	9,819
Expense adjustment ^(d)	-	-	-	-	-
Special appropriations					
National Health Act 1953 - essential vaccines	702,328	750,667	599,088	616,748	618,683
Total for Program 1.9	736,929	787,634	631,435	650,707	652,259

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Corrigendum to the Portfolio Budget Statements | Budget 2026–27

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

	2025–26 Estimated actual \$'000	2026–27 Budget \$'000	2027–28 Forward estimate \$'000	2028–29 Forward estimate \$'000	2029–20 Forward estimate \$'000
Outcome 1 totals by appropriation type					
Administered expenses					
Ordinary annual services ^(b)	8,611,285	8,912,955	8,581,349	8,456,364	8,602,996
to Special accounts	(19,185)	(19,788)	(20,421)	(21,085)	(21,783)
Special appropriations	2,131,567	2,436,374	2,437,136	2,621,022	2,635,483
Special accounts	671,871	672,474	673,107	673,771	674,469
Non cash expenses ^(c)	166,644	16,529	16,529	16,529	16,529
Payments to corporate entities	359,616	410,814	384,322	131,260	128,586
Departmental expenses					
Departmental appropriation ^(e)	649,858	542,707	455,817	440,518	448,405
to Special accounts	(80,407)	(88,512)	(17,909)	(16,311)	(20,481)
Expenses not requiring appropriation in the Budget year ^(f)	12,120	10,322	11,412	11,384	10,793
Special accounts					
AICIS ^(g)	23,110	23,501	24,268	24,871	25,603
OGTR ^(h)	8,312	9,833	9,891	10,014	10,201
TGA ⁽ⁱ⁾	287,002	297,610	236,067	241,988	259,748
Expense adjustment ^(f)	(2,929)	(629)	(629)	(629)	(6,277)
Total expenses for Outcome 1	12,818,864	13,224,190	12,790,939	12,589,696	12,764,272
	2025–26	2026–27			
Average staffing level (number)	3,333	3,163			

- (a) Budget estimates for this program exclude National Partnership payments to state and territory governments by Treasury as part of the Federal Financial Relations framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper 3 or Program 1.9 of Treasury's Portfolio Budget Statements.
- (b) Appropriation Bill (No. 1) 2026–2027.
- (c) 'Non cash expenses' relate to the write down of drug stockpile inventory due to expiration, consumption and distribution.
- (d) Special accounts are reported on a cash basis. This adjustment reflects the differences between expense and cash.
- (e) Departmental appropriation combines 'Ordinary annual services Appropriation Bill (No. 1)' and 'Revenue from independent sources (s74)'.
- (f) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.
- (g) Industrial Chemicals Special Account.
- (h) Office of the Gene Technology Regulator (OGTR) Special Account.
- (i) Therapeutic Goods Administration (TGA) Special Account.

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1.3 Budget measures

Corrections to Table 1.2: Australian Centre for Disease Control 2026–27 Budget measures:

Inclusion of additional measure 'Health Protection' (page 155).

Table 1.2: Australian Centre for Disease Control 2026–27 Budget measures

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

Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Health Protection ^(a)					
Australian Centre for Disease Control					
Departmental payments 1.1	-	-	-	-	-
Department of the Treasury					
Administered payments	-	12,500	28,000	28,000	-
Total payments	-	12,500	28,000	28,000	-
Reducing Spending on Consultants, Contractors and Labour Hire, and Non-wages Expenses - one year extension ^(a)					
Australian Centre for Disease Control					
Departmental payments 1.1	-	-	-	-	(1,598)
Total payments	-	-	-	-	(1,598)

Prepared on a Government Financial Statistics (Underlying Cash) basis. Figures displayed as a negative (-) represent a decrease in funds and a positive (+) represent an increase in funds.

^(a) CDC is not the lead entity for this measure. CDC impacts only are shown in this table.

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1.3 Budget measures

Corrections to Table 1.2: NDIA 2026–27 Budget measures:

Program splits updated for 'Securing the National Disability Insurance Scheme for Future Generations': *Departmental payments* (page 369).

Table 1.2: NDIA 2026–27 Budget measures

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

Program		2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000	2029–30 \$'000
Further Reducing Spending on Consultants, Contractors and Labour Hire, and Non-wages Expenses - one year extension ^(a)						
National Disability Insurance Agency						
Departmental payments	1.2	-	-	-	-	(153,425)
Total payments		-	-	-	-	(153,425)
Securing the National Disability Insurance Scheme for Future Generations ^{(a) (b)}						
National Disability Insurance Agency						
Departmental payments	1.1	(2,013,602)	(7,431,787)	(11,830,241)	(16,562,205)	
Departmental payments	1.2	-	880,551	178,585	82,165	82,740
Total payments		-	(1,133,051)	(7,253,202)	(11,748,076)	(16,479,465)

Prepared on a Government Finance Statistics (Underlying Cash) basis. Figures displayed as a negative (-) represent a decrease in funds and a positive (+) represent an increase in funds.

^(a) NDIA is not the lead entity for this measure. NDIA impacts only are shown in this table.

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

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Budget 2026–27 | Portfolio Budget Statements

1.3 Budget measures

Corrections to Table 1.2: NDIS Commission 2026–27 Budget measures:

Changes to financial table impacts for *Securing the National Disability Insurance Scheme for Future Generations: Departmental payments and Total payments* (page 391).

