



## Colleagues

Australia continues to navigate the COVID-19 pandemic and we are not only rising to the challenge and protecting the health and livelihoods of Australians, we are forging ahead with generational change to our health and aged care systems and workforce.

The 2021–22 Budget demonstrates our resolute commitment to delivering a world-class health system focused on promoting good health and preventing disease, and ensuring all Australians can access affordable health care and services to lead long and productive lives. Our continued focus on *Australia's Long-Term National Health Plan* and its pillars is holding the country in good stead. We are investing more in the health of Australians than ever before – this Budget the Government is investing \$121.4 billion in 2021–22 and \$503 billion over the next 4 years.

We continue to respond and adapt to the COVID-19 pandemic – committing \$25 billion to date. The 2021–22 Budget sustains our efforts to protect Australians, stop the spread, and deliver the vaccine. We will invest an additional \$1.1 billion in our COVID-19 health response, ensuring that essential services and workforce are able to surge and respond. \$1.9 billion has been committed to drive the COVID-19 vaccine rollout, bringing the investment to date to \$7.2 billion. Ensuring everyone can be vaccinated will protect Australians, build economic confidence and fast track economic recovery.

At the heart of the 2021–22 Budget, we are committing to once in a generation reform to aged care. Respect for senior Australians is, and must be, a national priority. The Government called the Royal Commission into Aged Care Quality and Safety and agrees with the Commission that fundamental reform is required. We will commit \$17.7 billion on top of existing investment. Our *5 year – 5 pillar Aged Care Reform Plan* commits to major reform for home care, residential aged care quality and safety, residential aged care services and sustainability, workforce, and governance.

We are also investing in landmark reforms in mental health and suicide prevention – the largest investment in mental health by any Australian Government – complemented by our investment in prevention and early intervention. The 2021–22 Budget will deliver \$2.3 billion *National Mental Health and Suicide Prevention Plan*. We will prioritise reforms to prevention and early intervention, suicide prevention, treatment delivery, supporting our vulnerable, and strengthening the workforce and governance of the sector. Central to this reform is \$1.4 billion in high quality and person-centred treatment, and specifically the creation of a national network including up to an initial 57 additional mental health treatment centres and satellites for adults, youth and children, through Head to Health and headspace programs.

The 2021–22 Budget will also provide significant investment in preventive health and sport. \$250.9 million will be invested in immediate priorities for the soon-to-be finalised *National Preventive Health Strategy 2021–2030*, improving cancer screening for life-threatening cancers, and ongoing alcohol and drug services. We will also invest \$245.8 million in our high performance sporting programs and integrity. This includes \$40.8 million for the successful Sporting Schools program, which will support around 6,500 primary and secondary schools and up to 6 million student participants.

The 2021–22 Budget also sees our investment in critical health systems grow. We are continuing record investment in our hospitals with \$135.4 billion over the next 5 years, and \$30.6 million for ongoing reforms to private health insurance. We are continuing to strengthen Medicare with record funding of \$125.7 billion over the next 4 years. We are investing \$1.8 billion in Australia's primary health care, including \$711.7 million in new and amended items on the MBS, expanding the variety of services Australians can access. The 2021–22 Budget will also provide \$43 billion



over the next 4 years to support the Pharmaceutical Benefits Scheme with new and amended listings.

Across the 2021–22 Budget, we are making significant and targeted investments to the health and ageing of key cohorts of the Australian population. The 2021–22 Budget continues reforms under the *Stronger Rural Health Strategy* to ensure equity of access for all Australians, with \$123 million to strengthen the rural health workforce and improve services in regional Australia. Specifically, we will commit \$65.8 million to increase bulk billing incentive payments for doctors working in remote areas and rural towns, reducing the out-of-pocket cost for patients and improving viability of primary care services in these communities. We will also provide \$12.4 million to almost double the number of rural primary care rotations for prevocational doctors and registrars through the new John Flynn Prevocational Doctor Program.

The 2021–22 Budget is also delivering more than \$781.1 million to prioritise Aboriginal and Torres Strait Islander health and ageing outcomes. This investment will contribute to priority reforms and health targets set out in the new National Agreement on Closing the Gap. We are investing over \$535 million in the long term health and wellbeing of Australian women and girls in line with the *National Women's Health Strategy 2020–2030*. This includes the \$354 million announced on 9 May 2021 to commit funding to cervical and breast cancer, endometriosis and reproductive health.

The Morrison Government is investing \$6.7 billion over 4 years in the 2021–22 Budget to drive world-leading research, leading to improvements in health outcomes for Australians, as well as creating jobs and economic growth. The amount of funding provided for research projects through the Medical Research Future Fund (MRFF) has grown from \$61 million in 2016–17 and is projected be \$650 million in 2022–23 and beyond.

This information pack provides you with a comprehensive summary of health initiatives in the 2021–22 Budget, including Budget at a Glance and factsheets summarising key measures.

Thank you for your continued contribution and partnership. We all have an important role to play to ensure all Australians are able to lead long and healthy lives.

**The Hon Greg Hunt MP**

*Minister for Health and Aged Care*

**Senator the Hon Richard Colbeck**

*Minister for Senior Australians and Aged Care Services*

*Minister for Sport*

**The Hon Mark Coulton MP**

*Minister for Regional Health, Regional Communication and Local Government*

**The Hon David Coleman MP**

*Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention*



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Minister for Sport

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**The Hon. David Coleman MP**

Assistant Minister to the Prime Minister for Mental Health and Suicide  
Prevention

**JOINT MEDIA RELEASE**

11 May 2021

**Generational change and record investment in the health of Australians**

The Morrison Government is investing a record \$121.4 billion in 2021–22 and \$503 billion over the next four years, providing more support to Australians as we face some of the greatest health challenges in a generation.

Since the beginning of the COVID-19 pandemic in March 2020, we have committed over \$25 billion towards our COVID-19 health response. This includes measures in the 2021–22 Budget, including \$1.1 billion to extend our COVID-19 health response to support Australians throughout the pandemic, and \$1.9 billion to drive the COVID-19 vaccine rollout, to ensure everyone in Australia will have the opportunity to be vaccinated.

In addition we are extending COVID-19 health measures by investing \$204.6 million to extend telehealth arrangements until 31 December 2021, bringing total investment to date to \$3.6 billion, which continues to provide access to health services for all Australians regardless of where they live.

In this Budget, we will deliver on two critical reforms:

- our \$17.7 billion investment in aged care, responding to the Royal Commission on Aged Care Quality and Safety, and establishing the five pillar - five year plan for genuine change for our senior Australians – the largest investment in aged care and the largest in response to a Royal Commission in Australia’s history – to deliver greater respect, care and dignity for our older Australians, and
- our \$2.3 billion investment in the National Mental Health and Suicide Prevention Plan – the largest Commonwealth mental health investment in Australia’s history, including creating a landmark national network including up to 57 additional mental health treatments centres and satellites for adults, as well as more centres for youth and children through the Head to Health and headspace programs.

In addition, our Government is strengthening our record investment in the *Australia's Long Term National Health Plan*, creating the world's best health care system, including:

- \$125.7 billion over the forward estimates, up over \$6 billion, as part of our ongoing commitment to guarantee Medicare for all Australians
- \$43 billion over four years to make medicines available and affordable through the Pharmaceutical Benefits Scheme (PBS)
- \$535.9 million for women and girls, including critical investments in line with the *National Women's Health Strategy 2020-30*, support for women who are suffering from or at risk of endometriosis, preventing premature birth, detection and treatment for breast and cervical cancer, and mental health, including a \$26.9 million investment to provide additional support for people with eating disorders and their families
- \$781.1 million to prioritise Aboriginal and Torres Strait Islander health and ageing outcomes
- \$135.4 billion over five years to continue record level investment in public hospitals, including funding under the 2020–25 National Health Reform Agreement (NHRA) and the National Partnership on COVID-19. This is up from \$13.3 billion in 2012-13 to \$25.6 billion in 2021-22 and \$29.9 billion in 2024-25
- continuing to build on this Government's track record of Private Health Insurance (PHI) reforms delivering the lowest premium changes in 20 years, and
- \$6.7 billion over four years for life-saving and life changing research, with \$228.1 million in new grants and opening of programs in this Budget.

## COVID-19 Response

The COVID-19 global pandemic continues to present an ongoing risk to our population's health. It has had a profound impact on our way of life, even as our successful suppression strategy has protected Australians from the worst impacts.

The Morrison Government is continuing the momentum of our COVID-19 health response and COVID-19 vaccination rollout, and has committed over \$25 billion since the beginning of the pandemic in March 2020.

There is still much to do to suppress COVID-19 transmission in our communities, but our Government and all Australians remain alert and responsive to change. This investment over the coming months will underpin our efforts in continuing our successful strategy of protecting Australians and fast-tracking our economic recovery.

Key measures include:

- \$1.2 billion to partner with states and territories to support the roll out of the COVID-19 vaccine, and ensure swift and flexible responses to COVID-19 outbreaks and transmissions
- \$557.1 million to test for COVID-19 transmission, including funding for MBS pathology items
- \$169.8 million to ensure access to safe services, medicines and up-to-date information on COVID-19. This includes \$87.5 million to support GP-led Respiratory Clinics treat patients, \$11.5 million to deliver the Home Medicine Service, and \$7.1 million to ensure mental wellbeing service support through Beyond Blue
- \$90 million for the COVID-19 Aged Care Viability Fund to ensure Residential Aged Care providers financial sustainability, and funding to support workers and Residential Aged Care residents to be COVID-19 safe, and
- \$29.9 million investment in the preparedness and capacity of the National Medical Stockpile, and ensure health and aged care workers can access personal protective equipment.

## Ageing and Aged Care: Respect, care and dignity

The Morrison Government will invest \$17.7 billion in additional funding in response to the Royal Commission into Aged Care Safety and Quality. This in turn will help ensure respect, care and dignity for our senior Australians.

The Morrison Government's focus through our aged care reforms is to ensure senior Australians have access to high quality and safe care services, are empowered to have more control and choice in their care arrangements and are treated with dignity and respect.

All Australians deserve an aged care system that places their needs and wellbeing at its centre. Some 1.3 million Australians access aged care services today and, by the middle of the century, the number of Australians aged over 65 years will almost double to more than 7 million. The importance of these reforms cannot be overstated.

Over 5 years we will invest \$250 million in 2020–21, \$2.1 billion in 2021–22, \$4.4 billion in 2022–23, \$5.5 billion in 2023–24 and \$5.5 billion in 2024–25, for a total of \$17.7 billion.

The Morrison Government called for the Royal Commission, and each step of the way has sought to address the immediate priorities to improve the aged care system.

We invested \$552 million when the Royal Commission was first established. We invested \$537 million at the time of the interim report. We invested \$132.2 million in direct response to the COVID-19 special report. Most recently, we committed \$452 million for immediate, priority actions in response to the final report, *Care, Dignity and Respect*.

Our Government will continue to build on this investment and lead this comprehensive and generational reform agenda – now worth \$17.7 billion over the forward estimates – which will also rely on support from the aged care sector, providers and the workforce to embrace and embed these changes, creating a better system within their business and their work.

### Our commitment includes:

- **Pillar 1 of the Royal Commission Response – Home Care:** \$7.5 billion towards supporting senior Australians who choose to remain in their home, including:
  - \$6.5 billion for an additional 80,000 Home Care Packages – 40,000 released in 2021–22 and 40,000 in 2022–23, which will make a total of 275,598 packages available to senior Australians by June 2023
  - \$10.8 million to design and plan a new support in home care program which better meets the needs of senior Australians
  - \$798.3 million to support the 1.6 million informal carers, including additional respite services for 8,400 senior Australians each year, and
  - \$272.5 million for enhanced support and face-to-face services to assist senior Australians accessing and navigating the aged care system.
- **Pillar 2 of the Royal Commission Response – residential aged care services and sustainability:** \$7.8 billion towards improving and simplifying residential aged care services and to ensure senior Australians can access value for money services, including:
  - \$3.9 billion to increase the amount of front line care (care minutes) delivered to residents of aged care and respite services, mandated at 200 minutes per day, including 40 minutes with a registered nurse
  - \$3.2 billion to support aged care providers to deliver better care and services through a new Government funded Basic Daily Fee Supplement of \$10 per resident per day
  - \$102.1 million to assign residential aged care places directly to senior Australians, and to support providers to adjust to a more competitive market
  - \$49.1 million to expand the Independent Hospital Pricing Authority to help ensure that aged care costs are directly related to the care provided

- \$189.3 million for a new Australian National Aged Care Classification to deliver a fairer and more sustainable funding arrangements, and
  - \$5.5 million to reform residential aged care design and planning to better meet the needs of senior Australians, particularly those living with dementia.
- **Pillar 3 of the Royal Commission Response – residential aged care quality and safety:** \$942 million to drive systemic improvements to residential aged care quality and safety, including:
    - \$365.7 million to improve access to primary care for senior Australians, including the transition of senior Australians between aged care and health care setting and improved medication management
    - \$262.5 million to ensure the independent regulator, the Aged Care Quality and Safety Commission (ACQSC), is well-equipped to safeguard the quality, safety and integrity of aged care services, and can effectively address failures in care
    - \$7.3 million for additional resources to build capacity within residential aged care for the care of senior Australians living with dementia
    - \$67.5 million for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to further reduce reliance on physical and chemical restraint (restrictive practices), and
    - \$200.1 million to introduce a new star rating system to highlight the quality of aged care services, and better informing senior Australians, their families and carers.
- **Pillar 4 of the Royal Commission Response – Workforce:** \$652.1 million to grow a skilled, professional and compassionate aged care workforce, which will be the powerhouse of the Government’s reform agenda, including:
    - \$228.2 million to create a single assessment workforce to undertake all assessments that will improve and simplify the assessment experience for senior Australians as they enter or progress within the aged care system
    - \$135.6 million to provide eligible registered nurses with financial support of \$3,700 for full-time workers, and \$2,700 for part-time workers.
    - \$9.8 million to extend the national recruitment campaign, and to help increase the skilled and dedicated aged care workforce, and
    - upskill the existing workforce and providing training for thousands of new aged care workers, including 33,800 subsidised Vocational Education and Training places through JobTrainer.
- **Pillar 5 of the Royal Commission Response – Governance:** \$698.3 million to improve the governance across the aged care system. This will embed respect, care and dignity at the heart of the system, guaranteeing better choice, high quality and safe care for senior Australians, including:
    - \$21.1 million to establish new governance and advisory structures, including a National Aged Care Advisory Council, Council of Elders and are working towards establishing a new Inspector-General of Aged Care
    - \$630.2 million to improve access to quality aged care services for consumers in regional, rural and remote areas including those with First Nations backgrounds and special needs groups
    - \$13.4 million to improve rural and regional stewardship of aged care, with Department of Health aged care officers embedded within eight of the 31 Primary Health Network regions, and
    - The drafting of a new *Aged Care Act* to enshrine the Government’s reforms in legislation by mid-2023.

## National Mental Health and Suicide Prevention Plan

The Morrison Government will deliver the largest single mental health and suicide prevention Commonwealth investment in Australia’s history, investing \$2.3 billion to deliver structural reform and real change for Australians and ensure they have the support they need.



This includes \$1.4 billion in high quality and person-centred treatment, and specifically the development of a national network including up to 57 additional mental health treatment centres and satellites for adults, youth and children, through Head to Health and headspace programs. This landmark reform will address service gaps and provide accessible, stigma-free care throughout Australia, including in regional and rural areas.

The Morrison Government's total annual investment in mental health has grown from \$5.9 billion in 2020–21 to \$6.3 billion in 2021–22.

Australians endured so much in 2020 – from the Black Summer bushfires, where many families and communities are continuing to rebuild, the COVID-19 pandemic that changed the very way we live our lives, to the floods of 2021.

The mental health toll on Australians both collectively and individually, has been a heavy one. In 2020, the Productivity Commission (PC) put the cost to the Australian economy of mental illness and suicide, conservatively, at up to \$70 billion per year.

Our Government is focused on ensuring Australians are able to access affordable supports where and when they need them. We want a system that proactively reaches out to support people early in life and early in their experience of distress.

This is an ambitious reform agenda. We recognise Australians need a mental health system focussed on helping people before mental health conditions deteriorate and suicidal distress worsens. Whole-of-government and whole-of-community change are required to deliver preventive, compassionate and effective care.

Our reforms have been guided by the Final Advice of the National Suicide Prevention Adviser (NSPA), and include the first instalment of the Government's response to the PC Inquiry report. The Government has supported in full, in part or in principle all of the 21 recommendations of the PC Report and the eight recommendations of the NSPA Final Advice.

More than half of these recommendations require collaboration with state and territory governments, which will be pursued jointly through a new National Mental Health and Suicide Prevention Agreement. This agreement will ensure reform delivers on the compassionate, connected and accessible system that Australians living with mental ill-health deserve.

Building on the record funding for mental health in 2019–20 and 2020–21, this Budget will address action in 5 priority areas:

- prevention and early intervention
- suicide prevention
- treatment
- support for the vulnerable, and
- workforce and governance.

Key investments include:

- \$248.6 million for **prevention and early intervention**
  - \$111.2 million in digital services, including the creation of a world-class, single digital platform under Head to Health that will provide online professional counselling, peer support, clinical support and referrals
  - \$47.4 million to support the mental health and wellbeing of new and expectant parents including to:
    - expand existing support services provided by Perinatal Anxiety and Depression Australia
    - provide continued funding to support digital perinatal mental health screening, and

- deliver universal perinatal mental health screening in conjunction with states and territories.
  - \$77.1 million for the National Legal Assistance Partnership to support early resolution of legal problems for those experiencing mental illness, and for mental health workers in Domestic Violence Units and Health Justice Partnerships to support women who have experienced family violence
  - \$6.3 million to increase support services for fly-in fly-out and drive-in drive-out workers
  - \$5.7 million to build on the Individual Placement and Support program to assist people with mental illness to participate in the workforce, and
  - \$0.9 million to continue the Ahead for Business digital hub, supporting small business owners to take proactive, preventive and early steps to improve their mental health.
- \$298.1 million towards **suicide prevention**:
    - \$12.8 million for a National Suicide Prevention Office to oversee the national whole-of-government approach to suicide prevention
    - \$61.6 million to expand the National Suicide Prevention Leadership and Support Program to increase investment in whole of population suicide prevention activities and services
    - \$12 million to continue the delivery of local suicide prevention initiatives across Australia to the former National Suicide Prevention Trial sites
    - In conjunction with the states and territories, we will:
      - provide aftercare services for all Australians discharged from hospital following a suicide attempt, and trials for aftercare services for anyone experiencing suicidal crisis, but who do not attend a hospital
      - provide national suicide postvention services which help those bereaved or impacted by suicide, including families, friends, workplaces, schools, community groups, frontline responders and witnesses, and
      - establish a national Distress Intervention trial program which will reach people earlier in crisis where it first manifests and provide immediate support.
- \$1.4 billion for **treatment**:
    - The heart of the Government's reform is to create a national network of multidisciplinary mental health treatment centres for adults, youth and children to contribute to addressing the 'missing middle' service gap, based on three models:
      - Head to Health adult mental health treatment centres: We will improve access to community-based mental health services, including through the initial establishment of eight new centres, 24 new satellite centres, and ongoing funding for eight existing centres. We will also establish a dedicated phone service to support intake, assessment and referral, at a cost of \$487.2 million
        - The Government will also work in partnership with state and territory governments to continue to expand the network of community-based adult mental health services
      - headspace youth treatment centres: We will continue to safeguard the wellbeing of young Australians aged 12–25 by strengthening, enhancing, and expanding the headspace network, at a cost of \$278.6 million. This includes:
        - expanding the national headspace network by establishing ten new headspace centres and upgrading five satellite services, bringing the total number of headspace services across Australia to 164, and
        - working jointly with states and territories to boost clinical capacity at existing headspace services.
      - Head to Health Kids: In partnership with state and territory governments, the Government will create up to 15 new Head to Health Kids mental health and wellbeing centres for children aged 0–12 years. These centres will provide multidisciplinary support for infants, children and their parents, and improve



early intervention outcomes for children's mental health, at a cost of \$54.2 million.