Table 1.2: NDIS Commission 2026–27 Budget measures

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

		2025–26	2026–27	2027–28	2028–29	2029–30
	Program	\$'000	\$'000	\$'000	\$'000	\$'000
Reducing Spending on Consultants, Contractors and Labour Hire, and Non-wages Expenses - one year extension ^(a)						
National Disability Insurance Scheme Quality and Safeguards Commission						
Departmental payments	1.2	-	-	-	-	(6,441)
Total payments		-	-	-	-	(6,441)
Securing the National Disability Insurance Scheme for Future Generations ^(a)						
National Disability Insurance Scheme 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		-	41,111	52,838	56,397	58,688
<i>Related receipts</i>		-	-	(7,591)	(8,996)	(10,503)

^(a) NDIS Commission is not the lead entity for this measure. NDIS Commission impacts only are shown in this table.

Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26 |
Budget 2025-26

2025-26 Health, Disability and Ageing Portfolio Supplementary Additional Estimates Statements – Corrigendum (Correction)

Page numbers refer to the original publication.

Corrections to Table 1.1: Department of Health, Disability and Ageing 2025-26
 Supplementary additional estimates measures:

Changes to financial table impacts and Program reference (page 5)

- National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system
- Securing the National Disability Insurance Scheme for Future Generations.

Corrections to Table 1.2: Supplementary additional estimates and variations to outcomes from measures and other variations:

Outcome 1 financial table impacts (page 7)

Administered

- Measure - Boosting Productivity - Promoting Research, Development and Innovation
- Measure - Closing the Gap - further investments
- Measure - Health Protection
- Measure - National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system
- Measure - Strengthening Medicare

Departmental

- Measure - Closing the Gap - further investments
- Measure - Strengthening Medicare

Outcome 2 financial table impacts and Program reference – (page 8)

Administered

- Measure - National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system
- Measure - Strengthening Medicare

Departmental

- Net impact on appropriations for Outcome 2

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Budget 2025–26 | Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26

Outcome 4 Changes to financial table impacts and Program reference (page 10).

Administered

- Other Variation - (net increase)

Departmental

- Measure - Securing the National Disability Insurance Scheme for Future Generations

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Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26 |
Budget 2025-26

Department of Health, Disability and Ageing

Entity measures table

Table 1.1 summarises new Government measures taken since the 2025-26 Additional Estimates.

Table 1.1: Department of Health, Disability and Ageing 2025-26 Supplementary additional estimates measures

	Outcome/ Program	2025-26 \$'000	2026-27 \$'000	2027-28 \$'000	2028-29 \$'000
Boosting Productivity - Promoting Research, Development and Innovation ^{(a) (b) (c)}					
<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) (b) (c)}					
<i>Cross Portfolio</i>					
Department of Health, Disability and Ageing					
Administered payments	1.2	-	4,613	4,566	4,762
	1.3	-	1,800	1,536	523
	1.4	-	-	-	-
	1.6	-	-	-	-
Departmental payments	1	-	-	-	-
Total payments		-	6,413	6,102	5,285
Health Protection ^(d)					
Department of Health, Disability and Ageing					
Administered capital payments	1.8	20,000	67,070	69,454	70,838
Administered payments		-	15,388	16,187	14,439
Departmental payments	1	-	4,700	4,780	4,840
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

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Budget 2025–26 | Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26

Table 1.1: Department of Health, Disability and Ageing 2025–26 Supplementary additional estimates measures (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system ^(a) (c)					
Department of Health, Disability and Ageing					
Administered payments	1.1	-	14,795	15,865	11,957
	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
Independent Health and Aged Care Pricing Authority					
Departmental payments	1	-	1,000	1,030	-
National Health Funding Body					
Departmental payments	1	-	1,830	1,563	840
Departmental capital payments		-	150	-	-
Department of the Treasury					
Administered payments	1	-	3,435,407	3,987,217	4,848,793
Total payments		-	3,456,806	4,008,732	4,862,228

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Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26 |
Budget 2025-26**Table 1.1: Department of Health, Disability and Ageing 2025-26 Supplementary additional estimates measures (continued)**

	Outcome/ Program	2025-26 \$'000	2026-27 \$'000	2027-28 \$'000	2028-29 \$'000
Securing the National Disability Insurance Scheme for Future Generations ^{(a) (c)}					
Department of Health, Disability and Ageing					
Administered payments	4.1	-	12,434	9,191	5,566
	4.2	-	-	-	-
Departmental payments	1	-	105	251	13
	3	385	1,130	1,150	1,167
	4	2,467	47,683	7,429	1,986
National Disability Insurance Agency					
Departmental payments	1.1	-	(2,013,602)	(7,431,787)	(11,830,241)
	1.2	-	880,551	178,585	82,165
NDIS Quality and Safeguards Commission					
Administered payments	1.1	-	(5,225)	(5,321)	(5,392)
Departmental payments	1.2	-	45,654	58,159	61,789
Departmental capital payments		-	682	-	-
Total payments		2,852	(1,030,588)	(7,182,343)	(11,682,947)
<i>Related receipts</i>					
NDIS Quality and Safeguards Commission		-	-	(7,591)	(8,996)
Strengthening Medicare ^{(a) (e)}					
Department of Health, Disability and Ageing					
Administered payments	1.1	-	6,010	3,846	-
	1.4	-	13,648	13,857	417
	1.5	-	-	-	-
	1.6	15,000	250,728	237,752	320,146
	1.7	-	59,018	59,651	611
	2.1	-	(53,803)	(74,262)	72,250
	2.3	-	(12,174)	(48,890)	(95,915)
	2.6	-	2,871	1,423	1,319
	3.3	-	-	(4,100)	(4,100)
Departmental payments	1	151	19,074	14,402	10,945
	2	-	15,550	18,875	10,815
Australian Digital Health Agency					
Departmental payments	1.1	-	256,633	248,301	-
Departmental capital payments		-	25,975	26,904	-
Department of the Treasury					
Administered payments		-	20,872	21,331	24,801
Total payments		15,151	604,402	519,090	341,289

Prepared on a Government Financial Statistics (Underlying Cash) basis. Figures displayed as a negative (-) represent a decrease in funds and a positive (+) represent an increase in funds.

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

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

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

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

(e) 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 Budget. The above financial figures reflect the current net fiscal impact of the measure.

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Budget 2025–26 | Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26

Supplementary additional estimates and variations

The following table details the changes to the resourcing for the Department of Health, Disability and Ageing at Supplementary Additional Estimates, by outcome. The following table details the estimates and variations resulting from new measures and any other variations (if applicable) since the 2025–26 Additional Estimates in Appropriation Bills (No. 5 and No. 6).

Table 1.2: Supplementary additional estimates and variations to outcomes from measures and other variations

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Outcome 1					
Administered					
Annual appropriations					
Measure - Boosting Productivity - Promoting Research, Development and Innovation	1.1	8,175	17,043	10,826	9,875
Measure - Closing the Gap - further investments	1.2, 1.3	-	66,370	66,898	20,181
Measure - Health Protection	1.8	20,000	82,458	85,641	85,277
Measure - National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system	1.1	-	114,795	65,865	21,957
Measure - Strengthening Medicare	1.1, 1.4, 1.6, 1.7	15,000	329,404	315,106	321,174
Other Variations (net increase)	1.3	15,399	-	-	-
Net impact on appropriations for Outcome 1 (administered)		58,574	610,070	544,336	458,464
Departmental					
Measure - Boosting Productivity - Promoting Research, Development and Innovation		-	9,812	-	-
Measure - Closing the Gap - further investments		36	743	752	55
Measure - Health Protection		-	4,700	4,780	4,840
Measure - Securing the National Disability Insurance Scheme for Future Generations		-	105	251	13
Measure - Strengthening Medicare		151	19,074	14,402	10,945
Net impact on appropriations for Outcome 1 (departmental)		187	34,434	20,185	15,853
Total net impact on appropriations for Outcome 1		58,761	644,504	564,521	474,317

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Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26 |
Budget 2025-26

Table 1.2: Supplementary additional estimates and variations to outcomes from measures and other variations (continued)

	Outcome/ Program	2025-26 \$'000	2026-27 \$'000	2027-28 \$'000	2028-29 \$'000
Outcome 2					
Administered					
Annual appropriations					
Measure - National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system	2.6	-	3,000	2,000	-
Measure - Strengthening Medicare	2.1, 2.6	-	12,559	12,354	14,437
Other Variations					
(net increase)	2.3	1,137	-	-	-
Net impact on appropriations for Outcome 2 (administered)		1,137	15,559	14,354	14,437
Departmental					
Measure - National Health Reform Agreement – hospital funding and Commonwealth investment in the public hospital system		1,746	3,439	3,505	3,558
Measure - Strengthening Medicare		-	15,550	18,875	10,815
Net impact on appropriations for Outcome 2 (departmental)		1,746	18,989	22,380	14,373
Total net impact on appropriations for Outcome 2		2,883	34,548	36,734	28,810

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Budget 2025–26 | Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26

Table 1.2: Supplementary additional estimates and variations to outcomes from measures and other variations (continued)

	Outcome/ Program	2025–26 \$'000	2026–27 \$'000	2027–28 \$'000	2028–29 \$'000
Outcome 3					
Administered					
Annual appropriations					
Measure - Strengthening Medicare	3.3	-	-	(4,100)	(4,100)
Net impact on appropriations for Outcome 3 (administered)					
		-	-	(4,100)	(4,100)
Departmental					
Measure - Securing the National Disability Insurance Scheme for Future Generations		385	1,130	1,150	1,167
Net impact on appropriations for Outcome 3 (departmental)					
		385	1,130	1,150	1,167
Total net impact on appropriations for Outcome 3					
		385	1,130	(2,950)	(2,933)

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Corrigendum to the Portfolio Supplementary Additional Estimates Statements 2025-26 |
Budget 2025-26**Table 1.2: Supplementary additional estimates and variations to outcomes from measures and other variations (continued)**