- \$26.9 million to provide support for people with eating disorders and their families, including:
  - \$13 million to establish a National Eating Disorder Research Centre, and
  - \$2.5 million for workforce credentialing to guarantee access to high quality subsidised care for people with an eating disorder.
- \$288.5 million to include Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the Medicare Benefits Scheme (MBS) for patients with medication-resistant major depressive disorder
- \$111.4 million to support the take up of group therapy sessions and participation of family and carers in treatment provided under the Better Access initiative, and
- \$171.3 million for continuity of psychosocial support services for people with a severe psychosocial disability, who are currently not supported by National Disability Insurance Scheme (NDIS).
- \$107 million for **supporting the vulnerable**:
  - \$79 million for key initiatives under a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, including:
    - the development of community integrated regional suicide prevention plans, and
    - provision of local suicide prevention services, such as culturally sensitive aftercare and 24/7 crisis support services for Aboriginal and Torres Strait Islander people.
  - \$16.9 million mental health early intervention supports and preventive measures for migrants and multicultural communities, and address the cultural competence of the broader health workforce through the Program of Assistance for Survivors of Torture and Trauma, and Mental Health Australia for their Embrace Framework, and
  - \$11.1 million to improve the outcomes for people with complex mental health needs, including cognitive disability and autism.
- \$202 million for **strengthening workforce and governance arrangements**:
  - \$58.8 million to grow the mental health workforce by providing:
    - \$27.8 million to increase the number of nurses, psychologists, and allied health practitioners in mental health settings through scholarships and clinical placements
    - \$11 million to grow the psychiatrist workforce with more training places, supporting regional and remote training pathways and promoting it as a career pathway
    - \$8.3 million to increase Aboriginal and Torres Strait Islander representation in the mental health workforce and offer training for culturally safe treatment
    - \$3.1 million to boost and support the mental health peer workforce through scholarships and professional collaboration
    - \$2.4 million to continue mental health training for practitioners in aged care and supporting collaboration through the Mental Health Professionals' Network
    - \$1 million to reduce mental health stigma among health practitioners, promoting it as a preferred career option, and
    - \$0.3 million to identify opportunities to boost the skills of the mental health workforce who work with children and families.
  - \$15.9 million to support GPs and other medical practitioners to provide primary mental health care
  - \$7.3 million towards additional staff resources for the National Mental Health Commission (NMHC) to support the Australian Government's mental health and suicide prevention reform agenda, and
  - \$117.2 million to establish a comprehensive evidence base that measures whether Australia's mental health system is operating effectively, enables services to be

delivered to those who need them, and improves mental health outcomes for Australians.

## Preventive Health

The Morrison Government is continuing our investment in preventive health and early intervention, protecting Australians from the impact of chronic conditions like cancer, and reducing the harm caused by alcohol and illicit substance use. Our investment of \$250.9 million over four years will ensure that all Australians lead healthy and productive lives.

The soon-to-be-completed *National Preventive Health Strategy 2021–2030* will assist Australians to consider how they can improve their health and wellbeing, and address early signs before it impacts them and their families. It will also reduce the overall burden on the health system that comes with supporting patients with persistent and chronic conditions.

Our Government is also significantly investing in improving cancer screening for life-threatening cancers, including lung, breast and cervical cancer. Early detection provides the best chance of beating cancer and increases survival rates. In Australia, lung cancer is the fifth most common cancer and just 18 per cent of Australians survive 5 years beyond their diagnosis.

Key investments include:

- \$1.9 million to kick-start immediate priorities outlined in the National Preventive Health Strategy 2021–2030, once finalised
- \$125.9 million to improve cancer screening and save lives, including \$6.9 million towards five lung cancer care nurses to provide support to patients and their families and for lung cancer related research activities, \$32.8 million to support cervical screening programs, and \$67.6 million to the BreastScreen Australia program
- \$1.8 million to increase the number of stillbirth autopsies undertaken, and develop prevention strategies
- \$74.1 million for alcohol and drug services, including \$16.8 million for drug and alcohol treatment services including residential services, and \$1.5 million for the successful Hello Sunday Morning Daybreak Program, and
- \$13.7 million to support the rollout of a world-leading program to prevent pre-term birth.

## Sport

The COVID-19 pandemic has caused significant disruption to sport around Australia, however Australia's athletes and the sporting public are returning in COVID-safe ways with enthusiasm.

The Morrison Government will provide \$245.8 million in funding for sport. This includes support for our Olympians and Paralympians, and grants for National Sporting Organisations to support 56 high-performance programs and more than 2,600 athletes and 320 staff and other community sporting initiatives.

We are also providing support and \$17 million in funding into Basketball Australia and Football Australia, as we prepare to host some of the world's most high profile sporting events, including the women's basketball and soccer world cups in 2022 and 2023.

The Morrison Government is also investing more than \$35 million to boost sports integrity to address the risks posed by increasingly insidious forms of manipulation and corruption.

Key spending in sport includes:

- \$40.8 million to continue the successful Sporting Schools program for a further two years, benefiting around 6,500 primary and secondary schools and up to 6 million student participants

- \$14.9 million for Sport Integrity Australia to maintain the agency's anti-doping, criminal intelligence and administrative capabilities
- \$132.8 million for high performance grants
- \$3.5 million towards operational costs for the Australian Paralympic Team's participation in the Tokyo Paralympic Games due to the impact of COVID-19
- \$12 million for Football Australia's high performance program for the Matildas in the lead up to the FIFA Women's World Cup 2023, and community engagement encouraging women and girls' participation
- \$5 million for Basketball Australia to plan and deliver the FIBA Women's World Cup 2022 and increase female participation and leadership in basketball, and
- \$3.4 million for World Anti-Doping Agency (WADA) accredited testing lab at the Australian Sports Drug Testing Laboratory (ASDTL) on a sustainable basis.

## Guaranteeing Medicare and Access to Medicines

### Guaranteeing Medicare

The Morrison Government will invest \$125.7 billion over four years, an increase of over \$6 billion since last year's Budget, in Medicare, including record funding of \$29.7 billion in 2021–22, and \$30.5 billion in 2022–23, \$32 billion in 2023–24 and \$33.5 billion in 2024–25.

The Morrison Government is continuing to extend a series of primary care measures in response to the COVID-19 pandemic through to 31 December 2021, including telehealth, and continuing to implement reforms to the MBS from the Medicare Review Taskforce recommendations, and recommendations from the Medical Services Advisory Committee.

This includes:

- \$711.7 million invested for new and amended listings on the MBS
  - \$288.5 million to include rTMS therapy on the MBS for patients with medication-resistant major depressive disorder
  - \$18.8 million for a new Proton Beam Therapy (PBT) item that utilises external beam radiotherapy for paediatric and rare cancers
  - \$40.5 million for ambulatory blood pressure monitoring – a new service for diagnosing high blood pressure that is more accurate through continuous monitoring over 24 hours
  - \$95.9 million for five new MBS items for pre-implantation genetic testing (PGT) of embryos for specific genetic or chromosomal abnormalities prior to implantation and pregnancy. Currently couples or individuals who know they are carriers of serious genetic disorders can only access PGT if they are able to pay privately, and
  - \$22 million for gynaecological procedures, including long-term reversible contraceptives and Assisted Reproductive Technology.

### Strengthening primary health

The Morrison Government continues to improve access to primary health care for all Australians, with an additional investment of \$1.8 billion in primary care, including initiatives across the aged care and mental health pillars, as well as the continuation of our Government's response to the COVID-19 pandemic.

This Budget includes investment of \$204.6 million to extend telehealth, bringing total investment to date to \$3.6 billion, \$87.5 million for the extended operation of up to 150 GPRCs, both through to 31 December 2021, and the \$1.9 billion commitment towards the COVID-19 vaccination rollout.

Key measures in this Budget include:

- \$107.9 million for a new National Partnership Agreement (NPA) for Adult Dental Services, helping states and territories provide public dental services and \$7.3 million for an extension of the Child Dental Benefits Schedule (CDBS) to children 2 years and younger
- \$71.9 million providing an additional 12 months funding for the PHN's After Hours Program
- \$2.5 million for workforce credentialing to guarantee access to high quality, Medicare-subsidised care for people with an eating disorder, as part of a \$26.9 million investment in addressing eating disorders
- \$50.7 million to continue to develop an ICT system that will enable a Voluntary Patient Registration Initiative, to be known as MyGP, which will lift the quality of services delivered to Australian patients through continuity of care
- \$301.8 million towards the next wave of My Health Record (MHR) capitalising on the connections already in place and ensuring a more coordinated healthcare future for Australia, and
- \$32.3 million for continued funding for the 2018–2022 Intergovernmental Agreement on National Digital Health, ensuring interoperability within Australia's national digital health infrastructure.
- In response to the Aged Care Royal Commission, the Morrison Government will invest \$365.7 million to improve access to primary care for senior Australians and to better support their transition between the aged care and health care systems. This investment includes:
  - \$68.1 million to double the maximum yearly incentive payment for face-to-face services by GPs within residential aged care facilities, through the Aged Care Access Incentive.
  - \$36.5 million to continue the Greater Choice for At Home Palliative Care initiative in all 31 PHNs, and
  - \$202.3 million for Primary Health Networks to support the health of senior Australians, including telehealth, out of hours support, and dementia pathways to support assessment and referral.
- The Morrison Government's National Mental Health and Suicide Prevention Plan includes significant investments in primary health including:
  - \$1.4 billion in high quality and person-centred treatment, which includes the development of a national network of mental health treatments centres for adults, youth and children through the Head to Health and headspace programs
  - \$34.2 million to support GPs in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings
  - \$27.8 million to grow the mental health workforce, including nurses, psychologists, allied health practitioners, psychiatrists, Aboriginal and Torres Strait Islander mental health workforce, mental health peer workforce, practitioners in aged care, and promoting mental health as a career option within the health workforce, and
  - \$15.9 million to support GPs and other medical practitioners to provide primary mental health care.
- \$63.3 million to prioritise Aboriginal and Torres Strait Islander health and ageing outcomes, in addition to significant investments in aged care and mental health, the Morrison Government is committing:
  - \$22.6 million to reform the Practice Incentives Program – Indigenous Health Incentive, encouraging continuity of care and extending the program to children under 15 years and for GP mental health care plans
  - \$12 million for the Rheumatic Fever Strategy to protect against these entirely preventable illnesses - acute rheumatic fever and rheumatic heart disease

- \$19.1 million to continue to improve Australia's trachoma elimination program, supporting the elimination of this blindness-causing infection in 2022, and
- 30 workplace training packages will be allocated to Aboriginal Community Controlled Health Organisations, out of 90 places worth \$9.6 million, through the Allied Health Rural Generalist Pathway.

## Improving access to medicines

The Government will invest \$43 billion over four years in the Pharmaceutical Benefits Scheme (PBS), which continues to provide Australians with access to subsidised medicines for a wide range of illnesses through hospitals and community pharmacy. In 2020–21, our Government introduced the New Medicines Funding Guarantee to meet the cost of future, new and amended PBS medicines. This ensures the inclusion of new life saving medicines will never be jeopardised over a matter of funding, and the Government will continue to approve and list all medicines recommended by the medical experts.

Since February 2021, we have included additional medicines on the PBS, subsidising treatments for depression, attention deficit hyperactivity disorder (ADHD), pulmonary arterial hypertension, asthma and Parkinson's disease.

- From June 2021, Emgality® (galcanezumab) for the treatment of chronic migraine which, for around 10,000 patients will mean they are not faced with out of pocket costs in excess of \$6,800 each year
- From May 2021, Australia's first medicinal cannabis product has been added to the PBS, Epidyolex® (cannabidiol) for use in the treatment of Dravet syndrome, which will save more than 116 Australian patients around \$24,000 a year
- From April 2021, Kisqali® (ribociclib + fulvestrant) which for around 1,600 patients battling locally advanced or metastatic breast cancer, they will no longer have costs of \$50,000 per treatment
- From March 2021, Dupixent® (dupilumab) has been added to the PBS, which will mean around 3,600 Australian patients with severe atopic dermatitis are not facing an out of pocket bill of \$22,800 per year for their medication, and
- From March 2021, Tulicity® (dulaglutide) has been added to the PBS, for the treatment of type 2 diabetes mellitus will mean some 12,000 patients will not have to pay out-of-pocket costs of more than \$1,700 per year.

Our Government will provide an additional investment of \$3.9 million to continue the Take Home Naloxone (THN) pilot program for a further 12 months, providing medication which can temporarily reverse an opioid overdose or adverse reaction to at risk Australians. The pilot is already operating in NSW, SA and WA.

The Government will also continue to work with the medicines and technology sector to continue streamlining and deregulating processes to apply for reimbursement of new products and services. The Government is investing \$36.0 million in the Health Products Portal, a new one stop shop for applying electronically to the PBAC, MSAC and Prostheses List for reimbursement of medicines, medical and diagnostic services and medical devices. This will also speed up access to new therapies for Australian patients.

## Rural Health Strategy

The Morrison Government is committed to ensuring Australians living in regional, rural and remote areas can access high quality, timely and life-saving healthcare when and where they are needed.

For the first time, the Government will implement a progressive incentive schedule, which increases bulk billing payments for doctors based on remoteness.

Scaling the Rural Bulk Billing Incentive will better recognise that doctors in rural and remote areas face higher operating costs, smaller patient populations, increased complexity in patient care, and carry a greater burden of responsibility for the healthcare needs of people living in these communities.

The Morrison Government is also directly investing \$123 million in the rural health workforce and training to improve access to health in areas outside our big cities and to increase the opportunities for a rewarding career in rural, regional and remote communities.

Key investments in rural and regional health are:

- \$65.8 million to increase the Rural Bulk Billing Incentive for doctors working in rural towns and remote areas
- \$12.4 million to expand opportunities for early-career doctors to work in rural communities while they complete their medical training through the new John Flynn Prevocational Doctor Program
- \$0.3 million to develop a new model and streamline the Rural Procedural Grants Program and the Practice Incentives Program procedural GP payments into a new rural generalist GP support program for GPs with advanced skills
- \$9.6 million to add 90 workplace training packages through the Allied Health Rural Generalist Pathway, with 30 allocated to Aboriginal Community Controlled Health Organisations, and to introduce 30 new Allied Health Assistant packages
- \$29.5 million to establish an innovative funding pool for non-GP medical specialist training from 1 January 2022, and
- \$1.8 million to expand the trial of collaborative primary care models that has been running in five rural communities in western and southern NSW into other states and territories.

## Supporting our Hospitals

The Morrison Government is continuing its record level investment in public hospitals, including funding under the 2020–25 National Health Reform Agreement (NHRA) and the National Partnership on COVID-19, with total investment of \$135.4 billion over five years, up from \$13.3 billion in 2012–13 to \$25.6 billion in 2021–22 and \$29.9 billion in 2024–25.

We are also committed to reforming private health insurance (PHI), making it simpler and more affordable for all Australians. Our reforms over recent years have resulted in the lowest consumer premium changes in more than 20 years and improved access to care and affordability for young people and people with a disability.

This Budget includes measures to improve sustainability and affordability of PHI into the future. The current policy settings for the Medicare Levy Surcharge (MLS) and PHI Rebate income tiers will continue for a further two years, allowing an in-depth study of the effectiveness of current regulatory settings.

Other key investments to support our hospitals include:

- \$22 million to improve and modernise the PHI Prostheses List. This will reduce medical device costs and continue to make PHI more affordable for patients, and
- \$5.1 million to introduce an improved certification process when admitting patients to hospital for services normally delivered out of hospital. This will ensure hospital costs are funded for those services which will deliver better patient health outcomes.

## Life-saving and job-creating medical research

The Morrison Government is investing \$6.7 billion over four years in the 2021–22 Budget to drive world-leading research, leading to improvements in health outcomes for Australians, as well as creating jobs and economic growth.

The amount of funding provided for research projects through the Medical Research Future Fund (MRFF) has grown from \$61 million in 2016–17 and is projected be \$650 million in 2022–23 and beyond.

This Budget includes significant investment in medical research, including:

- \$6.7 billion over the next four years for:
  - MRFF (\$2.4 billion)
  - National Health and Medical Research Council (NHMRC) (\$3.6 billion), and
  - Biomedical Translation Fund (BTF) (\$500 million).
- \$85 million for new program rounds opening 12 May 2021, including:
  - \$70 million for 2021 Clinical Trials Activity, Rare Cancer, Rare Diseases and Unmet Need program, and
  - \$15 million for 2021 COVID-19 Health Impact and Vaccination Schedules.

Other life-saving and job creating research investments include:

- \$4.4 million for the staged introduction of mitochondrial donation into clinical and research settings in Australia, following the passage of the Mitochondrial Donation Law Reform (Maeve’s Law) Bill 2021 earlier this year
- \$6 million to enhance Australia’s status as a leading option to conduct clinical trials by continuing the successful Encouraging More Clinical Trials in Australia program, and
- \$4.8 million to continue the Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Research Program, reducing the incidence HIV, hepatitis B and C, chlamydia, syphilis and gonorrhoea.

**STATEMENT ENDS**





**The Hon. Scott Morrison MP**  
Prime Minister

**The Hon. Greg Hunt MP**  
Minister for Health and Aged Care

**Senator The Hon. Richard Colbeck**  
Minister for Senior Australians and Aged Care Services

## **JOINT MEDIA RELEASE**

### **\$17.7 billion to deliver once in a generation change to aged care in Australia**

In response to the final report of the Royal Commission into Aged Care Quality and Safety, the Morrison Government will deliver a \$17.7 billion package of support and a once in a generation reform to aged care to deliver respect, care and dignity to our senior Australians.

Senior Australians built our nation. They are our parents and grandparents, our founders and protectors, and they have contributed so much to our Australian communities.

It is our duty and responsibility to give every Australian the care they need in their later years.

This investment of an additional \$17.7 billion will deliver generational change with improved quality care, increased viability in the sector with services respecting the needs and choices of senior Australians. It is also the largest investment in aged care and the largest response to a Royal Commission in Australian history.

We welcome the final report of the Royal Commission and have founded our response on the principles of respect, care and dignity.

The Morrison Government is, therefore, responding to the Royal Commission with its five year – five pillar aged care reform plan addressing:

1. Home care – at home support and care based on assessed needs
2. Residential aged care services and sustainability – improving service suitability that ensures individual care needs and preferences are met
3. Residential aged care quality and safety – improving access to and quality of residential care
4. Workforce – growing a bigger, more highly skilled, caring and values based workforce; and
5. Governance – new legislation and stronger governance

The Government thanks Commissioners, the Hon Tony Pagone QC, Lynelle Briggs AO and the late Hon Richard Tracey AM RFD QC, for their efforts delivering one of the most important documents in the history of aged care in Australia.

In responding to the 148 recommendations, of which 123 were joint, and 25 were specific to the individual Commissioners requiring a decision by Government, the Morrison Government has

accepted or accepted in principle 126 recommendations. In addition, the Government supports instead an alternative on four of the recommendations. Twelve recommendations were subject to further consideration or noted in the government response. Six were not accepted, including four which note the discordant views of the Commissioners.