	Outcome/ Program	2025-26 \$'000	2026-27 \$'000	2027-28 \$'000	2028-29 \$'000
Outcome 4					
Administered					
Annual appropriations					
Measure - Securing the National Disability Insurance Scheme for Future Generations	4.1	-	12,434	9,191	5,566
Other Variations					
(net increase)	4.2	598,063	-	-	-
(net decrease)		-	(254,594)	(4,338,707)	(7,278,488)
Net impact on appropriations for Outcome 4 (administered)		598,063	(242,160)	(4,329,516)	(7,272,922)
Departmental					
Measure - Securing the National Disability Insurance Scheme for Future Generations		2,467	47,683	7,429	1,986
Net impact on appropriations for Outcome 4 (departmental)		2,467	47,683	7,429	1,986
Total net impact on appropriations for Outcome 4		600,530	(194,477)	(4,322,087)	(7,270,936)

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

Senate Committee: Community Affairs Committee
Budget Estimates 2026-2027
Outcome: 0 - Whole of Portfolio

Negotiating the National Health Reform Agreement and Disability Reforms

KEY POINTS

- National Cabinet reached agreement on the National Health Reform Agreement (NHRA) and disability reforms on 30 January 2026.
- The agreement reaffirms a shared commitment to safe, high-quality health and disability services for all Australians.
- It is a major step toward addressing growing pressures on our health system and the NDIS to ensure they can continue to be delivered sustainably into the future.
- As part of this deal, the Commonwealth will provide \$220.3 billion over five years from 2026-27 to 2030-31 to the states and territories for public hospital services and the implementation of the National Health Reform Agreement (NHRA). Over five years from 2026-27 to 2030-31, this includes:
 - an estimated \$219.6 billion in capped funding for public hospitals through the NHRA.
 - This includes \$24.4 billion in additional Commonwealth funding for public hospitals.
 - a further \$600 million Commonwealth investment in the public hospital system.
 - This brings the total additional Commonwealth funding to more than \$25 billion.
- All governments also agreed:
 - \$2 billion (matched by states) to deliver Thriving Kids, with the Commonwealth providing \$1.4 billion to states to deliver services to help kids thrive.
 - a long-term NDIS sustainability target of annual cost growth of 5-6%.
 - increased state NDIS contribution escalation rates to be in line with actual Scheme growth (capped at 8%) from 2028-29 with a review point in 2030-31.
 - NDIS access reforms aligned to Thriving Kids to commence from 1 January 2028, including transitional arrangements for children in the Scheme prior to changes commencing.
 - to continue implementing NDIS planning reforms in the first half of 2026.

If asked: Will the NDIS reforms announced at 2026-27 Budget put more pressure on public hospital systems?

- The NDIS reforms are supported by a record Commonwealth investment in public hospitals agreed on 30 January 2026.
 - The Commonwealth will provide an estimated \$219.6 billion in capped funding over 5 years, which is \$24.4 billion more than existing arrangements.
 - This significant increase strengthens the Commonwealth's share of public hospital funding and is designed to ease pressure on public hospitals.

Contact Officer:	Caitlin O'Brien	Deputy Secretary	Celia Street	Clearance: 24 April 2026
		Clearing Officer:		
Mobile No:	s47E(c), s47F	Mobile No:	s47E(c), s47F	
Division:	Systems Strategy Portfolio Strategy			

- The Government has also provisioned funding of \$3 billion over 5 years to establish Foundational Supports outside the NDIS, to be matched by states and territories as agreed by National Cabinet.
 - This is on top of the Commonwealth's \$2 billion contribution towards establishing the \$4 billion Thriving Kids program.

If asked: Do the NDIS reforms announced at 2026-27 Budget mean the Government is walking back on the deal agreed with First Ministers on 30 January 2026?

- The NDIS reforms announced at 2026-27 Budget are consistent with the terms agreed by National Cabinet.
- The Commonwealth is putting into action National Cabinet's agreement to work together to achieve the target of annual cost growth in the NDIS of 5-6%.
- The Commonwealth will work with states and territories to implement these reforms and ensure the NDIS can continue to support people with permanent and significant disability into the future.

If asked: Will the proposed funding parameters for a multi-year Addendum deliver on the National Cabinet agreement to reach a Commonwealth contribution rate of 42.5% by 2030?

- The new funding model is built on the National Cabinet endorsed model of a glide path to achieve 42.5% by 2030. This includes more generous funding caps.
- The Commonwealth contribution rate achieved by 2030 will depend on price and activity levels within the public hospital system.

If asked: Is Commonwealth NHRA funding contribution subject to a funding cap?

- Yes. The Commonwealth NHRA funding contribution under this Addendum is subject to a funding cap of 10.25% growth in the first year, and 8% each year after that as agreed by the Prime Minister and all First Ministers.
- This is more generous than the current NHRA agreement which has funding caps of 6.5% growth each year.

If asked: The Commonwealth announced it would pay an additional \$25 billion to support public hospitals. Why is only \$24.4 billion going to states and territories, and what is the remaining \$600 million to be used for?

- The Commonwealth has committed an additional \$24.4 billion to public hospital funding to be paid to states through the NHRA over 5 years from 2026-27.
- The remaining \$600 million will be used to support implementation of the NHRA including:
 - \$221 million in 2026-27 to the ACT, the NT and Tasmania to address small state inequities.
 - Initial meetings between departmental and state officials have been held and this funding is on track to be provided in 2026-27.
 - \$200 million over 5 years from 2026-27 to establish an Aboriginal and Torres Strait Islander (First Nations) Health Reform Fund (Reform Fund). States will cost match the Commonwealth's investment bringing the total value of the Reform Fund to \$400 million.

- \$79.2 million over 3 years from 2026-27 to states and territories to support their implementation of national digital health reforms.
- \$48.7 million over 5 years from 2026-27 for national-level reform actions to achieve the system accountability uplift critical to the successful implementation of the NHRA Better Health Outcomes for Aboriginal and Torres Strait Islander People Schedule.
- \$47.8 million over 5 years from 2026-27 to fund cross-border public hospital arrangements for non-self-governing territory residents through the NHRA.
- \$18.5 million over 5 years from 2026-27 to the National Health Funding Body, Australian Commission on Safety and Quality in Health Care and IHACPA to implement health reforms of the 2026-31 NHRA.
- \$13.6 million over 5 years from 2026-27 to support the delivery of health system performance assessment and improved data sharing with the states and territories.

If asked: Is there dedicated NHRA funding for First Nations reforms?

- The Australian Governments has committed dedicated funding to improve health outcomes for Aboriginal and Torres Strait Islander peoples.
- This funding sits outside the NHRA funding cap and includes:
 - \$200 million for the Aboriginal and Torres Strait Islander (First Nations) Health Reform Fund. This funding will support jurisdiction-specific reforms and will be matched by a \$200 million investment from states and territories.
 - \$48.7 million in Commonwealth funding for national-level reform actions, delivered independently of the Reform Fund. This includes work led by the:
 - National Aboriginal Community Controlled Health Organisation to establish a First Nations Monitoring and Accountability Group
 - Australian Institute of Health and Welfare for improved First Nations health system performance metrics, and
 - Australian Commission on Safety and Quality in Health Care to improve culturally safe care delivery.

If asked: Why wasn't funding provided for long stay older patients as part of this deal?

- On 10 December 2025, the Prime Minister offered \$2 billion in negotiations to support shared efforts to prevent avoidable hospital admissions, improve discharge planning and transitions of care for older patients, and increase the supply of aged care beds.
- The negotiated outcome with states and territories resulted in additional funding through the NHRA that will support states in managing this issue.
- The Commonwealth will continue to invest in aged care to boost capacity, and work with states to find solutions that respect the rights and choices of older Australians.
- Health Ministers agreed to establish a Secretary-led Hospital Discharge Joint Taskforce on 1 May 2026. The Taskforce will drive a national strategic approach to safe and timely discharge from public hospitals into aged care, disability or community care systems.

If asked: Does the agreement deliver on the National Cabinet agreement of 6 December 2023?

- The initial agreement was to increase the Commonwealth contribution to public hospital funding and work collaboratively on whole of health system reforms, alongside reforming the NDIS to ensure its sustainability for future generations of Australians with a disability.
- This included establishing a system of disability supports outside the NDIS and increasing state NDIS contribution escalation rates.
- These reforms have been secured through the agreement signed on 30 January 2026.

If asked: When were the agreements signed?

Agreement	Status
Heads of Agreement	Signed by First Ministers on 30 January 2026
2026-31 NHRA Addendum	Executed by the Prime Minister on 27 February 2026 following signatures by other First Ministers
NDIS Bilateral Agreements	Executed by the Prime Minister on 27 February 2026 following signatures by other First Ministers
National Agreement on Foundational Supports	Executed by the Prime Minister on 27 February 2026 following signatures by other First Ministers
Thriving Kids bilateral agreement 2026-31	Executed with all jurisdictions except Queensland [as at 19 May 2026]. The Commonwealth continues to work with Queensland to finalise its agreement. <i>For questions on Qld status, refer to First Assistant Secretary, Thriving Kids Taskforce, Gabriela Pulczynski.</i>

- The Heads of Agreement is published on the Federation.gov.au website. All other agreements are published on the Federal Financial Relations website. Thriving Kids bilateral agreements were published on 19 May 2026. National Agreement on Foundational Supports | Federal Financial Relations at <https://federalfinancialrelations.gov.au/agreements/national-agreement-foundational-supports>.

If asked: Implementation of NDIS reforms

- Defer to Disability and Carers Group (First Assistant Secretary, Anthea Long).

If asked: Implementation of Thriving Kids

- Defer to Disability and Carers Group (First Assistant Secretary, Gabriela Pulczynski).

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Senate Committee: Community Affairs Committee

Budget Estimates 2026-2027

Outcome: 1 - Health Policy, Access and Support

Women's health budget package, sexual and reproductive health

BUDGET

	2025-26 (Estimated Actual) (\$m)	2026-27 (Estimate) (\$m)	2027-28 (Estimate) (\$m)	2028-29 (Estimate) (\$m)	2029-30 (Estimate) (\$m)	Total 2026-27 to 2029-30 (\$m)
Women's health package – 2025-26 Budget	178.6	214.0	193.1	184.7	-	792.9