The key elements of the Morrison Government's response include:

- **Pillar 1 of the Royal Commission Response - Home Care:** \$7.5 billion towards supporting senior Australians who choose to remain in their home, including:
  - \$6.5 billion for an additional 80,000 Home Care Packages – 40,000 released in 2021–22 and 40,000 in 2022–23, which will make a total of 275,598 packages available to senior Australians by June 2023
  - \$10.8 million to design and plan a new support in home care program which better meets the needs of senior Australians
  - \$798.3 million to support the 1.6 million informal carers, including additional respite services for 8,400 senior Australians each year, and
  - \$272.5 million for enhanced support and face-to-face services to assist senior Australians accessing and navigating the aged care system.
- **Pillar 2 of the Royal Commission Response – Residential aged care services and sustainability:** \$7.8 billion towards improving and simplifying residential aged care services and to ensure senior Australians can access value for money services, including:
  - \$3.9 billion to increase the amount of front line care (care minutes) delivered to residents of aged care and respite services, mandated at 200 minutes per day, including 40 minutes with a registered nurse
  - \$3.2 billion to support aged care providers to deliver better care and services, including food through a new Government-funded Basic Daily Fee Supplement of \$10 per resident per day
  - \$102.1 million to assign residential aged care places directly to senior Australians, and to support providers to adjust to a more competitive market
  - \$49.1 million to expand the Independent Hospital Pricing Authority to help ensure that aged care costs are directly related to the care provided
  - \$189.3 million for a new Australian National Aged Care Classification to deliver a fairer and more sustainable funding arrangements, and
  - \$5.5 million to reform residential aged care design and planning to better meet the needs of senior Australians, particularly those living with dementia.
- **Pillar 3 of the Royal Commission Response – Residential aged care quality and safety:** \$942 million to drive systemic improvements to residential aged care quality and safety, including:
  - \$365.7 million to improve access to primary care for senior Australians, including the transition of senior Australians between aged care and health care setting and improved medication management
  - \$262.5 million to ensure the independent regulator, the Aged Care Quality and Safety Commission (ACQSC), is well equipped to safeguard the quality, safety and integrity of aged care services and can effectively address failures in care
  - \$7.3 million for additional resources to build capacity within residential aged care for the care of senior Australians living with dementia
  - \$67.5 million for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to further reduce reliance on physical and chemical restraint (restrictive practices), and
  - \$200.1 million to introduce a new star rating system to highlight the quality of aged care services, better informing senior Australians, their families and carers, including
    - \$94.0 million to expand independent advocacy to support greater choice and quality safeguards for senior Australians.

- **Pillar 4 of the Royal Commission Response – Workforce:** \$652.1 million to grow a skilled, professional and compassionate aged care workforce, which will be the powerhouse of the Government’s reform agenda, including:
  - upskilling the existing workforce and providing training for thousands of new aged care workers, including 33,800 subsidised Vocational Education and Training places through JobTrainer.
  - \$228.2 million to create a single assessment workforce to undertake all assessments that will improve and simplify the assessment experience for senior Australians as they enter or progress within the aged care system
  - \$135.6 million to provide eligible Registered Nurses with financial support of \$3,700 for full time workers, and \$2,700 for part time workers, nursing scholarships and places in the Aged Care Transition to Practice Program; and
  - \$9.8 million to extend the national recruitment campaign, to help increase the skilled and dedicated aged care workforce.
  
- **Pillar 5 of the Royal Commission Response – Governance:** \$698.3 million to improve the governance across the aged care system. This will embed respect, care and dignity at the heart of the system, guaranteeing better choice, high quality and safe care for senior Australians, including:
  - \$21.1 million to establish new governance and advisory structures, including a National Aged Care Advisory Council, and a Council of Elders, and to work towards establishment of an office of the Inspector-General of Aged Care
  - \$630.2 million to improve access to quality aged care services for consumer in regional, rural and remote areas including those with First Nations backgrounds and special needs groups
  - \$13.4 million to improve rural and regional stewardship of aged care, with Department of Health aged care officers embedded within eight of the 31 Primary Health Network regions, and
  - The drafting of a new *Aged Care Act* to enshrine the Government’s reforms in legislation by mid-2023.

The initiatives outlined within the Morrison Government’s five pillars response will be introduced through a five year plan in response to the Royal Commission.

Phase One (2021) will see the Morrison Government focus on setting the foundations for generational change, commencing with key structural and governance change across the aged care system, building the workforce, and addressing immediate priorities across each of the five pillars:

## 2021

- Home care
  - Release of 40,000 of the 80,000 additional home care packages throughout the year
  - Investment in home care with at home support and care based on assessed need, building towards a new support in the home model
- Residential aged care services and sustainability
  - Supplement (\$10 Basic Daily Fee) and continue Viability Supplements
  - Independent Pricing Authority
  - Begin phasing in enhanced financial and prudential oversight
- Residential aged care quality and safety
  - Improve Quality Standards for dementia, diversity, food, nutrition
  - Enhanced regulatory and monitoring powers of the Aged Care Quality and Safety Commission to improve clinical standards
  - Additional GP services and access available for aged care residents
- Workforce
  - Additional training places provided for new and existing aged care workers
  - Scholarships to attract nurses and personal care workers

- Additional advocacy, dementia and palliative care training
- Governance
  - Council of the Elders
  - Inspector-General of Aged Care
  - Funding uplift for MPS and NATSIFAC residential care

Phase Two (2022–2023), the Morrison Government will be rebuilding institutions across the sector ensuring their resolute focus on the dignity, care and respect for senior Australians. We will develop and pass new legislation and embed regulation with a focus on high quality support for older people, which is simpler to access and better tailored to the needs of the individual. We will reform funding arrangements and make significant changes to service delivery. We will continue to enhance workforce capability, and improve the culture in aged care.

## 2022

- Home care
  - Release of 40,000 additional home care packages
- Residential aged care services and sustainability
  - Transition to AN-ACC funding model
  - Increase in the residential funding base
- Residential aged care quality and safety
  - Serious Incident Response Scheme (SIRS) expanded to home and community care
  - Reporting of staffing hours
  - Enhanced financial reporting transparency
  - Worker screening (workforce register) and code of conduct introduced
  - Stage one implementation of Star Ratings
- Workforce
  - Single assessment workforce model implemented in residential care
  - Financial incentive payments for registered nurses
  - Additional training places provided for new and existing workers, including 6,000 new personal care workers and 33,800 additional training places for personal care workers to attain a Certificate III
- Governance
  - Procurement of Indigenous care finders

## 2023

- Home care
  - Network of 500 local Care Finders in place
  - Single in-home care program
- Residential aged care services and sustainability
  - Mandatory care time (200 care minutes)
- Residential aged care quality and safety
  - National Aged Care Minimum Dataset to improve information metrics about aged care
  - Expanded National Mandatory Quality Indicator Program (NMQIP)
- Workforce
  - Single assessment workforce model implemented in home care
  - Additional training places provided for new and existing personal care workers to attain a Certificate III
- Governance
  - New Aged Care Act commences

Phase Three (2024–2025) will begin to realise the vision of a high-quality and safe aged care system. We will deliver an aged care system that places the needs of senior Australians at its core. Most of all, our care system will treat our senior Australians with dignity, care and respect.

## 2024

- Home care
  - Expected new support at home program supports senior Australians to stay in their homes and keep connected to their communities
- Residential aged care services and sustainability
  - Reformed residential aged care accommodation framework implemented
  - Discontinue the Aged Care Approvals Round process from 1 July 2024
- Residential aged care quality and safety
  - Full implementation of Star Ratings

## 2025

- Residential aged care services and sustainability
  - Young People In Residential Aged Care targets met – no people under 65 living in residential aged care (Dec 2025)
- Governance
  - Strong and effective governance of aged care is in place with senior Australians at the centre and improved care outcomes consistently delivered.

## STATEMENT ENDS

### Table of Measures

Home Care	Funding
Home Care - Future Design and Funding	10.8 million
Home Care - Immediate Investment to Address Critical Need and Prepare for Home Care Reforms	6.5 billion
Home Care - Connecting Senior Australians to Aged Care Services	272.5 million
Home Care - Support for Informal Carers	798.3 million
Home Care - Higher Value for Money in Home Care Packages through enhanced Program Oversight	18.4 million
Home Care – Improving Aged Care Data and Tracking Quality	28.5 million
<b>Total</b>	<b>\$7.5 billion</b>
Residential Aged Care Services and Sustainability	Funding
Residential Aged Care Services and Sustainability - Reforming Residential Care Funding to Drive Better Care and a Viable System	7.3 billion
Residential Aged Care Services and Sustainability - Reforming Accommodation Settings in Residential Aged Care	5.5 million

Residential Aged Care Services and Sustainability - Aged Care Structural Adjustment Strategy	102.1 million
Residential Aged Care Services and Sustainability - Temporary Financial Support	189.8 million
Governance - Independent Health and Aged Care Pricing Authority	49.1 million
COVID 19 – Viability Fund for Emergency Support to Residential Aged Care Providers – Extension	90 million
Refundable Accommodation Deposit Loan Scheme	2.3 million
Refundable Accommodation Deposit Reporting and Additional Services Fee	7.5 million
<b>Total</b>	<b>\$7.8 billion</b>
<b>Residential Aged Care Quality and Safety</b>	<b>Funding</b>
Residential Aged Care Quality and Safety - Initial Response to the Royal Commission (Quality and Safety) - Strengthening Providers	62.1 million
Residential Aged Care Quality and Safety - Establishment of a New Independent Aged Care Quality and Safety Authority	2.8 million
Residential Aged Care Quality and Safety - Protecting Consumers by Strengthening Regulatory Powers and Capability	227.7 million
Residential Aged Care Quality and Safety- Empowering Consumers of Aged Care with Information to Exercise Choice	200.1 million
Residential Aged Care Quality and Safety - Improving Quality and Safety across the Aged Care Sector including SIRS	81.5 million
Residential Aged Care Quality and Safety - Improving Access to Primary Care and Other Health Services	365.7 million
<b>Total</b>	<b>\$942 million</b>
<b>Workforce</b>	<b>Funding</b>
Workforce - Growing a Skilled and High Quality Workforce to Care for Senior Australians	216.7 million
Workforce - Extending the Care and Support Workforce National Campaign	9.8 million
Workforce - Single Assessment Workforce for Aged Care	228.2 million
Workforce - Growing a Skilled Aged Care Workforce to Provide Quality Home Care Services	91.8 million
Workforce - National Care and Support Worker Regulation	105.6 million

Workforce - Addressing workforce shortages in key areas – JobTrainer Fund extension for 33,800 Aged Care training places	NFP
<b>Total</b>	<b>\$652.1 million</b>
<b>Governance</b>	<b>Funding</b>
Governance - Strengthening Regional Stewardship of Aged Care	13.4 million
Governance - New Aged Care Act	26.7 million
Governance - More Equitable Access to Aged Care for First Nations People and Special Needs Groups	630.2 million
Governance - Strengthening and Streamlining Current Institutional Governance Arrangements	21.1 million
Governance – Aged Care Reform Communication and Engagement	6.8 million
<b>Total</b>	<b>\$698.3 million</b>
<b>Total Investment in Aged Care Reform</b>	<b>\$17.7 billion</b>





**The Hon. Scott Morrison MP**

Prime Minister

**The Hon. Greg Hunt MP**

Minister for Health and Aged Care

**The Hon. David Coleman MP**

Assistant Minister to the Prime Minister for Mental Health and Suicide  
Prevention

## **JOINT MEDIA RELEASE**

### **Historic \$2.3 billion National Mental Health and Suicide Prevention Plan**

The Morrison Government is continuing to guarantee essential services by investing \$2.3 billion in the National Mental Health and Suicide Prevention Plan to lead landmark reform in mental health support and treatment for Australians in need.

Based on the principles of *Prevention, Compassion and Care*, the Plan will invest \$1.4 billion in high quality and person-centred treatment, which includes the development of a national network of mental health treatment centres for adults, youth and children through the Head to Health and headspace programs.

Mental health and suicide prevention are key priorities for the Morrison Government in keeping Australians safe and a central feature of *Australia's Long-Term National Health Plan*.

Every year more than 3,000 people lose their lives to suicide, and suicide remains the leading cause of death for Australians between the ages of 15–44 years.

In addition, one in five Australians experience some form of chronic or episodic mental illness each year. The personal toll on the lives of individuals and their families and carers is immense, and also has a profound effect on our society, health and social systems, and economy.

The Morrison Government is committed to working towards zero suicides and transforming the mental health system to ensure that all Australians can access the right care and essential services whenever and wherever they need.

We have undertaken an ambitious reform plan, recognising that Australians need a system that acts early to help people before mental health conditions and suicidal distress worsen, and that whole-of-government and whole-of-community changes are needed to deliver preventative, compassionate, and effective care.

The \$2.3 billion Plan builds on the Morrison Government's significant existing investment in mental health services for Australians throughout the 2019–20 bushfires and COVID-19 pandemic, and brings the Government's total estimated mental health spend to \$6.3 billion in 2021-22, an increase of around 90 per cent since 2012–13.

The Plan is based on 5 key pillars:

1. Prevention and early intervention
2. Suicide prevention
3. Treatment
4. Supporting the vulnerable, and
5. Workforce and governance.

The Plan helps set Australia up for the future by introducing landmark reforms and will transform mental health care in Australia in several fundamental ways, including by:

- building a world-class Head to Health digital platform to harness the power of technology to help Australians dealing with mental health issues
- ensuring that our mental health and suicide prevention system reaches places where Australians work, learn and live – not just at emergency departments and health services
- enhancing mental health care in primary care by supporting our GPs, strengthening the involvement of consumers and carers, and expanding Medicare services, so that Australians can access new and innovative types of mental health care
- establishing a network of multidisciplinary mental health centres for adults, young people and children through the adult and child Head to Health and youth headspace programs
- embedding multidisciplinary teams, care coordination, consistent intake and assessment tools, greater data collection and continuous evaluation into the system to ensure it is joined up, easy to navigate and, most importantly, patient focused
- providing every Australian who is discharged from hospital following a suicide attempt with appropriate, ongoing follow up care in the community, and
- improving the efficiency of the system so that resources are invested in delivering truly person-centred care.

This \$2.3 billion investment is the first phase of the response to the findings of the Productivity Commission's (PC) Inquiry into Mental Health and the National Suicide Prevention Adviser's (NSPA) Final Report.

The Government has accepted all of the recommendations of both reports in full, in part or in principle. The majority of these recommendations require collaboration with state and territory governments, with a number to be pursued jointly through a new National Mental Health and Suicide Prevention Agreement.

### ***Pillar 1: Prevention and early intervention (\$248.6 million)***

The Government is committing \$248.6 million to prevention and early intervention, guaranteeing Australians access to these essential services. Key to this is an investment of \$111.2 million in digital services, including the creation of a single, world-class digital platform under Head to Health that will provide online professional counselling, peer support, clinical support and referrals.

This also includes \$77.3 million to continue support for existing digital mental health services, and to provide additional funding in 2021–22 for support services that manage increased demand due to the COVID-19 pandemic and the 2019–20 summer bushfires.

\$13.1 million will also be provided to support ReachOut Australia to continue delivering free and high quality digital mental health services to young Australians aged 12–25 as well as their parents, carers and schools.

Additionally, we will invest \$47.4 million to support the mental health and wellbeing of new and expectant parents, including by providing \$7.8 million for the Perinatal Anxiety and Depression Australia (PANDA) helpline, enhancing digital screening and data collection, and working with states and territories to achieve universal perinatal mental health screening across antenatal and postnatal care settings.

We will also fund:

- \$77.1 million for the National Legal Assistance Partnership to support early resolution of legal problems for those experiencing mental illness, and for mental health workers in Domestic Violence Units (DVU) and Health Justice Partnerships (HJP) to support women who have experienced family violence
  - This will include increased mental health funding for the existing 21 DVUs and HJPs, with additional funding to seven of these for regional and remote outreach activities.
- \$6.3 million to increase mental health support services for fly-in fly-out and drive-in drive-out workers
- \$5.7 million to build on the Individual Placement and Support (IPS) program to assist people with mental illness to participate in the workforce. This includes trialling the extension of the program to support adults through two Head to Health adult treatments centres and piloting vocational peer support workers with lived experience of mental health whilst seeking employment in at least two headspace IPS sites, and
- \$0.9 million to continue the Ahead for Business digital hub, supporting small business owners to take proactive, preventive and early steps to improve their mental health.

### ***Pillar 2: Suicide Prevention (\$298.1 million)***

The Government remains deeply committed to work towards zero suicides and is committing \$298.1 million to do so. For the first time and in partnership with states and territories, we will fund aftercare for every Australian discharged from hospital following a suicide attempt, at a cost of \$158.6 million. Aftercare services provide follow up care in the immediate months after a suicidal crisis or attempt, and support individuals to seek appropriate help

when they need it most. We will also trial aftercare services for anyone who has attempted suicide or experienced suicidal distress that may not have presented to a hospital.

The Government will also fund:

- \$12.8 million for a National Suicide Prevention Office to oversee the national whole-of-government approach to suicide prevention
- \$61.6 million to expand the National Suicide Prevention Leadership and Support Program to increase investment in whole-of-population suicide prevention activities and services
- \$12 million to continue the delivery of local suicide prevention initiatives across Australia through the former National Suicide Prevention Trial sites
- \$22 million to provide, in partnership with the states and territories, national suicide postvention services which help those bereaved or impacted by suicide, including families, friends, workplaces, schools, community groups, frontline responders and witnesses, and
- \$31.2 million to pilot, in partnership with the states and territories, a national Distress Intervention program which will reach people in crisis earlier and provide immediate support.

### ***Pillar 3: Treatment (\$1.4 billion)***

The Morrison Government will invest \$1.4 billion to improve and expand accessible and effective mental health treatment for all Australians who need it, at the right stage of life.

The heart of the Government's reform is an \$820.1 million investment to create a national network of multidisciplinary mental health treatment centres based on three models:

- Head to Health adult mental health treatment centres: We will improve access to community-based mental health services, including through the initial establishment of eight new centres, 24 new satellite centres, and ongoing funding for eight existing centres. We will also establish a dedicated phone service to support intake, assessment and referral, at a cost of \$487.2 million
  - As part of this initiative, the Government will also work in partnership with state and territory governments to continue to expand the network of community-based adult mental health services.
- Headspace youth treatment centres: We will continue to safeguard the wellbeing of young Australians aged 12–25 by strengthening, enhancing, and expanding the headspace network, at a cost of \$278.6 million. This includes:
  - expanding the national headspace network by establishing ten new headspace centres and upgrading five satellite services, bringing the total number of headspace services across Australia to 164, and
  - working jointly with states and territories to boost clinical capacity at existing headspace services.

- **Head to Health Kids:** In partnership with state and territory governments, the Government will create up to 15 new Head to Health Kids mental health and wellbeing centres for children aged 0–12 years. These centres will provide multidisciplinary support for infants, children and their parents, and improve early intervention outcomes for children’s mental health, at a cost of \$54.2 million.

Operating under a ‘no wrong door approach’, these new services will ensure the delivery of easy to access, high quality, person-centred treatment and supports across the mental health care system in our cities, regions and rural areas, providing stigma-free and compassionate care.

They will also contribute to addressing the ‘missing middle’ service gap (the availability of services for those who are too unwell for the general primary care system but not unwell enough to require inpatient hospital services or intensive state-based community care).

The Government will also provide:

- \$34.2 million to support General Practitioners (GPs) in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings
- \$26.9 million to provide additional support for people with eating disorders and their families, including:
  - \$2.5 million to deliver the final phase of the workforce credentialing project to ensure access to high quality care under the Medicare eating disorders items
  - \$1.9 million to provide training to staff in the Head to Health adult mental health treatment centres
  - \$13 million to establish a National Eating Disorder Research Centre
  - \$0.3 million to continue Eating Disorders Families Australia’s strive program, which provides support for families and carers of people with eating disorders, and
  - working in partnership with states and territories to explore opportunities to establish additional eating disorder day programs.
- \$288.5 million to list Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the MBS for patients with medication-resistant major depressive disorder
- \$111.4 million to support the take up of group therapy sessions and participation of family and carers in treatment provided under the Better Access initiative
- \$171.3 million over two years to continue psychosocial support for people with severe mental illness who do not qualify for the NDIS. This funding is in addition to that provided under the NDIS
- \$42.3 million to support access to parenting education and support, to build parenting strategies and help parents to identify problem behaviours early, and

- \$0.5 million to develop national guidelines to support states and territories to include social and emotional wellbeing and indicators in early childhood health checks, so any emotional difficulties can be identified early and in a nationally consistent way.

***Pillar 4: Supporting the vulnerable (\$107 million)***

The Government is committing \$107 million towards supporting vulnerable groups, including:

- \$79 million to implement key initiatives under a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, including:
  - \$27.3 million to implement culturally-sensitive, co-designed aftercare services through regionally-based organisations, with Aboriginal and Torres Strait Islander organisations being preferred service providers
  - \$23.8 million to support the establishment of regional suicide prevention networks and a lead commissioning officer in each jurisdiction, and
  - \$16.6 million to Gayaa Dhuwi and Lifeline to establish and evaluate a culturally-appropriate 24/7 crisis line governed and delivered by Aboriginal and Torres Strait Islander people.
- \$16.9 million to fund mental health early intervention supports and preventive measures for migrants and multicultural communities, and address the cultural competence of the broader health workforce through the Program of Assistance for Survivors of Torture and Trauma, and Mental Health Australia's Embrace Framework, and
- \$11.1 million to improve the experience of and outcomes for people with complex mental health needs through a range of targeted initiatives, including:
  - funding for SANE Australia to pilot specialised mental health services and interventions for people with complex mental health needs, and
  - additional training and education for the mental health workforce to better meet the needs of people with cognitive disability and autism.

A number of the new adult and child mental health centres will also be established with expertise focused on providing care for particular vulnerable groups, such as LGBTIQ+ or Aboriginal and Torres Strait Islander mental health, based on identified areas of need.

***Pillar 5: Workforce and governance (\$202 million)***

The Government is committing \$202 million for mental health workforce and governance measures. This will ensure the system has the capacity and capability to provide quality and compassionate care. Key measures include:

- \$58.8 million to grow the mental health workforce by providing:
  - \$27.8 million to increase the number of nurses, psychologists and allied health practitioners working in mental health settings through up to 280 scholarships and 350 clinical placements

- \$11 million to boost the psychiatrist workforce by making available 30 additional training posts by 2023, supporting regional and remote training pathways, and promoting psychiatry as a career pathway
- \$8.3 million to support greater representation of Aboriginal and Torres Strait Islander people in the mental health workforce through 40 additional mental health-specific scholarships, and providing training to support healthcare workers to deliver culturally safe care
- \$3.1 million to boost and support the mental health peer workforce through up to 390 scholarships and opportunities for professional collaboration
- \$2.4 million to continue mental health training for practitioners working in aged care and support professional collaboration through the Mental Health Professionals' Network
- \$1 million for initiatives to reduce the stigma associated with mental health among health practitioners, and promote mental health as a preferred career option, and
- \$0.3 million to identify opportunities to boost the skills of mental health professionals who work with children and families.
- \$15.9 million to support GPs and other medical practitioners to provide primary mental health care. This includes the provision of additional training in psychological therapies, reviewing and improving mental health training for medical practitioners, developing a nationally recognised Diploma of Psychiatry for medical practitioners, reviewing mental health prescribing practices and developing guidelines for the safe use of antidepressants in youth and children, and continuing to deliver the Equally Well Program promoting improvements to the physical health of those living with a mental illness
- \$7.3 million towards additional staff resources for the National Mental Health Commission (NMHC) to support the Australian Government's mental health and suicide prevention reform agenda
- \$2.6 million to provide tailored mental health supports to health practitioners and reduce stigma associated with health practitioners seeking support for their own mental health
- \$0.3 million to engage with mental health stakeholders to investigate and co-design future national peak body arrangements to provide consumers and carers with a greater say in the future of the mental health system, and
- \$117.2 million to establish a comprehensive evidence base to support real time monitoring and data collection for our mental health and suicide prevention systems, enabling services to be delivered to those who need them, and improving mental health outcomes for Australians.



Funding from a number of these measures will be used to grow the Aboriginal and Torres Strait Islander mental health workforce, building the capacity of culturally safe treatment for Aboriginal and Torres Strait Islander people.

The reforms included in this historic Mental Health and Suicide Prevention Plan will continue to guarantee Australians with essential services, and are the first major step in what will be an ongoing effort to create a world-leading mental health and suicide prevention system.

Many of these reforms will require a phased approach and ongoing cooperation with states and territories and with stakeholders, but by working together we can build the mental health and suicide prevention system that Australians deserve.

**STATEMENT ENDS**

## Prioritising Mental Health, Preventive Health and Sport

### National Mental Health and Suicide Prevention Plan – \$2.3 billion investment

#### Prevention and Early Intervention – \$248.6 million

- ▶ Strengthening access to and connection between mental health services via digital means (\$98.1 m)

#### Suicide Prevention – \$298.1 million

- ▶ Aftercare services for people following a suicide attempt (\$158.6 m)

#### Treatment – \$1.4 billion

- ▶ Adult Head to Health, Youth headspace and Kid's Head to Health Treatment centres (\$820.1 m)
- ▶ Investing in new Mental Health Treatments – including Repetitive Transcranial Magnetic Stimulation (\$288.5 m)
- ▶ Increased Support for Eating Disorder Services (\$26.9 m)

#### Supporting the Vulnerable – \$107 million

- ▶ Mental Health Support for multicultural communities (\$16.9 m)
- ▶ Mental Health Services for Aboriginal and Torres Strait Islanders (\$79 m)

#### Workforce and Governance – \$201.7 million

- ▶ Mental Health Workforce and Workplace Support (\$61.3 m)
- ▶ Mental Health Governance (\$140.4 m)

### COVID-19 Supporting mental health – \$320 million direct investment since March 2020

#### Preventive health – \$250.9 million investment

- ▶ Drug, Alcohol and other substances treatment and support services (\$74.1 m)
- ▶ Preventive Health Strategy
  - Commitment to reducing the number of stillbirths by 20% by 2025 (\$1.8 m)
  - Women's Preventive Health Initiatives (\$21.6 m), as part of the total investment in Women's Health (\$535.8)
  - Cancer Screening and support, including cervical, breast and lung cancer (\$130.9 m)

#### Sport and physical activity – \$245.8 million investment

- ▶ Major Sporting Events including the FIBA Women's World Cup 2022 and FIFA Women's World Cup 2023 (\$19.9 m)
- ▶ Supporting healthy and active lifestyle by promoting sport and physical activity in communities and schools (\$40.8 m)
- ▶ Continued investment in Australia's sports integrity arrangements (\$35 m)
- ▶ High performance pathways and athlete wellbeing (\$132.8 m)

## Supporting our hospitals

### Ensuring hospital capacity through COVID-19 – \$9.2 billion investment since March 2020

- ▶ Ensuring hospital and public health capacity through the National Partnership on COVID-19 Response, which includes the State Health and Hospital 50/50 Sharing Agreement (\$4.1 b) and harnessing the private hospital viability guarantee (\$1.2 b)

#### National Health Reform funding – \$135.4 billion over 5 years

- ▶ The Australian Government is continuing its record level investment in public hospitals, including funding under the 2020–25 National Health Reform Agreement and the National Partnership on COVID-19, with total investment of \$135.4 billion over 5 years
- ▶ Up from \$13.3 b in 2012-13 to \$25.6 b in 2021-22 and \$29.9 b in 2024-25

#### Affordable and Sustainable Private Health Insurance (PHI) Reform

- ▶ Including improving the PHI prosthesis list, greater rigour to certification for hospital admissions and optimising private hospital default benefit arrangements (\$30.6 m)

#### National Medical Stockpile – \$29.9m investment

- ▶ Implementation of phase one of a 2 phased approach to building the long term capability of the National Medical Stockpile (\$29.9 m)

## 2021–22 Budget

### Long Term National Health Plan

### \$121.4 billion in 2021–22 for health, aged care and sport

### \$36 billion additional funding for health, aged care and sport over 4 years from 2021–22 to 2024–25

- ▶ \$17.7 billion additional for *respect, care and dignity* in aged care
- ▶ \$2.3 billion additional for Mental Health
  - \$820.1 million for Adult, Youth and Children's treatment centres
- ▶ \$125.7 billion over 4 years for Medicare
  - \$3.6 billion total investment in telehealth to date
- ▶ \$4.1 billion over 4 years for Prioritising Aboriginal and Torres Strait Islander Health
- ▶ \$43 billion for life changing medicines over 4 years
  - Including PBS New and Amended Listings
- ▶ \$135.4 billion for National Health Reform Funding over 5 years
- ▶ \$6.7 billion over 4 years for life-saving medical research
- ▶ \$492 million additional for preventive health and sport
- ▶ Over \$25 billion on total COVID expenditure since March 2020
  - Including \$7.2 billion for vaccines

## Ageing and Aged Care

### \$17.7 billion investment in Response to the Royal Commission into Aged Care Quality and Safety

#### In Home Care Reform – \$7.5 billion

- ▶ \$6.5 billion for Immediate investment in Home Care – additional 80,000 packages
- ▶ Support for Informal Carers and increased respite funding (\$798.3 m)

#### Residential Aged Care Services and Sustainability Reform – \$7.8 billion

- ▶ Funding to Drive Better Care and a Viable System – increasing access to Registered Nurses (\$7.3 b)
- ▶ Services Reform and Funding Sustainability (\$102.1 m)

#### Residential Aged Care Access and Quality; Primary Care support – \$942 million

- ▶ Improving access to GP-led care and other health services (\$365.7 m)
- ▶ Empowering consumer choice through greater transparency (\$200.1 m)
- ▶ Improving Quality and Safety (\$81.5 m)

#### Aged Care Workforce – \$652.1 million

- ▶ Establish a Single Assessment Workforce to simplify and the improve quality and consistency of services for senior Australians (\$228.2 m)
- ▶ 33,800 additional training places for personal care workers to attain qualifications
- ▶ Grow, train and upskill the aged care workforce (\$216.7 m)

#### Streamlining Aged Care Sector Governance – \$698.2 million

- ▶ Targeted Support for First Nations and special needs groups (\$630.2 m)
- ▶ Strengthening governance of aged care through Regional Stewardship and further supported by a New Aged Care Act (\$40.2 m)

### COVID-19 Support for Residential Aged Care – \$2.1 billion investment since March 2020

- ▶ COVID Viability fund for Residential Aged Care providers (\$90 m)
- ▶ Pathology Testing in Aged Care (\$63.6 m)

## Guaranteeing Medicare and Access to Medicines

### COVID-19 Primary Care response – \$6.2 billion investment since March 2020

- ▶ Building on the 57.5 million telehealth services provided (at 6 May 2021), continuing access to Medicare-subsidised telehealth for general practitioner, nursing, midwifery, allied health, allied mental health and specialist services
- ▶ Medicare-subsidised pathology and testing at the point of care including 86 rural and remote Aboriginal and Torres Strait Islander communities (\$10.6 m)
- ▶ Continued funding for 150 GP-led respiratory clinics nationally (\$446.9 m)

### Strengthening Primary Care – \$1.8 billion investment across the portfolio

- ▶ Reform through the voluntary patient registration initiative, MyGP (\$50.7 m)
- ▶ Primary Care For Vulnerable Population Groups including, people with intellectual disabilities (\$12.7 m)
- ▶ Improving Access to After Hours Care (\$71.9 m)
- ▶ Investment in Digital Health to support My Health Record (\$301.8 m)
- ▶ Continued investment in Adult and Child Dental Services (\$115.2 m)

### Guaranteeing Medicare – \$1.5 billion investment

- ▶ Medicare Benefit Schedule Reviews
  - Gynaecology (\$22 m), Plastic and Reconstructive Surgery (\$27 m), Ambulatory Blood Pressure Monitoring (\$40.5 m), Continuous Review Mechanism (\$3.2 m), and other new and amended listings (\$333.7 m)
- ▶ Diagnostic Imaging Reforms (\$37 m)

### Improving Access to Medicines – \$43 billion investment over 4 years

- ▶ PBS New and amended listings including, Dupilumab for Atopic Dermatitis (\$272.5 m) and Galcanezumab for Chronic Migraines (\$201 m)
- ▶ Streamlining the Health Products Portal (\$36 m)

### Stronger Rural Health Strategy – \$123 million for rural workforce measures

- ▶ Rural Bulk Billing Incentive will continue to support delivery of quality health services to all Australians, no matter where they live (\$65.8 m)
- ▶ John Flynn Prevocational Doctor Program (\$12.4 m)
- ▶ Expanding the Allied Health Rural Generalist Pathway (\$9.6 m)

### Prioritising Aboriginal and Torres Strait Islander Health – \$4.1 billion over 4 years. \$781.1 million additional investment across the portfolio

- ▶ \$980.3 m in total funding for 2021–22
- ▶ Continued investment in Rheumatic Fever Strategy and Elimination of Trachoma (\$31.1 m)
- ▶ Practice Incentive Payments for Indigenous Health Initiatives (\$22.6 m)

## Life saving and job creating medical research

### \$20 billion Medical Research Future Fund (MRFF) endowment fully established in July 2020

### COVID-19 treatments and vaccines – \$7.2 billion investment since March 2020

#### Medical research and clinical trials

- ▶ Mitochondrial Donations (\$4.4 m) and Blood Born Virus and Sexually Transmitted Infection (\$4.8 m) research and funding for more clinical trials in Australia (\$6 m)

### Ground-breaking medical research and clinical trials – \$6.7 billion over 4 years for MRFF, NHRMC and BTF

- ▶ \$228.1 m in MRFF Grant and new program openings in 2021
- ▶ Patients (\$536.3 m) – clinical trials, delivering more advanced health care and medical technology
- ▶ Researchers (\$376.1 m) – support to make breakthrough discoveries
- ▶ Missions (\$624.8 m) – genomics, stem cell therapies, cardiovascular health, traumatic brain injury, mental health, brain cancer, Indigenous health, dementia, and ageing and aged care
- ▶ Translation (\$725.5 m) – moving research ideas from the lab to practice



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## Overview – Response to the COVID-19 pandemic

The Australian Government has made every effort to minimise the spread of the COVID-19 virus and its impact on Australians. Australia stands as a model for many nations on how to navigate the COVID-19 crisis.

The Australian Government's \$25 billion emergency health response includes:

GUARANTEEING MEDICARE AND ACCESS TO MEDICINES	
Measure	Total Funding since March 2020 (\$)
Temporary Access to Medicare-subsidised Telehealth – GP, nursing, midwifery, allied health and mental health services and for essential specialist services	3.6 billion
Establishment and extension of up to 150 GP-led Respiratory Clinics	446.9 million
Continued access to GPs during the pandemic	54.8 million
Microbiology and pathology testing and industry support	1.5 billion
COVID-19 Pathology Testing in Aged Care	209.5 million
Access to medicines (home delivery) and e-prescribing	41.5 million
Workforce infection control training and surge capacity	30.0 million
Funding for early retrieval and evacuation for people with potential COVID-19	30.0 million
Support for COVID-19 triage helplines and communications	143.7 million
Support for planning and preparedness activities in remote communities, including increased screening protocols to reduce travel	23.0 million
Medical Indemnity coverage for returning medical practitioners and midwives	3.7 million
Response to Outbreaks: Australian Medical Assistance Teams (AUSMAT) deployment	7.8 million

Support for the National Incident Room capability in response to the pandemic	112.9 million
Modelling and surveillance to support the response to COVID-19	4.5 million
Australian Health Practitioner Regulation Agency - increased registration capacity	6.3 million
Response to Outbreaks: staffed mobile respiratory clinics	15.0 million
COVID-19 Remote Point Of Care Testing (POCT) Program in Aboriginal and Torres Strait Islander communities	10.7 million
<b>Total</b>	<b>6.2 billion</b>

SUPPORTING OUR HOSPITALS	
Measure	Total Funding since March 2020 (\$)
Harnessing private hospital capacity	1.2 billion
National Partnership Agreement on a joint COVID-19 public health response	4.1 billion
National Medical Stockpile – purchase of masks and other personal protective equipment (PPE) and pharmaceuticals	3.3 billion
COVID-19 Quarantine facilities	588.7 million
<b>Total</b>	<b>9.2 billion</b>

AGEING AND AGED CARE	
Measure	Total Funding since March 2020 (\$)
Supporting aged care preparedness – surge workforce	204.6 million
Support payments to home care and residential aged care providers	855.9 million
Aged Care continuity of workforce – Workforce Retention Payments	442.2 million
COVID-19 support through Commonwealth Home Support Programme	200.9 million
Support for Aged Care Workers in COVID-19 grant to additional regions	93.0 million



Business Improvement Fund to provide emergency COVID-19 support and targeted prudential intervention	55.8 million
Operation of the Victorian Aged Care Response Centre	17.3 million
Supporting quality and safety monitoring of aged care services	9.0 million
Enhancing nursing skills and leadership capability in aged care measure	10.8 million
Emergency funding for the My Aged Care Contact Centre for COVID-19	12.3 million
Introduction of the Serious Incident Response Scheme (SIRS) for residential aged care	40.9 million
Increasing access to allied health and additional allied health group services for Residents of Aged Care Facilities	27.9 million
Temporary reduction to the Australian Government subsidy paid to residential aged care providers when a resident is on extended hospital leave	6.3 million
Additional Support for Aged Care Under the National Partnership on COVID-19 Response	57.8 million
Expanding Mental Health Support for Aged Care Residents During the COVID-19 Pandemic	35.5 million
<b>Total</b>	<b>2.1 billion</b>

MEDICAL RESEARCH AND VACCINES	
Measure	Total Funding since March 2020 (\$)
Securing access and distribution of vaccines for people living in Australia	5.4 billion
Investment to support COVID-19 vaccine access and health security for developing countries, Pacific and Southeast Asia, including funding to the Gavi Facility (the Vaccine Alliance)	1.0 billion
Research investment (including \$95 million from the MRFF) for diagnostics, vaccine development, antiviral development, clinical trials, digital health research infrastructure and research into the human immune response to COVID-19 infection	373.4 million
Vaccine workforce support, Training and Communications	333.9 million
<b>Total</b>	<b>7.2 billion</b>

PRIORITISING MENTAL HEALTH AND PREVENTIVE HEALTH	
Measure	Total Funding since March 2020 (\$)
Supporting Better Access – additional psychological therapies	100.8 million
National Mental Health Pandemic Response Plan	48.1 million
Early intervention mental health support and crisis services - Beyond Blue, Lifeline and Kids Helpline	43.1 million
Targeted support for vulnerable groups and enhanced access to clinical care, including aged care and psychosocial support clients to the NDIS	48.5 million
PHNs to establish 15 mental health clinics at selected GP clinics and headspace centres in Victoria	31.9 million
Funding to expand the individual placement and support program to assist vulnerable young people with mental illness to participate in the workforce	45.7 million
COVID-19 mental health response – awareness and prevention	1.4 million
<b>Total</b>	<b>320 million</b>

<b>TOTAL COVID-19 INVESTMENT</b>	<b>25.0 billion</b>
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## Overview – How the 2021–22 Budget is investing in Primary Health Care

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing \$1.8 billion to provide Australians with timely and affordable access to high quality health care. The Government's guaranteed support for Medicare is key to providing Australians with universal health care.

The Government will invest \$125.7 billion in Medicare, an increase of \$6 billion over the forward estimates.

Hospital funding will also increase, with an investment of \$135.4 billion in National Health Reform funding over 5 years.