- The 2025-26 Budget is investing **\$792.9 million** over four years to deliver improved healthcare access and affordability for women and girls.
- This includes **\$443.4 million** for the listing of more medicines on the Pharmaceutical Benefits Scheme (PBS). This includes new listings for 13 oral contraceptive pills, the contraceptive vaginal ring, three menopausal hormone therapies, and an endometriosis medication.
 - From 1 March 2025 to 31 March 2026, **805,230 patients** have accessed **3,030,895 scripts** for these new PBS listings.
- **\$159.9 million** to make it easier for women in Australia to access and afford long-acting reversible contraception (LARCs). This includes:
 - **\$71.5 million** to increase four LARC item fees in the Medicare Benefits Schedule (MBS) and the creation of new items to enable nurse practitioners to claim these services. These changes came into effect from 1 November 2025.
 - **\$62.8 million** to create MBS loadings item claimable when a provider bulk bills a LARC insertion or removal service. These items came into effect from 1 November 2025.
 - **\$25.1 million** to establish LARC Centres of Excellence commissioned by Primary Health Networks (PHN).
 - One PHN in each state and territory was selected through a competitive grant process. The PHNs will be responsible for commissioning an appropriate, existing service provider within their jurisdiction to establish and operate the LARC Centre of Excellence. It is anticipated that the commissioning process will be completed by 1 July 2026.
- **\$109.1 million** to support women's health trials through pharmacist services for the treatment of uncomplicated urinary tract infections (UTI) and to access contraceptives. The department is continuing discussions with the Pharmacy Guild of Australia regarding trial design.

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- **\$64.5 million** to improve access to more effective and high-quality models of care for endometriosis and pelvic pain and perimenopause and menopause management and support, including:
 - **\$19.6 million** to deliver 11 new Endometriosis and Pelvic Pain Clinics (EPPCs) across Australia, bringing the total to 33 and expanding their scope to support women seeking specialist support to manage menopause and perimenopause symptoms.
 - The 11 new EPPCs are operational, with grant arrangements for the last clinic executed on 27 April 2026.
 - The original 22 EPPCs are currently undergoing contract variations, with extensions offered until 30 June 2028. This will include an expanded scope to provide supports for menopause and perimenopause.
 - **\$26.3 million** to implement temporary new health assessment MBS items for women experiencing menopause or perimenopause. This new health assessment item was implemented on 1 July 2025 and has been introduced for an initial two-year period.
 - **92,120** women have had a menopause and perimenopause health assessment as at 28 February 2026.
 - **\$12.8 million** for a public health campaign to help raise awareness and increase understanding of perimenopause and menopause symptoms and management options. A Campaign Reference Group (membership list provided at Attachment A) has been established to help guide the development of the campaign. The campaign is anticipated to go live in May 2026.
 - **\$2.9 million** to develop national clinical guidelines for perimenopause and menopause to support a nationally consistent approach for care.
 - An open, competitive procurement process to engage a supplier to undertake this work has commenced. The request for tender was released on 30 September and closed on 3 November 2025. The evaluation panel consensus meeting was conducted on 13 March 2026. It is anticipated a supplier will be engaged by mid-2026.
 - **\$1.5 million** to increase awareness, and access to, available education and training for health professionals on perimenopause and menopause and support health professionals to undertake accredited training courses.
 - A contract with the Australian Menopause Society (\$0.3 million) for the delivery of education and support for health professionals was executed on 9 September 2025.
 - The measures included supporting the delivery of the additional Menopause Essentials Updates (MEU) in both metropolitan and regional locations, subsidised attendance of health professionals at the AMS annual congress, additional webinars and updated clinician factsheets. The first additional MEU regional update was held in Ballarat on 30 March 2026.
 - Extension of funding for the Jean Hailes Managing Menopause course (**\$1.2 million**) will be delivered from 2026-27.

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- **\$16.0 million** to support the provision of maternity services for women and their babies in the Central Coast region of NSW and Hobart and its surrounding regions.
 - A Federation Funding Agreement (FFA)-Health Schedule with NSW is currently being established to deliver antenatal and postnatal services at Gosford and Wyong Hospitals (**\$10.0 million**).
 - An FFA-Health Schedule for infrastructure and equipment upgrades for maternity services at Royal Hobart Hospital and Calvary Healthcare was executed in June 2025 (**\$6.0 million**). The project is due to be completed by 31 July 2026.

See **Attachment B** for an overview of the package and the fee structure for new and updated MBS items.

KEY POINTS

- Ensuring universal access to sexual and reproductive health information, treatment and services is a key priority for the Australian Government.
- Through the National Health Reform Agreement, the government provides a funding contribution to assist states and territories with the costs of delivering in-scope public hospital services. This includes services such as reproductive health; assisted reproductive technology; sexual health; sexual assault services; and in specific circumstances, some family planning clinic services.
- As system managers, states and territories determine the availability, types, and range of services their public hospitals offer, including reproductive healthcare. They are also responsible for determining the locations where they are delivered in their jurisdiction.

BACKGROUND

2024-25 Budget

- The \$792.9 million 2025-26 Budget women's health package builds on the over **\$160 million** allocated through the 2024-25 Budget to support women's health outcomes. Funding is increasing access to sexual and reproductive health information and services for women, girls, and gender diverse people. This includes **\$20 million** in sexual and reproductive health funding:
 - **\$12.5 million** to the National Aboriginal Community Controlled Health Organisation (NACCHO) to provide free period products to First Nations women, girls and gender diverse people with a focus on remote and very remote Australia.
 - A grant agreement was executed with NACCHO on 28 February 2025 to deliver this measure.
 - As at 31 December 2025, **28,581** period products have been distributed to ACCHOs.
 - **\$5.2 million** to provide training scholarships for health practitioners, including regional and remote, to undertake training in the insertion and removal of LARCs.
 - A grant agreement has been executed with Sexual and Reproductive Health Australia (formerly Family Planning Alliance Australia) to deliver this measure. Applications for scholarships opened on 1 September 2025.