The Government's primary health care investments include:

- \$711.7 million to add new items to the Medicare Benefits Schedule (MBS), including genetic testing, gynecological procedures, paediatric and rare cancer treatment, treatment for major depression, and orthopedics
- \$204.6 million to extend telehealth measures, providing unprecedented access to health care services, including general practitioners (GPs), specialists, nursing, midwifery, allied health, and mental health services, until 31 December 2021
- \$87.5 million for the extended operation of up to 150 GPRCs through to 31 December 2021
- \$65.8 million to improve bulk billing rates in rural, regional and remote communities by increasing the Rural Bulk Billing Incentive payment for doctors
- \$71.9 million for the Primary Health Network's (PHN) After Hours for service delivery and improving integration in more communities
- \$365.7 million to improve access to primary care for senior Australians, including those living in residential aged care
- \$58.8 million to grow the mental health workforce and support GPs in primary mental health care

- \$107.9 million to help states and territories provide approximately 180,000 adult concession card holders with public dental services through a new National Partnership Agreement (NPA) for Public Dental Services for Adults
- \$7.3 million to improve access to the Child Dental Benefits Schedule (CDBS), including allowing benefits for children under 2 years old
- \$37 million to modernise diagnostic imaging – replacing outdated equipment, improving the patient journey, and continuing support for private radiology oncology providers
- \$50.7 million to continue to develop an ICT system that enables a voluntary patient registration (VPR) initiative, to be known as MyGP, which will improve health outcomes and lift the quality of services delivered to Australian patients through continuity of care
- \$5.5 million to expand the National Health Call Centre Network, Healthdirect, to include Victoria, and
- \$5.7 million to modernise the Hearing Services Online (HSO) portal, helping deliver care to Australians with hearing loss.

For further information, refer to the relevant fact sheets.

### **Why is this important?**

Primary health care is the frontline of Australia's health system, it includes people's local GP, nurses, allied health professionals, midwives, pharmacists, dentists, and Aboriginal health workers.

A strong, well-funded and accessible primary health system keeps people healthier and out of hospital by supporting them to manage their health issues, including chronic conditions, in the community. This reduces Australians' reliance on costly acute care, such as specialists, emergency department or other hospital services.

### **Who will benefit?**

All Australians benefit from universal access to timely, affordable, and high quality health care, in what is one of the world's best health care systems.

The Australian Government's investment in Medicare and primary health care directly benefits patients, clinicians, medical practitioners and the healthcare workforce, health providers and communities around Australia.

### **How much will it cost?**

Combined, the Australian Government will invest around \$1.8 billion in primary care initiatives.



## Overview – How the 2021–22 Budget is investing in the health of regional Australia

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing an additional \$36 billion to ensure all Australians benefit from quality health services no matter where they live. The health and wellbeing of Australians living in regional, remote and very remote Australia is a priority for the Australian Government.

Helping our rural, regional and remote areas grow the number of local doctors, nurses and allied health workers to ensure equity of access is a focus of the Government.

The investments continue the success of the 10 year *Stronger Rural Health Strategy*. Over 2 years, an additional 700 doctors and 700 nurses are providing services to regional communities.

The Government's rural and regional health investments include:

- \$3 billion to continue the critical services rural and regional Australians have relied on during the COVID-19 pandemic, including:
  - supporting the COVID-19 vaccination rollout, with priority given to residents of remote communities of fewer than 5,000 people, and
  - \$204.6 million to continue MBS-subsidised telehealth services.
- \$65.8 million in the first 4 years, which will be ongoing and demand-driven, to implement a progressive incentive schedule that increases bulk billing payments for doctors working in remote areas and rural towns
  - From 1 January 2022, the Rural Bulk Billing Incentive (RBBi) will progressively increase from the current rate of 150% of the incentive in metropolitan areas as classified under the Modified Monash Model (MM) to:
    - 160% in MM 3-4, medium (population 5,000 to 15,000) and large (population 15,000 to 50,000) rural towns
    - 170% in MM 5, small rural towns (population up to 5,000)
    - 180% in MM 6, remote areas, and

- 190% in MM 7, very remote areas.
- Over \$668 million in aged care reforms (including in home care, residential aged care services and sustainability, residential aged care quality and safety, workforce, and governance) will deliver improvements to rural, regional and remote communities, including:
  - a new residential aged care funding model – Australian National Aged Care Classification – which will improve funding for rural and remote aged care providers
  - a new \$10 per resident per day Government Basic Daily Fee Supplement for residential aged care
  - A one-off lump sum payment of \$1,145 per residential aged care resident in non-metropolitan areas as part of the initial response to the Royal Commission
  - \$630 million to enable equitable access to aged care for First Nations people and other special needs groups, including:
    - \$396.9 million to enable aged care providers to improve or build new buildings, including staff housing, in areas with limited access to services.
  - \$13 million to strengthen regional aged care stewardship, and
  - an additional \$25 million to expand the Rural Locum Assistance Program, ensuring continuity of clinical care and strong clinical leadership, so aged care providers in rural and regional areas will have increased access to a surge workforce.
- Providing support to individuals, services and regional communities as part of Australia's largest investment in mental health and suicide prevention, including:
  - \$171.3 million for psychosocial support services, including a regional loading, for people with a severe psychosocial disability who are currently not supported by the National Disability Insurance Scheme
  - \$111.2 million to ensure Australians, including in regional, rural and remote areas, have greater access and choice for high quality, free and low cost digital mental health services
  - \$79 million for Aboriginal and Torres Strait Islander mental health national crisis services and support
- \$9.6 million to expand the Allied Health Rural Generalist Pathway in regional and rural Australia

- \$2.2 million over 5 years, to trial local approaches to alleviate workforce shortages through an expansion of the Delivering Innovative Rural Health Models
- \$12.4 million through the John Flynn Prevocational Doctor Training Program to almost double the number of rural primary care rotations for prevocational doctors
- \$29.5 million to increase non-GP medical specialist training, in areas facing workforce shortages
- \$300,000 to begin developing a streamlined program for the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments
- \$20.7 million for a one-off funding pool to assist rural and remote private diagnostic imaging providers replace older diagnostic imaging equipment providing up to 50% of the replacement cost
- \$13.7 million for allied health case conferencing to better support multidisciplinary care for patients
- \$301.8 million for the next wave of My Health Record, which benefits regional and rural Australians by ensuring their health data is quickly available to their clinician even if they have to travel away from their regular doctor
- \$40.8 million for the Sporting Schools program to deliver high quality and diverse sport-based activity to students at up to 5,750 primary schools and 750 secondary schools, and
- \$9.7 million for Surf Life Saving training and beach safety equipment to support clubs around Australia to keep beach-goers safe.

For further information, refer to the relevant fact sheets.

### **Why is this important?**

Australians, no matter where they live, deserve access to high quality health and aged care services. The Australian Government is committed to ensuring adequate support is provided so that even remote areas and those with low populations can access the care that locals need, when they need it.

The Australian Government's range of investments and programs helps ensure that rural, regional and remote Australians can access services including primary care and medicines, mental health care, aged care, and preventive health programs.

### **Who will benefit?**

Approximately one third of Australians, around 8.5 million, live outside the nation's metropolitan centres. This population is spread across regional, rural and remote communities, and for many people, access to quality health care services, providers and workers can be limited. The

Australian Government's continued commitment to invest in rural and regional health means all Australians can benefit from quality health services no matter where they live.

### **How much will it cost?**

Combined, the Australian Government will invest around \$4.5 billion in programs and initiatives that will improve the health of Australians in regional, rural and remote locations.





## Overview – How the 2021–22 Budget is investing in the health of women and girls

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing \$535.8 million to improve health outcomes for women and girls, which includes all measures announced in the \$354 million *Women's Health Package* on 9 May 2021. The Australian Government recognises that responding to the different health challenges and outcomes between men and women, and between different groups of women and girls, is important to improve the overall health of our nation.

In line with the *National Women's Health Strategy 2020–2030*, the Government is addressing core issues affecting the lives and livelihoods of women and girls. The Strategy has 5 priority areas: maternal, sexual and reproductive health; healthy ageing; chronic conditions and preventive health; mental health; and the health impacts of violence against women and girls.

The Government's investments include:

- \$100.4 million for improvements to cervical and breast cancer screening programs which will help detect these life-threatening cancers earlier, improving women's rate of survival
- \$21.6 million for women's health initiatives, including Jean Hailes for Women's Health and the Pelvic Pain Foundation of Australia for the Periods, Pain and Endometriosis Program (PPEP-Talk)
- \$13.7 million to Australian Preterm Birth Prevention Alliance for a national rollout of its program to reduce pre-term birth rates which affect 8% of births in Australia and up to 16% among Aboriginal and Torres Strait Islander women
- \$47.4 million to support the mental health and wellbeing of new and expectant parents including to:
  - expand existing support services provided by Perinatal Anxiety and Depression Australia
  - develop a perinatal mental health minimum data set to support the identification of gaps in screening and to support evidence-based investments in perinatal mental health services, and

- deliver universal perinatal mental health screening in conjunction with states and territories.
- \$107.5 million to include new genetic testing procedures on the Medicare Benefits Scheme (MBS), including:
  - \$95.9 million for pre-implantation testing of embryos for inherited genetic disorders
  - \$2.5 million for diagnosis of hydatidiform moles (molar pregnancy), and
  - \$6.3 million for pregnancies with identified major foetal structural abnormalities.
- \$22 million for gynaecology items on the MBS, which includes items for Assisted Reproductive Technology
- \$26.9 million to provide support for people with eating disorders and their families, noting that women account for almost two thirds of eating disorder diagnoses, including:
  - \$13 million to establish a National Eating Disorder Research Centre
  - \$6 million to establish eating disorder day programs in WA and TAS
  - \$2.5 million for workforce credentialing to guarantee access to high quality subsidised care for people with an eating disorder, and
  - \$300,000 to continue Eating Disorders Families Australia's *strive* program.
- \$19.9 million for Basketball Australia and Football Australia to support the staging of the women's basketball and football world cups, and other major sporting events, in Australia in 2022 and 2023, including:
  - a high performance program for the Matildas
  - community engagement programs for womens' and girls' soccer, and
  - a female participation and leadership in basketball program.
- \$19.3 million for the Pharmaceutical Benefits Scheme listing from 1 June 2021 of Oriprio® (progesterone) to prevent women going in premature labour saving around 14,250 patients up to \$300 per course of treatment
- \$6.6 million for a grant to Breast Cancer Network Australia to operate its helpline, rural and regional information forums and extending its consumer representative training program, and
- \$3 million to support the McGrath Foundation to support Breast Cancer Care Nurses.

**Why is this important?**

While Australian women and girls overall enjoy good health, there is no room for complacency. As well as new and emerging health challenges, there are long standing health issues affecting some women which need to be addressed.

The Australian Government is committed to supporting good mental and physical health for all women and girls and improving their long term health outcomes. Our particular focus is on the 5 priority areas identified in the *National Women's Health Strategy 2020–2030*: maternal, sexual and reproductive health; healthy ageing; chronic conditions and preventive health; mental health; and the health impacts of violence against women and girls.

These measures will support improved health outcomes for women and girls, who make up more than half of the Australian population. One in 2 Australian females has one or more chronic conditions, the most common of which are: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and mental ill health. Dementia is also a major issue for older women.

Endometriosis affects at least one in 9 girls and women, leading to severe chronic pain and, in some cases, infertility. Assisting these women will improve their health outcomes but reduce reduced school and workplace absenteeism.

**How much will this cost?**

The Australian Government is investing \$535.8 million in targeted health programs for women and girls.



## Overview – How the 2021–22 Budget is investing in the health workforce

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing an additional \$972.5 million to ensure we have the skilled and professional health workforce necessary to improve the health and wellbeing of all Australians.

The Government's investments in the 2021–22 Budget will improve the quality, distribution and planning of the health workforce to better meet the needs of the community including in the key priority areas of aged care, mental health and suicide prevention, and rural and regional health.

The Government's health workforce investment include:

- \$652.1 million for the 366,000-strong aged care workforce, including:
  - to grow, train and upskill the aged care workforce to drive improvements to the safety and quality of care, with 33,800 additional training places for personal care workers (PCWs) to attain a Certificate III in Individual Support (Ageing), provided in the Jobs Package
  - \$216.7 million to provide eligible registered nurses in aged care with financial support of \$3700 for full time workers and \$2700 for part time workers, nursing scholarships and places in the Aged Care Transition to Practice Program, and
  - \$228.2 million to create a single assessment workforce which will improve the assessment experience for senior Australians as they enter or progress within the aged care system.
- \$106 million to expand the Indigenous workforce by recruiting staff with aged care skills and qualifications to assist 60,000 Aboriginal and Torres Strait Islander peoples to better navigate and access aged care
- \$58.8 million to attract, train and retain skilled workers in the mental health workforce and address areas of workforce undersupply including:
  - \$38.7 million to increase the number of nurses, psychologists, and allied health practitioners, and psychiatrists, including for psychiatry training

- \$8.3 million to support greater representation of Aboriginal and Torres Strait Islander people in the mental health workforce through 40 additional mental health-specific scholarships, and providing training to support healthcare workers to deliver culturally safe care
- \$3.1 million to boost and support the mental health peer workforce through up to 390 scholarships and opportunities for professional collaboration
- \$2.4 million to continue mental health training for practitioners working in aged care and support professional collaboration through the Mental Health Professionals' Network
- \$1 million for initiatives to reduce the stigma associated with mental health among health practitioners, and promote mental health as a preferred career option, and
- \$0.3 million to identify opportunities to boost the skills of mental health professionals who work with children and families.
- \$15.9 million to support GPs and other medical practitioners to provide primary mental health care through new training and development opportunities, qualifications, and guidelines
- \$2.6 million to provide tailored mental health supports to health practitioners and reduce stigma associated with health practitioners seeking support for their own mental health
- The Government will remove employment criteria for privately practising midwives, opening access to the Midwife Professional Indemnity Scheme to all endorsed midwives irrespective of their employment status
- \$14.2 million will be invested in the MBS for allied health professionals participating in case conferences organised by a patient's GP, improving coordinated, multidisciplinary care
- \$123 million towards the rural health workforce to improve access to health services outside metropolitan areas, including:
  - \$65.8 million to increase the Rural Bulk Billing Incentive, providing doctors in rural and remote areas with higher incentive payments per bulk billed consultation for vulnerable patients
  - \$12.4 million to introduce the John Flynn Prevocational Doctor Training Program which will increase rural primary care rotations from 440 in 2022, to 800 by 2025, and expand eligibility to prevocational doctors in their first 5 postgraduate years
  - \$9.6 million to add 90 workplace training packages through the Allied Health Rural Generalist Pathway, with 30 allocated to Aboriginal Community Controlled Health Organisations, and

- \$29.5 million to establish an innovative funding pool for non-GP medical specialist training from 1 January 2022.

For further information, refer to the relevant fact sheets.

### **Why is this important?**

Australia's healthcare workforce is the powerhouse of health service delivery across the country. The Australian Government is supporting a range of workforce measures through the 2021–22 Budget to improve service delivery with a focus on aged care, mental health and suicide prevention, and rural and regional health.

### **Who will benefit?**

Hundreds of thousands of health care workers will benefit including clinicians, GPs, nurses, psychologists, psychiatrists, allied health workers, aged care workers and those delivering health services to rural and regional Australia.

### **How much will it cost?**

Combined, the Australian Government will invest around \$972.5 million to build and support our health workforce.



## Overview – How the 2021–22 Budget is investing in the health of Aboriginal and Torres Strait Islander peoples

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing more than \$781.1 million to prioritise Aboriginal and Torres Strait Islander health and ageing outcomes. This investment will contribute to priority reforms and health targets set out in the new National Agreement on Closing the Gap. The Government is also committed to working in partnership with Aboriginal and Torres Strait Islander experts and stakeholders on the design and delivery of health and ageing policies and programs.

Australian Government health initiatives in the 2021–22 Budget include measures that are specially targeted at delivering greater access to services across the care continuum for Aboriginal and Torres Strait Islander people, including through a more culturally appropriate workforce.

These include:

- \$630.2 million to improve the experience and care of older Aboriginal and Torres Strait Islander people as part of the reforms to the Aged Care system. This will assist Aboriginal Community Controlled Health Services (ACCHS) to expand into aged care, deliver additional funding to 43 National Aboriginal and Torres Strait Islander Flexible Care Services, and increase representation of Aboriginal and Torres Strait Islander people across the aged care workforce
- \$18.2 million to support the COVID-19 vaccine rollout for Aboriginal and Torres Strait Islander people. The Aboriginal and Torres Strait Islander Advisory Group on COVID-19, co-chaired with the Deputy CEO of the National Aboriginal Community Controlled Health Organisation, will continue to provide advice to ensure the rollout of vaccines is safe, timely and effective
- \$79 million to implement key initiatives under the renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, developed and delivered in partnership with Aboriginal and Torres Strait Islander people. This will support the development of community integrated regional suicide prevention plans to ensure crucial local suicide prevention services for Aboriginal and Torres Strait Islander people
- \$22.6 million to support the Government's changes to the Practice Incentives Program – Indigenous Health Incentive. This will encourage continuity of care

to Aboriginal and Torres Strait Islander people and expand the eligibility for the program to Aboriginal and Torres Strait Islander children under 15 years of age

- \$12 million to continue the Rheumatic Fever Strategy, and \$19.1 million to continue and improve the trachoma elimination program, which supports screening and treatment for Aboriginal and Torres Strait Islander children and families, and
- Working in partnership with Aboriginal and Torres Strait Islander people to develop and finalise in mid-2021 the *National Aboriginal and Torres Strait Islander Health Plan 2021–31* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.

The 2021–22 Budget also includes broader measures that support improved access and effectiveness of health services, including those in rural and remote communities, which will further benefit Aboriginal and Torres Strait Islander people. These include:

- \$12 million in continuing to enhance the National Cancer Screening Register, which will facilitate the direct distribution of bowel screening kits to Aboriginal and Torres Strait Islander people through Aboriginal and Torres Strait Islander primary health care centres
- \$9.6 million for 90 workplace training packages to attract and retain allied health professionals in rural and remote communities, expanding the Allied Health Rural Generalist Pathway, including up to 30 packages for ACCHS
- \$8.3 million to deliver 40 more scholarships over 2 years for Aboriginal and Torres Strait Islander students studying mental health related disciplines, and training to improve the skillset of the health workforce to appropriately and effectively respond to Aboriginal and Torres Strait Islander people with mental health issues
- \$23 million in Remote Community Preparedness and Retrieval, and \$10.7 million for Point Of Care Testing to continue until the end of 2021, to limit the impact of COVID-19 in remote communities. These measures complement the vaccine rollout, and
- Removing employment criteria that excluded some privately practicing midwives from the Commonwealth's two medical indemnity schemes, the Midwife Professional Indemnity Scheme (MPIS) and the MPIS Run-Off Cover Schemes. This will provide equity in access to these schemes, including for those employed by ACCHS.

For further information, refer to the relevant fact sheets.

### Why is this important?

Closing the Gap is a whole-of-government priority and all portfolios are responsible for improving outcomes for Aboriginal and Torres Strait Islander people. This includes a commitment to invest in community controlled service delivery and transform mainstream services to better meet the needs of Aboriginal and Torres Strait Islander people.



The actions and investment outlined in the 2021–22 Budget represent the next step toward the delivery of these commitments across the health and aged care systems, ensuring greater access to services through the delivery of more responsive and effective care.

The additional funding in this Budget will contribute towards growing the ACCHS sector, which is a key Priority Reform area in the National Agreement on Closing the Gap. Measures also reflect the commitment to work in genuine partnership with Aboriginal and Torres Strait Islander people.

### **Who will benefit?**

These measures will deliver greater access to services across the care continuum for Aboriginal and Torres Strait Islander people, including through a more culturally appropriate workforce.

Greater access to primary and preventive care will combat the burden of disease and ensure earlier access to treatment, and responsive care.

Improvements across the mental health system may reduce suicides, and drive better and more responsive care.

Reforms across the aged care sector will mean older Aboriginal and Torres Strait Islander people receive the services they need to support healthy ageing.

### **How much will it cost?**

More than \$781.1 million is being invested to increase and improve access across the health and aged care systems. This is in addition to the approximately \$4 billion already being provided through the Indigenous Australians' Health Programme over 4 years.



## Overview – How the 2021–22 Budget is investing in digital health

Across the pillars of *Australia's Long Term National Health Plan*, the Australian Government is investing \$870.5 million in the modernisation of the health system. This investment will deliver innovative new methods to provide care, and continue the momentum for embracing new technologies achieved during the COVID-19 pandemic.

Connecting Australians with health services, including GPs, nurses, specialists, midwives, allied health and mental health, has been critical in protecting patients and doctors from the risk of COVID-19 infection. It has also removed one of the biggest barriers to accessing health care for millions of Australians – distance. Through telehealth, a health professional can be available at the end of the phone or online.

The Government's digital health investments include:

- \$87.5 million to the Australian Digital Health Agency to help improve system preparedness and responsiveness
- \$32.3 million in continued funding for the 2018–2022 Intergovernmental Agreement on National Digital Health – ensuring interoperability within Australia's national digital health infrastructure
- \$301.8 million for the next wave of My Health Record (MHR), strengthening connections and ensuring better coordinated healthcare
- \$204.6 million to extend telehealth services until 31 December 2021, for services including GPs, specialists, nursing, midwifery, allied health, and allied mental health attendances
  - between 13 March 2020 and 6 May 2021, over 57.5 million MBS telehealth services have been delivered to 13.7 million patients, with \$2.9 billion in Medicare benefits paid. More than 83,800 providers have used telehealth services.
- \$45.4 million introducing electronic medication charts in residential aged care facilities, increasing utilisation and integration of MHR and establishing digital support for transitioning between aged care and hospital settings

- \$98.1 million to transform the Head to Health gateway into a comprehensive national platform, enhancing the availability of high quality, free and low cost digital mental health services
- \$50.7 million to continue to develop an ICT system that enables a voluntary patient registration (VPR) initiative, to be known as MyGP, improving health outcomes and lifting the quality of services delivered to Australian patients through continuity of care
- \$7.2 million for phase one of the development of an integrated electronic referral system for diagnostic imaging
- \$1.5 million to support the successful *Hello Sunday Morning Daybreak Program* available online or via mobile app to help Australians who want to change their relationship with alcohol, and
- \$36 million to assist the healthcare sector to digitally manage applications to the Pharmaceutical Benefits Advisory Committee, Medical Services Advisory Committee, and Prostheses List applications through the Health Products Portal.

For further information, refer to the relevant fact sheets.

### Why is this important?

The Australian Government's investments in digital health are driving improvements in health care delivery, access and efficiency. Support for new and innovative technologies and their application within the health, aged care and mental health systems are helping to deliver better outcomes for Australians and increasingly creating more equitable systems by removing barriers for access.

Improvements to efficiency, data sharing and the availability of information are also assisting with the affordability of health care, reducing or removing many administrative burdens and costs for providers.

### Who will benefit?

All Australians will benefit from the increased modernisation of the healthcare system and the Australian Government's investment in digital technologies.

The uptake of innovative pathways to access healthcare services, advice and referrals has seen the access to healthcare for many Australians increase, particularly for Australians in rural, regional and remote areas.

Stronger connections between health care providers, regulators and government will also lead to increased efficiencies in service delivery, compliance monitoring and actions in response to compliance issues.

### How much will it cost?

Combined, the Australian Government will invest around \$870.5 million in digital programs and innovations to our health care system.



## Vaccination Program Delivery Package – COVID-19 vaccine implementation and rollout

The Australian Government is committed to providing all Australians with access to a safe and effective COVID-19 vaccine and has committed \$1.9 billion to the Australian COVID-19 vaccine program. Total investment to date including the new investment is \$7.2 billion.

Central to the Government's vaccine program is the distribution and availability of free COVID-19 vaccines to everyone living in Australia who choose to be vaccinated, through a range of health provider funding mechanisms.

2021–22 Budget measures include:

- \$510.8 million for a new COVID-19 Vaccines Schedule for states and territory health systems as part of the National Partnership on COVID-19 Response. This would see the Commonwealth providing a 50% contribution to the agreed price for each vaccination dose delivered by the states and territories
- \$253.1 million for a specific, temporary COVID-19 vaccination Medicare Benefits Schedule (MBS) item and Practice Incentive Program (PIP) payment to support the vaccination of millions of Australians through more than 6,200 accredited GPs
- \$35.8 million for a temporary community pharmacy program, which will leverage the national network of world class community pharmacies, to administer both vaccine doses to patients throughout Phase 2 and Phase 3 of the national rollout, and
- \$155.9 million for contractual arrangements to provide Commonwealth vaccine centres (formerly GP-led Respiratory Clinics) with direct funding for the administration of COVID-19 vaccines, which will be equivalent to the relevant MBS and PIP payments for GPs.

The Australian Government will also enable the development and rollout of COVID-19 vaccine communications, and support data and digital capabilities. This will ensure a 'no wrong door' approach, giving consumers as to when and where they access their vaccine when they become eligible.

It also includes funding for data solutions needed by government to administer the program and manage its performance, including:

- non-digital based phone support through Healthdirect, extending the Adverse Medicines Events line and sharing vital consumer data with the Therapeutic Goods Administration
- the National COVID-19 Vaccine Eligibility Checker providing Australians with an easy way to check their eligibility for vaccination, connect with vaccine clinics, register their interest and book online
- enhancing the Australian Immunisation Register and My Health Record, and
- essential tracking and visibility of the vaccine distribution network through the Vaccine Data Solution.

Funding will increase the capacity of the surge workforce to provide high throughput and in-reach vaccination services targeting priority populations, including aged care and disability care and hard-to-reach communities, whether by vulnerability or location.

The Australian Government is also providing \$1.7 million to the national COVID-19 vaccination training program to ensure the health workforce is appropriately and consistently skilled, given the specialised requirements for administering these vaccines.

Additional funding of \$233.8 million is also being provided to ensure the safe distribution of vaccine doses around Australia, including cold chain storage and logistics and the supply of necessary consumables.

### **Why is this important?**

Making safe and effective COVID-19 vaccines available to all Australians is a key priority of the Australian Government.

New funding measures will support the state and territory governments, GPs, community pharmacies and Commonwealth vaccine centres to deliver the vaccine to Australians as the rollout continues.

### **Who will benefit?**

The Australian Government is committed to ensuring that safe and effective COVID-19 vaccines are available to the entire Australian population, including people with particular vulnerabilities, those in remote communities and those currently residing in Australia on a range of visas.

The COVID-19 vaccination and the services to administer it will be free to everyone living in Australia who choose to be vaccinated.

### **How much will this cost?**

The Australian Government will invest \$1.9 billion over 5 years, from 2020–21.



## Strengthening Primary Care – COVID-19 primary health response

The Australian Government is continuing to extend a series of primary health care measures in response to the COVID-19 pandemic through to 31 December 2021. Since March 2020, the Australian Government has committed \$2.3 billion to support the primary care sector response to the pandemic.

These investments help to support the most vulnerable to access care safely. It includes programs to protect senior and vulnerable Australians, those living in remote communities, and to ensure continued access to General Practitioner-led Respiratory Clinics (GPRCs). It will also maintain dedicated resources for the national coordination and management of COVID-19 operations through the Department of Health's National Incident Centre (NIC).

As part of the 2021–22 Budget, the Australian Government is continuing to invest:

- \$87.5 million for the extended operation of up to 150 GPRCs, bringing total investment to \$446.9 million since March 2020. It will maintain valuable infrastructure and workforce assets to allow GPRCs to play a critical role in the national COVID-19 vaccine rollout
- \$10.7 million for Point of Care Testing which will continue to the end of 2021 to limit the impact of COVID-19 in remote communities. Continuing these measures complements the vaccine rollout and minimises the risk to remote communities
- \$557.1 million to extend the temporary Medicare Benefits Scheme pathology testing items for COVID-19 to 31 December 2021, bringing the total investment to \$1.7 billion since March 2020
- extending Continued Dispensing arrangements and Home Medicines Service, and
- continuing to resource and support the National Incident Centre in monitoring and responding to the pandemic.

### Why is this important?

The national network of GPRCs, which cover 99.6% of the population, have already conducted more than one million assessments and one million tests for COVID-19. The extension of GPRCs will keep the pressure off hospitals and GP clinics to continue seeing patients with mild to moderate respiratory ailments. The GPRCs are also playing an increasingly important role in the COVID-19 vaccine rollout.

Access to MBS-supported COVID-19 testing continues to play an important role in our country's response to the pandemic. Timely testing, at no cost to the person, has been central in our ability to detect and respond appropriately to outbreaks of the coronavirus in our community.

Continued dispensing measures have been in place since the 2019–20 Black Summer Bushfires, securing access to life-saving medication, including for those patients who require medicines for asthma, lung disease, diabetes, heart disease and mental illness.

From 13 January 2020 to 31 March 2021, some 295,000 people received at least one supply of medicine under the Continued Dispensing Measures, from 3,600 community pharmacies.

The Home Medicines Service has enabled more than 2.4 million deliveries of medication to patients' homes, by more than 4,700 pharmacies.

### Who will benefit?

This extended response will continue to protect all Australians, particularly vulnerable groups such as the elderly, people with chronic conditions and Indigenous communities from COVID-19.

### How much will this cost?

The Australian Government is investing a further \$655.3 million over 2 years, from 2021–22.



## Guaranteeing Medicare – Investing in pathology

The Australian Government will invest \$667.1 million towards increasing pathology services for Australians, including extending the Medicare subsidies for COVID-19 testing until 31 December 2021. This builds on previous investment, totaling \$1.8 billion since the start of the pandemic.

Pathology has played a critical role during the COVID-19 pandemic, with testing at no charge forming a central part of the Government's aggressive suppression strategy.

The Australian Government's COVID-19 pathology investments include:

- \$493.5 million to extend the COVID-19 microbiology test for the general population and items associated with testing for some essential workers, and
- \$63.6 million to extend the dedicated 'in-reach' pathology service for residential aged care facilities to protect those Australians most at risk of the worst effects of COVID-19.

Other pathology-related investments\* include:

- \$95.9 million to include 5 new items for pre-implantation genetic testing for individuals who are carriers of serious genetic disorders – such as Duchenne muscular dystrophy, Huntington's disease, Fragile X and cystic fibrosis – so they may have a child free of that disorder. Expected to benefit 6,800 patients
- \$2.5 million for genetic testing for the diagnosis of hydatidiform moles. Expected to benefit 9,000 patients
- \$6.3 million for genetic testing for pregnancies with identified major foetal structural abnormalities. Expected to benefit 42,000 patients
- \$2.9 million for genetic testing for people with multiple myeloma and chronic lymphocytic leukaemia. Expected to benefit 13,500 patients
- \$2.1 million for point of care quantitation of HbA1c for the monitoring of diabetes in diagnosed patients. Expected to fund around 47,000 tests a year
- \$41,000 for amendments to the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS), items to help manage patients with multiple comorbidities. Expected to benefit 662 patients over 4 years.



- \$375,000 for diagnostic testing for neuromyelitis optica. Expected to benefit 40,000 patients, and
- Amendments to certain genetic testing for childhood syndromes MBS items. Expected to improve patient access.

\*These investments are included in Factsheet 11 – MBS review and new inclusions.

### Why is this important?

Pathology tests play a vital role in more than 70% of medical diagnoses in Australia and inform many clinical decisions related to patient care. Australia's pathology workforce consists of about 35,000 people who collect, process and report on approximately 500 million pathology tests each year.

The inclusion of new pathology related procedures and tests to the MBS means more Australian patients are able to access these critical diagnostic and monitoring tests, with lower out-of-pocket costs.

Timely and widely available COVID-19 testing supports the management of the disease, including the early detection of cases in the community. This in turn supports rapid and successful outbreak responses, safeguarding the maintenance of eased restrictions and minimising the economic consequences of the pandemic.

Continuing the in-reach pathology testing of senior Australians in aged care is a critical protection for vulnerable Australians.

### Who will benefit?

All Australians will benefit from the continued support to access Medicare-subsidised COVID-19 testing. The broad community uptake of testing, particularly at critical times when there is increased risk of COVID-19 community transmission, continues to play a central role in detecting and responding to outbreaks, and ultimately protecting our entire community.

Senior Australians in residential aged care, the workforce who support and care for them, their families and loved ones will benefit with added confidence that COVID-19 testing will be carried out quickly, on-site and without additional cost, in the event of an outbreak affecting aged care.

Additional pathology items added to the MBS will mean more Australian patients will benefit from diagnostic and monitoring testing carried out by pathologists in labs around the country.

Families with predisposition for certain genetic disorders will benefit from access to pre-implantation testing to ensure their children are not born with severe illness.

### How much will this cost?

The Australian Government is investing \$667.1 million over 4 years, from 2021-22.



## Guaranteeing Medicare – Updating the Medicare Benefits Schedule

The Australian Government acts on the best advice to continue to add and amend listings on the Medicare Benefits Schedule (MBS) to improve access to medical services for all Australians. A total of \$711.7 million will be invested in this Budget for new and amended MBS items, including:

- \$288.5 million to improve mental health outcomes for patients with a medication-resistant major depressive disorder. For the first time, Repetitive Transcranial Magnetic Stimulation (rTMS) therapy prescribing and treatment services will become available from 1 November 2021
- \$111.4 million to support the take up of group therapy sessions and participation of family and carers in treatment provided under the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners initiative
- \$27 million for plastic and reconstructive surgery items, including general and skin surgeries, cranio-maxillofacial/oral and maxillofacial items
- \$26.8 million for amended orthopaedic surgery items, streamlining groups of items for certain sub-specialties, with fees reflecting the level of service involved
- \$22 million for gynaecological procedures, including long-term reversible contraceptives, rebates for gonadotrophin-stimulated ovulation induction, and restructuring gynaecological oncology services to align with clinical practice
- \$18.8 million for a new Proton Beam Therapy (PBT) item that utilises external beam radiotherapy for paediatric and rare cancers
- \$40.5 million for ambulatory blood pressure monitoring – a new service for diagnosing high blood pressure (hypertension) that provides greater accuracy for diagnosis through continuous monitoring over 24 hours. Ambulatory blood pressure monitoring is superior to the currently MBS funded service of discrete blood pressure measurements in a clinic, or using home blood pressure monitors in conjunction with GP consultations

- Further amendments to the MBS include a wide spectrum of health items, including heart health, cancers, pain management, and irritable bowel syndrome (\$55.1 million)
- \$95.9 million for 5 new MBS items for pre-implantation genetic testing (PGT) of embryos for specific genetic or chromosomal abnormalities prior to implantation and pregnancy
- \$11.6 million for MBS items for genetic testing for diagnosis of hydatidiform moles (molar pregnancy), pregnancies with identified major foetal structural abnormalities, and for people with multiple myeloma and chronic lymphocytic leukaemia, and
- \$14.2 million for new MBS items for allied health professionals who participate in case conferences which are organised by a patient's GP. This will support increased allied health participation in multidisciplinary, coordinated care for patients with chronic and complex conditions.

This will be delivered as part of 546 changes to new or amended MBS-subsidised items being introduced over the next 4 years.

The Australian Government is committing a further \$3.2 million in the 2021–22 Budget to introduce a continuous review mechanism for the MBS, reinforcing the commitment to providing Australians with affordable access to universal health care, a key pillar of *Australia's Long Term National Health Plan*.

The continuous review will:

- provide clinician-led, independent advice to drive value for the patient and taxpayer
- deliver program assurance across the \$125.7 billion in MBS expenditure over the forward estimates by reviewing thematic issues across the MBS and identifying opportunities to improve how services are funded
- ensure the MBS continues to provide high value care, remains flexible and contemporary, and provides value for money for patients and taxpayers, and
- enable consideration of critical issues relating to health financing and affordable access to clinical care, particularly where existing assessment pathways such as the Medical Services Advisory Committee (MSAC) are not suitable.

The Australian Government will also provide \$3.8 million to enhance data-matching activities through the National Health Funding Body to compare public hospital activity data and MBS claims data. This project will identify any instances where the

Commonwealth has paid for the same service twice, which can result in compliance action.

### **Why is this important?**

The MBS is a critical element of the Australian Health System and continues to evolve to meet societal challenges such as the growing burden of chronic disease, an ageing population, workforce pressures and inequities in health outcomes and access.

The MSAC is responsible for assessing the safety, effectiveness and value-for-money of medical services and technologies proposed for public funding.

The MBS Review Taskforce was established to consider how the more than 5,700 items on the MBS could better align with contemporary clinical evidence and practice, and improve health outcomes for Australians.

The MBS supported more than 428 million health services to patients in 2019–20, and more than half a million health professionals provide services that are subsidised through the MBS each year across Australia.

### **Who will benefit?**

This will benefit many thousands of Australian patients with a wide variety of health problems, including patients in need of pain management, women seeking long-term reversible contraceptive treatment and other gynaecological medical services. There are also measures that will assist patients in need of colorectal surgery, and plastic and reconstructive surgery.

The inclusion of genetic testing items on the MBS will benefit women and families who are predisposed to certain inherited diseases, and women who may be prone to molar pregnancies. There will also be benefits for sufferers of multiple myeloma and chronic lymphocytic leukaemia, to access genetic testing for diagnosis.

Australians experiencing antidepressant medication-resistant major depressive disorder will benefit from access to rTMS, which offers a non-invasive alternative to electroconvulsive therapy. Its listing on the MBS will significantly reduce the out-of-pocket costs for patients, making this treatment more accessible.

Many of the amendments will combine and revise items where they form part of a single complete medical service, reducing administrative burden, and items that are no longer best practice will be deleted, supporting clinicians in providing medical services that align with contemporary best practice guidelines.

### **How much will this cost?**

The Australian Government is committing \$718.7 million over 4 years, from 2021–22.



## Guaranteeing Medicare – Diagnostic imaging

The Australian Government will invest \$37 million to modernise diagnostic imaging by replacing outdated equipment, improving the patient journey for those in need of radiology services, and continuing to support private radiology oncology providers.

Among these modernisation measures are:

- a one-off funding pool of \$20.7 million over 2 years will be established to assist private diagnostic imaging providers to replace older diagnostic imaging equipment in rural and remote areas with up to 50% of the cost to replace older equipment
- \$7.2 million over 2 years to fund development of a streamlined electronic referral solution, which will assist in the determination of the need for diagnostic imaging
- \$3.1 million to make enhancements to the diagnostic imaging register location specific practice number to improve data integrity and granularity, and
- \$6 million over 4 years for continued support through the Radiation Oncology Health Program Grants (ROHPG) for private radiation oncology providers to assist with high-cost cancer treatment equipment.

### Why is this important?

Diagnostic imaging is a critical part of modern medicine, contributing to the timely detection of a range of illnesses and injuries which greatly improves the chance of a positive outcome for more than one million patients each year.

These measures will improve access to modern, high quality imaging services across Australia.

A funding pool which will distribute grants worth up to 50% of the costs for up-to-date diagnostic imaging equipment for providers in rural and regional areas, will ensure regional areas of Australia can access modern equipment.

### Who will benefit?

Australians in rural and regional areas will be able to access safe, modern and high quality diagnostic imaging equipment without necessarily having to travel to metropolitan centres.

All Australians will benefit through a more streamlined, electronic system of referrals, improving the patient journey for those in need of radiology services.

The continuation of private ROHPG arrangements will assist the private radiotherapy sector to remain strong and viable.

### How much will this cost?

The Australian Government will invest \$37 million over 5 years, from 2020-21.



## Guaranteeing Medicare – Better targeting the Rural Bulk Billing Incentives

The Australian Government is investing \$65.8 million to implement a progressive incentive schedule that increases bulk billing payments for doctors working in remote areas and rural towns. This measure will help improve access to quality health services for rural and remote Australians by reducing out-of-pocket costs for patients and improving the viability of primary care services in their communities.

From 1 January 2022, the Rural Bulk Billing Incentive (RBBi) will progressively increase from the current rate of 150% of the incentive in metropolitan areas as classified under the Modified Monash Model (MM) to:

- 160% of MM 3–4, large (population 15,000 to 50,000 residents) and medium (population 5,000 to 15,000) rural towns
- 170% in MM 5, small rural towns (population up to 5,000)
- 180% in MM 6, remote areas, and
- 190% in MM 7, very remote areas (up to \$12.35\* per consultation).

The geographic eligibility for claiming bulk billing incentives for after-hours services will be updated to use the Modified Monash Model.