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- o **\$1.1 million** to Healthdirect Australia to develop and host a virtual contraception decision support tool for consumers and health practitioners.
 - A Service Definition and Management Order was executed with Healthdirect Australia on 10 June 2025 to develop and host the tool.
- o **\$1.2 million** to support training for health practitioners to better treat, care and manage women's health during menopause.
 - A Contract for Services was executed with Jean Hailes for Women's Health on 3 December 2024 to deliver this measure.

This document has been released under
the Freedom of Information Act 1982 (Cth)
By the Department of Health, Disability and Ageing

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Attachment A_Menopause and Perimenopause Campaign Reference Group – Confirmed membership list

	State	Title	Name	Surname	Organisation	Role	Email
1	Vic	s47F			Jean Hailes for Women's Health	s47F	
2	NZ				Australasian Menopause Society		
3	Qld				Australian Longitudinal Study on Women's Health		
4	Vic				Monash University		
5	Vic				Multicultural Centre for Women's Health		
6	WA				Royal Australian College of General Practitioners		
7	NZ				Royal Australian and New Zealand College of Obstetrics and Gynaecology		
8	Vic				Consumer's Health Forum of Australia		
9	ACT				National Aboriginal Community Controlled Health Organisation		
10	ACT				National Aboriginal Community Controlled Health Organisation		
11	NSW				LGBTIQ+ Health Australia		
12	NSW				National Rural Women's Coalition		
13	NSW				NSW Department of Health		
14	Vic				Victoria Department of Health		
15	Cwlth	s47E(c), s47F			Department of Health, Disability and Ageing	Co-chair of the Campaign Reference Group Campaign Director, Communication Strategies and Campaigns Branch	s47E(c), s47F @health.gov.au
16	Cwlth				Department of Health, Disability and Ageing	Research Director, Communication Strategies and Campaigns Branch	s47E(c), s47F @health.gov.au
17	Cwlth				Department of Health, Disability and Ageing	Co-chair of the Campaign Reference Group Director, Health Equity Branch	s47E(c), s47F @health.gov.au

2025-26 Women's health budget package

Through the 2025-26 Budget, the Australian Government is investing \$792.9 million to deliver improved healthcare access and affordability for women and girls.

\$443.4 million for the listing of more medicines on the PBS

From 1 March 2025 the oral contraceptive pills, Yaz and Yazmin were listed on the PBS

From 1 March 2025 the menopausal hormone therapy EstroGel®, Prometrium®, and EstroGel Pro® were listed on the PBS

From 1 May 2025 the oral contraceptive pill Slinda was listed on the PBS

From 1 May 2025 the endometriosis drug Ryeqo was listed on the PBS

\$109.1 million to support women's health trials through pharmacist services

TBC Treatment of uncomplicated urinary tract infections (UTIs) for concession card holders

TBC Supply of hormonal contraceptives for concession card holders

\$64.5 million to improve access to high-quality care for endometriosis, pelvic pain, perimenopause and menopause

\$1.5m to deliver 11 new endometriosis and pelvic pain clinics (EPPCs) across Australia (now operational), as well as extended funding for 22 existing EPPCs (from 1 July 2026)

\$26.3m to implement temporary (2-year initial period) new MBS health assessment items for women experiencing menopause or perimenopause (from 1 July 2025)

\$12.8m for a public health campaign to raise awareness of perimenopause and menopause symptoms and management options

\$2.9m to develop national clinical guidelines for perimenopause and menopause

\$1.5m to increase awareness and access to education and training for health professionals on perimenopause and menopause (1 of 2 contracts executed)

\$0.3m for an evaluation of menopause measures

\$159.9 million to increase access to long-acting reversible contraception (LARCs)

\$71.5m to increase 4 LARC item fees on the MBS and create new items for Nurse Practitioners (from 1 November 2025)

\$62.8m to create MBS loading items claimable when a provider bulk bills a LARC insertion or removal service (from 1 November 2025)

\$25.1m to establish LARC Centres of Excellence

\$0.5m for an evaluation of contraception measures

\$16 million for the continuity of maternity services to support women and their babies

\$10.0m to improve antenatal and postnatal services at Gosford and Wyong Hospitals, along with workforce support and training

\$6.0m to support Royal Hobart Hospital and Calvary Healthcare manage demand for maternity services through infrastructure and equipment upgrades

Implementation timeframe: ■ Already implemented ■ By June 2026 ■ From July 2026 ■ TBC

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Implementation status (slide 1/3)

Measure	Amount	Status	Implementation/ Completion date
PBS listings	\$443.4m		
Oral contraceptive pills Yaz and Yazmin	\$443.4m	Completed	Effective from 1 March 2025
Menopausal hormone therapies Estrogel®, Prometrium®, and Estrogel Pro®		Completed	Effective from 1 March 2025
Oral contraceptive pill Slinda		Completed	Effective from 1 May 2025
Endometriosis drug Ryeqo		Completed	Effective from 1 May 2025
Women's health trials through pharmacist services	\$109.1m		
Treatment of uncomplicated urinary tract infections (UTIs) for concession card holders	\$109.1m	Trial design under negotiation with Pharmacy Guild of Australia	TBC
Supply of hormonal contraceptives for concession card holders		Trial design under negotiation with Pharmacy Guild of Australia	TBC