\*Based on metropolitan bulk billing incentive rate as at May 2021.

### Why is this important?

Australians in rural and remote areas generally have reduced access to health services compared to people in metropolitan areas.

Scaling the RBBi will better recognise that doctors in rural and remote areas face higher operating costs, smaller patient populations, increased complexity in patient care, and carry a greater burden of responsibility for the healthcare needs of people living in these communities.

Bulk billing incentives encourage doctors to bulk bill vulnerable patients, including children under 16 years old and concession card holders, leaving them with no out-of-pocket costs.

### Who will benefit?

Improving the value of RBBi in rural and remote medical practice will reduce out-of-pocket costs to patients and enhance the financial viability of practices in rural and remote areas.

**How much will this cost?**

The RBBI is an ongoing, demand-driven program and the introduction of the progressive incentive schedule will begin on 1 January 2022 at an estimated cost of \$65.8 million over the 4 years. This includes \$0.1 million in 2020–21 for Services Australia.





## Guaranteeing Medicare – Rural health workforce

The Australian Government is investing \$123 million to ensure the necessary health workforce is available to improve the health and wellbeing of all Australians. These measures support the delivery of health services especially in regional, rural and remote areas of Australia and will significantly benefit many communities and their residents.

This investment further builds on and supports the implementation of the Government's ten year Stronger Rural Health Strategy.

Key measures include:

- \$65.8 million to progressively increase the Rural Bulk Billing Incentive to doctors working in rural towns and remote areas (see separate fact sheet, *Guaranteeing Medicare - Improved patient care through Rural Bulk Billing Incentives*).
- \$12.4 million through the John Flynn Prevocational Doctor Training Program to almost double the number of rural primary care rotations for prevocational doctors (see separate fact sheet, *Guaranteeing Medicare - John Flynn Prevocational Doctor Program*).
- \$9.6 million to expand the Allied Health Rural Generalist Pathway (AHRGP) to attract and retain allied health professionals in rural and remote communities through an additional 90 workplace training packages, including up to 30 packages for Aboriginal Community Controlled Health Organisations. This will also include incentives for practices to employ and train up to 30 rural allied health assistant trainees.
- \$300,000 for the development of a new streamlined program to support rural generalist GPs to maintain their range of advanced skills and encourage them to practice in rural and remote communities. This work will explore options to streamline the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments.
- \$29.5 million for an innovative funding pool for non-GP medical specialist training from 1 January 2022. This will fund activities such as trials of networked training models, supervision models, and transition of junior

specialists to practice in rural settings, and continued professional development for rural medical specialists.

- \$2.2 million to expand the collaborative primary care models, currently running in 5 rural communities in western and southern NSW. A competitive grant program will be created to extend trials into rural communities in other states and territories.
- \$3.8 million for the full implementation of the Bonded Return of Service System (BRoSS), to support Bonded Medical Program (the Program) participants in self-managing and completing their Return of Service Obligation. The Program supports more Australian-trained doctors in areas of workforce shortage, particularly in regional, rural and remote Australia.

### Why is this important?

These measures will alleviate workforce shortages, extend investment in rural training and help to build a sustainable health service in regional, rural and remote Australia.

Attracting and retaining early career allied health professionals in rural and remote Australia will address the uneven distribution of the allied health workforce delivering services where they are needed.

GPs with non-procedural skills are critical to meeting rural and regional community needs and improving health outcomes. The development of a new model, streamlining the RPGP and PIP will support GPs to maintain their skills and stay in regional, rural, and remote Australia.

The Government's new innovative funding pool will help target investment in non-GP medical specialist training by providing increased flexibility to support and promote growth in specialist medical training in settings where the workforce is needed. It will deliver on the Government's priority to increase rural training capacity and better balance the supply and distribution of medical specialists.

The expansion of the Innovative Models of Primary Care in more rural communities will improve access to healthcare and alleviate workforce pressures by addressing these issues across multiple interconnected communities, while reflecting the unique needs of those communities.

The full implementation of BRoSS will support hundreds of new medical students each year, and thousands of legacy participants to transfer to the Bonded Medical Program, improve knowledge of the program, and manage their return of service obligations.

### Who will benefit?

Many of these measures will provide significant flow-on benefits for patients, including better access to healthcare and access to practitioners with a broader range of skills. Special priority is being given to high need areas such as rural and remote communities, Aboriginal and Torres Strait patients and areas with higher workforce and service delivery pressures.

Streamlining the existing RPGP and PIP procedural GP payment will result in administrative efficiencies and a more streamlined experience for GPs with advanced skills who participate.

The collaborative models of primary care trial has already attracted strong and growing interest from rural communities and stakeholders to develop solutions tailored to meet their

own unique needs. The expansion will benefit doctors, nurses and allied health professionals providing essential primary care services to rural communities.

The BRoSS system will benefit 850 new Commonwealth supported medical students joining the Bonded Medical Program every year, and more than 12,000 Australian trained doctors currently in the program's legacy schemes.

**How much will this cost?**

The Australian Government is investing \$123 million over 4 years, from 2021–22.



## Guaranteeing Medicare – John Flynn Prevocational Doctor Program

The Australian Government will invest \$12.4 million to expand opportunities for early-career doctors to work in rural communities while they complete their medical training through the new John Flynn Prevocational Doctor Program (JFPDP).

This measure will:

- consolidate existing funding for Rural Junior Doctor Training Innovation Fund Core and Rural Generalist programs, which will increase rural primary care rotations from 440 (110 FTE) in 2022, to 800 (200 FTE) by 2025, and
- expand eligibility of the JFPDP to prevocational doctors in their first 5 postgraduate years and deliver new rural primary care rotations for metropolitan hospital-based early-career doctors.

### Why is this important?

Evidence shows if you train in the regions you are more likely to stay in the regions. This is why the Government continues to invest in and build the rural training pipeline.

The junior doctor years are a key point in deciding which medical career path to take. The new program will provide greater exposure to rural medicine and general practice for aspiring rural doctors.

The high demand among early-career doctors for rural placements results in almost 100% of rural internships being filled. An additional 360 early-career doctors will experience rural general practice, through the JFPDP, provide opportunities to live and work in rural communities.

### Who will benefit?

Early-career doctors will have more opportunities to remain in the rural communities where they want to live and work while they complete their medical training and establish their careers.

More rural communities will benefit from increased delivery of health services and a more stable, locally-trained workforce.

Rural general practices will be able to operate as teaching units for medical students, early-career doctors and General Practitioner registrars.

### How much will this cost?

The Australian Government will invest \$12.4 million over 4 years, from 2021–22.



## Guaranteeing Medicare – Improving the health of people with intellectual disability

The Australian Government will invest \$12.7 million to improve the health and care of people with an intellectual disability by implementing 3 priority actions under the proposed National Roadmap for Improving the Health of People with Intellectual Disability.

The 2021–22 Budget includes:

- \$6.7 million to improve the uptake and implementation of annual health assessments for people with intellectual disability, to better prevent and manage chronic and complex conditions
- \$1.4 million to enable scoping and co-design of a model for a National Centre of Excellence in Intellectual Disability Health. The scoping and co-design will focus on national leadership and coordination, and the development of a sustainable model leveraging existing expertise and institutions to improve the quality of health care delivered to people with intellectual disability, and
- \$4.7 million for intellectual disability health curriculum development to support the delivery of specific and specialised content as part of tertiary education curricula. This will better equip health professionals to provide quality care for people with intellectual disability.

### Why is this important?

Australians with intellectual disability have much higher rates of avoidable hospitalisations than the general population, and substantially higher mortality rates and avoidable deaths.

Improving the uptake and implementation of annual health assessments for people with intellectual disability will help to address these health inequalities by enabling better preventive health care and management of chronic and complex conditions.

Some states have supported the development of centres of clinical excellence in quality health care for people with intellectual disability, but national consistency and coordination is lacking. Scoping and co-designing a model for establishing a National Centre of Excellence in Intellectual Disability Health is a vital step towards supporting quality care for people with intellectual disability no matter where they live.

Research has shown that medical professionals generally have minimal training in intellectual disability health care, and that there has been no significant increase in attention to intellectual disability content in medical schools over the past 20 years. Development of curricula to

improve the attitudes, knowledge, skills and capability of health professionals in intellectual disability health care will be essential in reducing the health inequities experienced by people with intellectual disability.

These initiatives will help to address issues raised through the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

### **Who will benefit?**

People with intellectual disability will benefit from the initiatives, through more consistent delivery of preventive health care in general practice, and better equipped health professionals and health services to meet their health needs and improve their health outcomes.

States and territories, other non-government organisations and people with intellectual disability will benefit from the development of a suitable model for a National Centre of Excellence in Intellectual Disability Health, as a comprehensive and coordinated source of national leadership and expertise.

Australia's future health professionals will benefit from specific training to ensure they have the appropriate attitudes, skills and knowledge to deliver quality health care for people with intellectual disability.

### **How much will this cost?**

The Australian Government is investing \$12.7 million over 4 years, from 2021–22.



## Guaranteeing Medicare – Subsidised medical indemnity insurance for all privately practising midwives

The Australian Government will remove employment criteria that have seen some privately practising midwives excluded from the Commonwealth's two medical indemnity schemes – the Midwife Professional Indemnity Scheme (MPIS) and the MPIS Run-Off Cover Schemes (MPIS ROCS).

This reform will open up the MPIS to all midwives endorsed under the Health Practitioner Regulation National Law, irrespective of their employment status, and provide access to an insurance policy for this class of midwives, including those that provide intrapartum care.

This will also ensure registered midwives indemnified under their own insurance policy are no longer excluded from coverage under the Allied Health High Cost Claims Scheme and Allied Health Exceptional Claims Scheme.

### Why is this important?

This reform will open vital medical indemnity insurance schemes to all endorsed, privately practising midwives, providing equity in access to these schemes for midwives, including those employed by Aboriginal Community Controlled Health Organisations (ACCHO).

It supports a midwife's choice about whether or not to participate in the Midwife Professional Indemnity Scheme or remain under the Allied Health Schemes.

Necessary limitations will be enacted within the legislation to ensure that midwives can only be eligible under one medical indemnity scheme at a time.

### Who will benefit?

These changes will benefit endorsed, privately practising midwives who take out an insurance policy, including those employed by ACCHO.

Medical Insurance Australia Pty Ltd (MIGA), as the sole provider of insurance to midwives under the MPIS until 30 June 2023, will also be affected through these changes, with an increasing number of midwives to access their product offerings. Medical indemnity insurers who provide coverage for midwives currently eligible under the Allied Health Schemes will also be similarly affected.

### How much will this cost?

There is no financial impact to Government.



## Strengthening Primary Care – Improving access to primary health care

The Australian Government continues to improve access to primary health care services and important health information for all Australians with an additional investment of \$133.8 million, including:

- \$71.9 million for the Primary Health Network's (PHN) After Hours Program to commission after hours services and improve service integration in communities around the country
  - This will also improve access to after-hours services for residents of aged care facilities, rural and remote communities, women and children, homeless people, people with disability, people with mental illness, and Aboriginal and Torres Strait Islander people, who may not have regular access to GP services.
- \$50.7 million to continue to develop an ICT system that enables a voluntary patient registration (VPR) initiative, to be known as MyGP, which will improve health outcomes, and lift the quality of services delivered to Australian patients through continuity of care
- \$5.5 million to expand the National Health Call Centre Network, Healthdirect, to include Victoria.
  - This will give Victorians access to evidence-based, accurate, trusted and quality health information, and
  - a health helpline for culturally and linguistically diverse Australians will also be established.
- \$5.7 million to modernise the Hearing Services Online (HSO) portal, which supports the Hearing Services Program and helps hearing service providers deliver care to Australians who have hearing loss. This funding will ensure the ongoing viability of the portal and improve service delivery data collection, guaranteeing the program's client-focused approach.



### Why is this important?

New and improved medical services and technologies offer ever evolving opportunities to improve the health outcomes of Australians, and their access to health services.

Support to communities via the PHN After Hours Program helps to reduce after hours pressure on emergency departments. An independent evaluation of the program, finalised in January 2021, found it reduced low-urgency after-hours emergency department presentations and potentially preventable hospitalisations.

Victoria will become the latest state or territory to join Healthdirect, ensuring Victorian residents can access the same consistent, high-quality health advice as other Australians.

The existing HSO portal is nearing the end of its supported life, so it must be updated with technology to ensure the continuity of its service.

### Who will benefit?

The extension of the PHN After Hours Program will benefit Australians requiring after hours healthcare where general practice and other services are unavailable and will reduce after hours demand on emergency departments. This program has a particular focus on vulnerable Australians and communities.

The funding to individual PHNs will be based on an established distribution formula which considers each PHN's size, remoteness and population demographics.

A future VPR initiative such as MyGP will strengthen the relationship between a patient, their medical practice and GP, and make it more likely that patients receive high quality, coordinated and ongoing care from their preferred provider.

The expansion of Healthdirect to include Victoria will mean Victorians can access consistent, evidence-based health advice from the same trusted and reliable source as other participating states and territories.

The Victorian Government will also receive the same 40% call costs subsidy that is provided to other states and territories using Healthdirect.

More than one million Australians suffering hearing loss will benefit from being able to continue to use the HSO portal to access hearing services around the country. In 2019–20, the HSO portal was accessed more than 7.7 million times.

The almost 300 hearing service providers who use the portal also will continue to benefit from a site which is client-focused and fit-for-purpose.

### How much will this cost?

The Australian Government is investing \$133.8 million over 4 years, from 2021–22.



## Strengthening Primary Care – Extending essential dental services

The Australian Government is committing \$115.2 million to ensure Australians can continue to access a range of essential dental services to deliver better health outcomes across our population, including:

- \$107.9 million for the National Partnership Agreement (NPA) for Public Dental Services for Adults, to help states and territories provide approximately 180,000 public dental services to adult concession card holders, and
- \$7.3 million to improve access to the Child Dental Benefits Schedule (CDBS), allowing children under 2 years old to access benefits.

### Why is this important?

The Australian Government has supported public dental services through NPAs since 2013. The current NPA has funded services for 763,000 dental patients since 2017. The NPA is the only Commonwealth funding that subsidises dental services for Australians with concession cards, other than private health insurance rebates.

Through the CDBS, around 3 million Australian children are eligible to access up to \$1,013 worth of preventive and basic treatments every 2 years. Since 2014, the scheme has delivered over 36.7 million services.

### Who will benefit?

The new NPA will help adult concession card holders access affordable oral health care, recognising that, generally, a range of social factors mean they have a higher risk of oral disease.

The NPA and ongoing access to the CDBS will provide funding certainty for states and territories to continue offering additional public dental services. Changes to the CDBS will also extend eligibility to children under 2 years of age.

### How much will this cost?

The Australian Government is investing \$115.2 million over 4 years, from 2021–22.



## Strengthening primary care – Extending telehealth

The Australian Government is investing an additional \$204.6 million to support continued access to universal telehealth for all Australians, building on previous investment of \$3.6 billion since March 2020. Telehealth will continue to benefit millions of Australians through the pandemic and has supported continuity of care in a COVID safe way.

Medical Benefits Schedule (MBS) items will be extended until 31 December 2021 for the following types of services:

- specialist
- general practitioner (GP)
- nursing
- midwifery
- allied health, and
- allied mental health attendances.

Changes will also be made to exempt certain patient cohorts from the previously required pre-existing relationship with a doctor to access telehealth for certain consultations, including

- smoking cessation consultations
- section 100 PBS prescriptions
- sexual and reproductive health consultations
- pregnancy counselling, and
- drug and alcohol counselling.

These changes will improve patient access to these services, regardless of where they live.

This is the next step in transitioning telehealth to become a permanent fixture of the post-COVID modernised health care system. It will complement the voluntary patient registration (VPR) initiative, to be known as MyGP, which will support continuity of care, including greater flexibility to patient care delivery, to improve health outcomes.

### **Why is this important?**

Telehealth has been critical during the COVID-19 pandemic response, particularly for parts of the country that experienced lockdowns.

Between 13 March 2020 and 6 May 2021, over 57.5 million COVID-19 MBS telehealth services have been delivered to 13.7 million patients, with \$2.9 billion in Medicare benefits paid. More than 83,800 providers have used telehealth services. Since March 2020, more than 300 temporary MBS telehealth items have been implemented.

The extension of telehealth services is consistent with the advice of the Australian Health Protection Principal Committee, and ensures people will have continued access to essential health services.

The extension to telehealth services also complements the Government's commitment to ongoing primary care reform.

### **Who will benefit?**

All Australians will benefit from support to access health services through telehealth, whether through videoconferencing or over the telephone. Those people in populations that are more vulnerable to COVID-19 and those subject to movement restrictions due to public health orders, including quarantine, will particularly benefit.

Clinicians can have confidence that they can continue to support patients using telehealth where it is safe and clinically appropriate.

### **How much will this cost?**

The Australian Government is investing \$204.6 million for the extension of telehealth from 1 April 2021 to 31 December 2021.



## Strengthening Primary Care – Transforming digital health

The Australian Government will invest \$503 million to transform digital health in Australia, resulting in a modern, integrated health system. These investments include:

- \$301.8 million for the next wave of My Health Record (MHR), leveraging the connections already in place and ensuring a more coordinated healthcare future for Australia while also stimulating economic recovery from COVID-19
- \$87.5 million for operational funding for the Australian Digital Health Agency, with a focus on implementing lessons learnt from the COVID-19 pandemic to help improve system preparedness and responsiveness
- \$32.3 million for continued funding for the 2018–2022 Intergovernmental Agreement on National Digital Health (IGA). This will ensure interoperability within Australia's national digital health infrastructure to deliver improvements to health system quality and safety, accountability, transparency and patient-centred healthcare
- \$45.4 million to roll out electronic medication charts in residential aged care facilities, drive utilisation and integration of MHR, and establish digital support for transitions between aged care and hospital settings, and
- \$36 million for streamlining reimbursement approvals for health products through the Health Products Portal (HPP). This change will allow the sector to digitally manage applications to the Pharmaceutical Benefits Advisory Committee (PBAC), Medical Services Advisory Committee (MSAC), and the Prostheses List. This will create a streamlined application process and faster patient access to new therapies and treatments.

### Why is this important?

The MHR system is already embedded in Australian healthcare settings and plays a central role in health service delivery. More than 23 million Australians, or more than 91% of all eligible patients, have a MHR. More than 89% of all MHRs contain critical healthcare data. The next wave will accelerate a new surge of innovations to ensure a more coordinated healthcare system building confidence in consumers and health professionals to manage their care day-to-day.

It will also address *Recommendation 68* of The Royal Commission into Aged Care Quality and Safety to support universal adoption by the aged care sector of digital technology and MHR. The Government will incentivise the roll out of electronic medication charts in residential aged care facilities, working with the sector to drive use and integration of MHR and establishing digital support for transitions between residential aged care and hospital settings.

The funding for the IGA continues the implementation of Australia's *National Digital Health Strategy – Safe, Seamless and Secure*. The agreement between the Commonwealth and state and territory governments will support a number of key national digital health infrastructure initiatives, including the National Healthcare Identifiers Service, the National Clinical Terminology Service and the National Authentication Service for Health.

Enhancing the HPP will reduce red tape for the medical technology sector which each year has around 8,000 administrative interactions between industry and Government. The end-to-end digital capability outlined in the measure will migrate all submissions to the MSAC and the Prostheses List Advisory Committee (PLAC) within the HPP.

### Who will benefit?

The next wave of MHR improvements will impact the 23 million Australians who have a MHR and healthcare providers using MHR to support modern and adaptive healthcare delivery to become one of the first countries in the world to enable its people to hold their healthcare in their hand.

Ongoing support for the IGA is contributing towards significant improvements in the quality and safety of healthcare, the efficiency of the Australian health system and the health and wellbeing of all Australians.

Funding to transition to electronic medication management in residential aged care facilities is expected to result in a reduction in the number of unnecessary medicines prescribed and dispensed per resident in aged care and will reduce adverse medication incidents.