Implementation timeframe:



Already implemented



By June 2026



From July 2026



TBC

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Implementation status (slide 2/3)

Measure	Amount	Status	Implementation/ Completion date
Improve access for endometriosis, pelvic pain, perimenopause and menopause	\$64.5m		
11 new endometriosis and pelvic pain clinics (EPPCs)	\$19.6m	Completed	The 11 new EPPCs are operational, with the last clinic commencing on 27 April 2026
Extended funding for 22 existing EPPCs		Grant Opportunity Guidelines closed on 4 November 2025. Currently undergoing contract variations	Additional funding to commence from 1 July 2026
Temporary new MBS health assessment items for menopause or perimenopause (2-year initial period)	\$26.3m	Completed	Effective from 1 July 2025
Public health campaign to raise awareness of perimenopause and menopause	\$12.8m	Campaign development nearing finalisation	Campaign expected to go live in May 2026
Develop national clinical guidelines for perimenopause and menopause	\$2.9m	Request for tender closed 3 November 2025. Supplier anticipated to be engaged by mid-2026	Anticipated finalisation in 2028
Increase awareness and access to education and training for health professionals on perimenopause and menopause - <i>Australasian Menopause Society</i>	\$0.3m (Part of \$1.5m measure)	Completed	Funding commenced September 2025
Increase awareness and access to education and training for health professionals on perimenopause and menopause - <i>Jean Hailes for Women's Health</i>	\$1.2m (Part of \$1.5m measure)	Jean Hailes currently funded for this work until 30 June 2026	New funding to commence from 1 July 2026
Evaluation of menopause measures	\$0.3m	Yet to commence (funding from 2026-27)	Completed by 30 June 2028

Implementation timeframe: ■ Already implemented ■ By June 2026 ■ From July 2026 ■ TBC

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Implementation status (slide 3/3)

Measure	Amount	Status	Implementation/ Completion date
Increase access to long-acting reversible contraception (LARCs)	\$159.9m		
Increase in LARC item fees for GPs + new items for Nurse Practitioners	\$71.5m	Completed	Effective from 1 Nov 2025
LARC MBS loading items	\$62.8m	Completed	Effective from 1 Nov 2025
LARC Centres of Excellence	\$25.1m	Grant Opportunity Guidelines closed on 24 September 2025. Contracts with PHNs nearing finalisation.	Expected to be commissioned from 1 July 2026
Evaluation of contraception measures	\$0.5m	Yet to commence (funding from 2026-27)	Completed by 30 June 2028
Maternity services to support women and their babies	\$16m		
Antenatal and postnatal services at Gosford and Wyong Hospitals + workforce support and training	\$10.0m	Federation Funding Agreement-Health Schedule nearing finalisation with New South Wales	TBC - The timeframe is dependent on NSW's planning processes and delivery scheduling
Infrastructure and equipment upgrades for maternity services at Royal Hobart Hospital and Calvary Healthcare	\$6.0m	Federation Funding Agreement-Health Schedule executed with Tasmania on 5 June 2025	Expected completion by 31 July 2026

Implementation timeframe:



Already implemented



By June 2026



From July 2026



TBC

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Fee structure - new and updated MBS items

For the administration of long-acting reversible contraception (LARCs):

Specialists and General Practitioners				
Item Type	Item Number	Description	Current Fee	New Fee (from 1 Nov 2025)
Updated	35503	Insertion of intra-uterine devices (IUD)	\$91.35	\$215.95
Updated	35506	Removal of an IUD under general anaesthesia	\$61.15	\$134.45
Updated	14206	Implantation of devices including hormonal contraceptive implants	\$40.55	\$100.40
Updated	30062	Removal of hormonal contraceptive implants	\$69.20	\$105.15
New	35501	'Loading' payment when the patient is bulk billed for the entire LARC service they receive	-	40% of the relevant LARC item fee

Nurse Practitioners			
Item Type	Item Number	Description	Fee (from 1 Nov 2025)
New	82201	Insertion of intra-uterine devices (IUD)	\$215.95
-	No equivalent for Nurse Practitioners	-	-
New	82203	Implantation of devices including hormonal contraceptive implants	\$100.40
New	82202	Removal of hormonal contraceptive implants	\$105.15
New	82204	'Loading' payment when the patient is bulk billed for the entire LARC service they receive	40% of the relevant LARC item fee

For women experiencing menopause or perimenopause:

Item Type	Item Number	Description	Fee (from 1 July 2025)
New (Temporary)	19000	Assessment and management of menopause or perimenopause by a prescribed medical practitioner	\$81.50
New (Temporary)	695	Assessment and management of menopause or perimenopause by a general practitioner	\$101.90



An additional \$7.9 billion will expand the tripled bulk billing incentive to all Australians and create an additional new incentive payment for practices that bulk bill every patient

This will provide further support for bulk billing of GP consultations involving LARC administration and treatment and management of perimenopause and menopause