Development of digital support for transition of care processes will enhance patient safety, by providing both hospital clinicians and their regular GPs and residential aged care staff with necessary information concerning their treatment.

Increased adoption and utilisation of the MHR will provide patients, families and clinicians involved in aged care additional oversight concerning their health information, and additional data to support development of targeted government initiatives.

By digitising the application and assessment processes for the PBS, MSAC and Prostheses List applications, the pharmaceutical and medical device sector will save around \$157 million each year. Approximately 400 companies across the pharmaceutical industry, medical colleges, device manufacturers, diagnostic and other technology companies, including Australian companies such as Cochlear Limited and CSL, will benefit from the change.

Flow-on benefits will reach medical software vendors, doctors and specialists, other health practitioners and the general public as recipients of government-subsidised medicines, medical services and prostheses. Policy makers and health professionals will also benefit from the systematic and transparent record keeping, and from associated data analytics.

### How much will this cost?

The Australian Government is investing \$503 million over 4 years, from 2021–22.

Funding will be provided to build an evidence base to assist in improving transitions between health and aged care settings. This will include studies on avoidable hospitalisations and emergency presentations and on allied health workforce planning.



## Access to medicines – Pharmaceutical Benefits Scheme

The Australian Government established the New Medicines Funding Guarantee in 2020–21 to meet the cost of future, new and amended Pharmaceutical Benefits Scheme (PBS) medicines listings. As part of the 2021–22 Budget, this Government is investing an additional \$878.7 million in new and amended listings, funded through the Guarantee.

Since the 2020–21 MYEFO, the Government has approved and funded important new medicine listings for the PBS that have been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC), including treatments for cancer, depression, severe eczema, attention deficit hyperactivity disorder (ADHD), pulmonary arterial hypertension, asthma, migraine and Parkinson's disease, amongst others.

For the first time, from May 2021, a medicinal cannabis product, Epidyolex® (cannabidiol) has been included on the PBS for use in the treatment of Dravet syndrome (a rare, genetic epileptic encephalopathy that gives rise to seizures), which will save more than 100 Australian patients around \$24,000 a year.

Other new and amended PBS listings include:

- From June 2021, Emgality® (galcanezumab) for the treatment of chronic migraine which, for around 10,000 patients, will mean they are not faced with out of pocket costs up to \$6,800 each year
- From June 2021, Oripro® (progesterone) to prevent women going into premature labour, saving around 14,250 patients around \$300 per course of treatment
- From April 2021, Kisqali® (ribociclib) in combination with Fulvestrant Sandoz® (fulvestrant), which for around 1,600 patients battling unresectable advanced or metastatic breast cancer, they will no longer have costs of \$50,000 per course of treatment
- From April 2021, Evenity® (romosozumab) for the treatment approximately 2,800 patients with severe osteoporosis, which means they will no longer need to pay \$6,300 per course of treatment



- From March 2021, Dupixent® (dupilumab), which will mean around 3,600 Australian patients with severe atopic dermatitis (severe eczema) are not facing an out of pocket bill of \$22,800 per year for their medication
- From March 2021, Trulicity® (dulaglutide) for the treatment of type 2 diabetes mellitus, which mean some 12,000 patients will not have to pay out of pocket costs of more than \$1,700 per year
- From 1 February 2021, Uptravi® (selexipag), for the treatment of pulmonary arterial hypertension. Around 700 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$41,000 per year.

The Government will also continue to work with the medicines and technology sectors to continue streamlining and deregulating processes to apply for reimbursement of new products and services. The Government is investing \$36 million in the Health Products Portal, a new one stop shop for applying electronically to the PBAC, Medical Services Advisory Committee (MSAC), and Prostheses List for reimbursement of medicines, medical and diagnostic services and medical devices. This may also speed up access to new therapies for Australian patients.

The Take Home Naloxone (THN) pilot program will continue for an additional year in NSW, SA, and WA. Naloxone is a common medicine used in emergency settings to temporarily reverse an opioid overdose or adverse reaction.

### Why is this important?

Listing medicines on the PBS saves and protects lives. The PBS New Medicines Funding Guarantee safeguards the listing of innovative, life-saving and life-changing medicines on the PBS.

Ongoing investment in the PBS means that Australians can access the medicines they need at an affordable price – these medicines can be prohibitively expensive if not subsidised by the PBS.

Interim evaluations have found that the THN pilot program has saved the lives of people who had overdosed on or had an adverse reaction to opioid drugs. More than 36,500 units of naloxone have been supplied for free and without prescription during the pilot.

Extending the THN trial enables more information to be gathered for a proper evaluation and to inform future decisions about establishing a national THN program in Australia.

### Who will benefit?

Australian patients will benefit from the addition of new, innovative, life-saving medicines to the PBS. They can also have confidence that the New Medicines Funding Guarantee means decisions to add new medicines will never be jeopardised by funding pressures.

The listing of new medications means the Australian Government will subsidise the cost for patients.

Continuation of the THN pilot will benefit Australians in need, state and territory governments, providers of alcohol and other drug services, pharmacies, and emergency departments



through Commonwealth funding the provision of naloxone. It will have a direct and lifesaving benefit for those people at risk of drug overdose and individuals in contact with them.

The Government will continue to work with the medicines and pharmacy sector to strengthen current PBS policy settings with a focus on:

- guaranteeing the supply of life changing medicines already listed on the PBS
- improving the quality use of medicines through community pharmacy
- providing timely patient access to emerging high cost treatments where there is evidence to support Government subsidy, and
- ensuring value for money for Australian tax payer.

#### **How much will this cost?**

The Australian Government is investing \$878.7 million over 5 years, from 2021–22.



## Access to medicines – National Medical Stockpile

The Australian Government is committed to building a modern, world-leading health system. This Budget will continue to shape the long-term capability of the National Medical Stockpile (NMS) - a crucial component of Australia's health emergency infrastructure - investing a further \$29.9 million over the next 2 years.

The NMS underpins Australia's preparedness for public health emergencies such as pandemics, natural disasters and the threat of terrorist attack, and has played a critical role during the COVID-19 pandemic. Specifically, the NMS has acquired, stored and distributed up to \$3.3 billion in vital medical supplies, including ventilators, face masks, gloves, goggles, gowns, hand sanitiser and life-saving medicines. In responding to the COVID-19 pandemic, the Australian Government has dispatched:

- more than 91 million masks and face shields, and
- more than 18 million gowns, gloves and goggles.

The success of the COVID-19 response, and expansion of the NMS capacity, has allowed Australia to donate critical items to other countries in need.

The 2021–22 Budget will commence the first phase of work to enhance the long-term capability of the NMS. This includes undertaking research, consultation and planning for a phase two business case for the long-term end-to-end solution for the NMS.

Long term capability enhancement will include improved governance and information management arrangements, and establishing a comprehensive end-to-end Inventory Management System to accurately track inventory into and out of the stockpile.

There will also be significant funding over 12 months to sustain the NMS inventory in its current state.

### Why is this important?

The NMS is a highly secure facility ensuring our nation is equipped to address emergency incidents that threaten public health. The NMS was crucial in supplying PPE during the 2019–20 Black Summer Bushfires, as well as during the COVID-19 pandemic.

The stockpile also contains supplies of medicines deemed to be nationally important to preserve public health and to ensure the ongoing access to necessary medicines in the event of public health emergencies, including significant medicine shortages.

**Who will benefit?**

All Australians benefit from the NMS. It provides reassurance and security for our collective public health in the face of emergencies, natural disasters, pandemics and the threat of terrorist attack.

In the event of such an incident, all Australians, especially vulnerable and at risk groups, may need access to essential medical supplies including medicines and personal protective equipment.

**How much will this cost?**

The Government is investing \$29.9 million over 2 years, from 2020–21.



## Private Health Insurance – Improving affordability and sustainability of private health insurance

The Australian Government is investing \$8.7 million over 4 years to continue to make private health insurance simpler and more affordable for Australians, through the following measures:

- extension of the current policy setting with respect to the Medicare Levy Surcharge (MLS) and Private Health Insurance (PHI) Rebate income tiers for a further 2 years, while a study examines the effectiveness of the current regulatory settings
- specialist modelling and data analytics experts to review and enhance the Government's PHI Rebate Model. This will take the current modelling beyond tax-based drivers of participation in PHI, to incorporate other aspects of health policy that impact PHI, such as product value, the broader health system, public hospital and Medicare Benefits Schedule (MBS)
- an independent study to investigate private hospital default benefit arrangements, which require insurers to pay a minimum benefit towards hospital accommodation and care for hospital treatment where there is no agreement between a patient's insurer and a particular hospital, and
- improvements to the certification process for admitting patients to hospital for procedures normally provided out of hospital. This will ensure that patients, their doctors, hospitals and insurers have greater confidence about cover for admission and that patients are treated in the most appropriate care setting.

### Why is this important?

Income tier settings for the MLS and the PHI Rebate impacts the Australian Government's expenditure on the private health system, as well as Australians taking out PHI. It also provides an incentive for higher income earners to contribute towards their own private health care and the sustainability of Australia's strong hybrid public and private health system.

The pause on the indexation of income tiers on the MLS has been in effect since 2014–15 and will continue to ensure continuity of current arrangements.

A range of studies being funded through this Budget will produce advice and insights which can be used to better formulate policy surrounding MLS settings, the PHI Rebate and hospital benefits, in the future.

The Australian Government will work with Australia's medical colleges and other stakeholders to establish specific guidance around when hospitalisation is clinically required. While most doctors and private hospitals act appropriately, it is important that the Australian Government's Professional Standards Review Agency be allowed to review inappropriate practices around certifications by doctors or associated hospitals to ensure the integrity of the current arrangements that safeguard patients' access to treatments needed to be delivered in hospital.

### **Who will benefit?**

At the end of 2020, there were 11.3 million Australians with hospital cover and 13.8 million people with general treatment cover. All Australians with PHI will benefit from the continuation of the current PHI Rebate settings. The PHI Rebate is currently worth around \$6.7 billion in 2021–22, growing to \$7.1 billion in 2024–25.

The Australian Government will use better modelling to improve its policy development and budget estimate outputs, to ensure future PHI policy decisions benefit more Australians.

Improved understanding of the effectiveness of private hospital default benefit arrangements may support out-of-hospital care for more Australian patients and improve access to care for those living in rural and regional areas.

Australians with PHI will have greater confidence they are being treated in the most appropriate care setting and have greater certainty of cover.

### **How much will this cost?**

The Australian Government is investing \$8.7 million over 4 years, from 2021–22.



## Private Health Insurance – Modernising and improving the private health insurance Prostheses List

The Australian Government is investing \$22 million over 4 years to reduce the cost of medical devices used in the private health sector and streamline access to new medical devices, which will improve the affordability and value of private health insurance for Australians.

This measure will modernise and improve the Prostheses List (PL). This will better align the price set for medical devices on the PL for private providers with those paid for in competitive markets such as those in the public hospital system.

This will be implemented by the Department of Health in conjunction with the Independent Hospital Pricing Authority, and in consultation with key stakeholders.

### Why is this important?

There is broad support among stakeholders including the Australian Medical Association, medical device companies, private health insurers and private hospitals for reform to the PL to ensure it remains sustainable and private health insurance remains affordable.

The prices charged for medical devices in the private health care system, mandated by the current PL in most cases, far outweigh the costs of the same items in other competitive markets including the public hospital system. In 2019–20, some costs were up to 145% higher.

The PL has grown over time in both size and complexity to include more than 11,600 items. This initiative will also better define the purpose and scope of the PL to provide greater clarity and certainty about which items are eligible for inclusion, consolidate the grouping scheme, and streamline the administration of the PL to ensure faster patient access to high tech new medical devices.

### Who will benefit?

This reform will benefit private health insurers and their customers by lowering the prices paid by insurers for medical devices. This benefit will flow to Australians with private health insurance by keeping downward pressure on premiums.

Medical device companies will also benefit from streamlined administration of the PL with new pathways for listing devices on the PL. Doctors, private hospitals and privately insured patients will benefit through continued access to a comprehensive range of medical devices and certainty about their reimbursement.

### How much will this cost?

The Australian Government is investing \$22 million over 4 years, from 2021–22, with changes to be introduced progressively and in a staged manner from February 2022.



## COVID-19 response – Further support for aged care preparedness, workforce and viability

Since the start of the COVID-19 pandemic, the Australian Government has committed over \$2 billion in funding for aged care.

This significant investment continues to support the most vulnerable while the COVID-19 pandemic persists, ensuring that the aged care sector remains prepared, responsive and viable.

Since the Mid-Year Economic Fiscal Outlook in November 2020, the Australian Government has extended a number of critical measures to support the COVID-19 Emergency Health Response. These measures, extended until 31 December 2021, will provide financial support and relief to providers impacted by the direct costs of COVID-19, and keep senior Australians and aged care workers safe.

Measures include:

- continued support for the surge workforce and reimbursement of eligible COVID-19 related expenses for Aged Care COVID-19 preparedness and outbreak management, with a total of \$204.6 million invested since March 2020
- the continued Support for Aged Care Workers in COVID-19 (SACWIC) grant opportunity to cover the out of pocket costs associated with establishing single site workforce arrangements, and deliver COVID-19 safe care in the event of further COVID-19 outbreaks. A total of \$93 million has been committed to deliver this support since March 2020
- a new Refundable Accommodation Deposit (RAD) Support Loan Program, providing \$128.8 million in zero-interest loans to support eligible residential aged care providers to refund their RAD obligations to residents, and
- \$90 million to a Viability Fund, as announced on 1 March 2021, to assist residential aged care providers facing financial stress in order to ensure continuity of care for senior Australians. This is in addition to the \$25 million announced when the Viability Fund was first established.

## Why is this important?

Australia's aged care sector was significantly impacted by the COVID-19 outbreaks in 2020, with the largest proportion of Australian deaths occurring among aged care residents.

The impact of this is continuing to be felt across the sector, as aged care providers also prepare for the necessary reforms to deliver generational change in response to the Aged Care Royal Commission.

Protecting the residents of aged care facilities is a priority for the Australian Government and a suite of measures aimed at infection prevention and control and limiting the risk of virus spread have been in place since the initial outbreak in Australia.

Aged care providers have also carried significant financial costs in managing COVID-19 outbreaks, including additional leave for staff and training requirements in hotspot locations. Providers have also experienced higher than usual RAD outflows during COVID-19, impacting their ability to meet RAD obligations. These measures provide continued support to aged care providers in the event of further outbreaks and longer term support to ensure the ongoing stability of providers.

## Who will benefit?

Aged care providers will continue to be supported through future outbreaks of COVID-19 through the provision of a surge workforce and reimbursement of eligible out of pocket expenses in the event of a COVID-19 outbreak. It also ensures that vulnerable older Australians are supported and provided appropriate care in the event of a further outbreak. To date, 196 services have received over \$58 million in reimbursement for eligible expenses.

Continuing to provide access to funding when single site arrangements are introduced in hotspot and high risk locations as determined by the Commonwealth Chief Medical Officer ensures workers are not disadvantaged in the event of an outbreak, supporting them to maintain their connection to multiple employers without a penalty. Similarly, it supports providers by covering the cost of paid leave so that workers are not coming into facilities while potentially infectious. To date, over 85 services have received over \$10 million in funding through the SACWIC Grant opportunity.

Funding for aged care providers through the RAD Support Loan Program will assist those eligible providers who may face temporary liquidity issues and the risk of insolvency. This will provide flow on benefits for senior Australians with the RAD Support Loan Program helping to guarantee continuity of care and stability in the market.

Care recipients, aged care workers, service providers and the Australian community will benefit from the ongoing delivery of quality care and the stability of the sector delivered through the Viability Fund.

Funding will cover essential business or operating costs required to enable the continued provision of quality care to residents as providers continue to adjust to the longer-term effects of COVID-19 on the sector. Support may also be provided around sales or closures.

The Department of Health will determine how much funding individual providers are eligible for by conducting a targeted assessment of their needs against specific criteria. This ensures providers receive the right level of support to remain operational and care for their residents.



**How much will this cost?**

To date, more than \$2 billion has been committed to support the aged care sector through the COVID-19 pandemic.



## Aged Care – Reforms to support people living with dementia and their carers

In response to the Aged Care Royal Commission, the Australian Government will invest \$229.4 million to improve quality of life and care for people living with dementia, while improving the sector's focus on this core part of aged care.

These initiatives will support people living with dementia and their carers at every stage from diagnosis through to residential aged care. Together this will ensure people living with dementia are connected with the support they need post-diagnosis, are enabled to remain in their home for longer, and able to access high quality, dementia informed aged care services.

Key measures include:

- more support when a person is first diagnosed with dementia to help them access the services they need to maintain health, wellbeing and independence. Primary Health Networks will develop local dementia care pathways which support General Practitioners (GPs) to refer their patients to the support they need
- dementia training will be made available for an additional 1,000 GPs and GP registrars per year
- enhanced early support for people living with dementia in the community and their carers through a significant funding increase for evidence-based activities delivered under the National Dementia Support Program (NDSP). This is expected to provide around 30,000 people with more timely access to supports like counselling, education sessions, support groups, and peer mentoring that provides coaching, advice and support to carers
- an additional outreach capability for the National Dementia Helpline to stay in touch with people. This will allow senior Australians living with dementia and their carers to be connected to additional support as their situation evolves and help prevent them from reaching a crisis point
- improved connection between services so when a person living with dementia needs aged care services they will be supported and there will be a specific focus on dementia in aged care assessments and care planning
- an increase in the number of care minutes provided to people in residential aged care which will support the person-centred care practices that are essential for people living with dementia
- additional dementia training, including for 3,200 personal care workers to operate as leaders in dementia care in their organisations and improved access to dementia training in regional and rural areas

- up to 60 learning networks will support aged care workers in adopting better dementia care practices through the opportunity to share experiences and insights
- documented dementia training pathways to ensure health professionals and aged care workers will more easily be able to identify high quality dementia training that is relevant to them
- increased availability of respite places with respite providers supported to develop dementia specific respite plans through the engagement of a national provider to facilitate the introduction of this planning process and training will be available for up to 5,200 staff. These plans will help to reduce the stresses of the new environment which respite represents for people living with dementia and lessen the risk of further decline in their condition
- an expansion of care models which combine carer education and respite care to support 3,200 families caring for a person living with dementia
- improvements in aged care regulation which include:
  - improved regulation and transparency of information about provider performance
  - clearer regulations on the use of restraint (restrictive practices), including physical and chemical restraint only being used as a last resort after behaviour support strategies have been used
  - a review of the Aged Care Quality Standards, focusing on key areas of concern identified by the Royal Commission such as governance, dementia, and food and nutrition, and
  - supporting the adoption of dementia friendly building practices in residential aged care facilities.
- enhanced capability for positive approaches to behavioural and psychological symptoms of dementia and to minimise the use of restraint, if someone living with dementia starts to experience behavioural and psychological symptoms of dementia, whether living at home or in the community, there will be:
  - increased funding for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to support a further 13,000 referrals to these services per year on average, and
  - training for representatives of all aged care providers on managing behavioural and psychological symptoms of dementia.

These measures respond to *Recommendations 2, 8, 10, 15, 17–19, 22–25, 27–30, 32, 42, 43, 45–46, 75, 77–80, 86, 88–91 100, 104, 109, 112–114, 120–122 and 142* of the Royal Commission's final report.

For further information, refer to the relevant fact sheets.

### Why is this important?

Dementia is the second leading cause of death in Australia and the leading cause of death in women.

Coordinated dementia care management in the community has been shown to lower hospitalisations, increase quality adjusted life years and delay entry to residential care.

Dementia carers consistently report not knowing where to go or what is the next practical step following a dementia diagnosis.

Supporting people living with dementia to remain at home, including help with the management of treatment and care, medication management, and support and education for informal carers, improves the quality of life for both the person living with dementia and their informal or family carer. It will also delay the need for residential aged care.

### **Who will benefit?**

It is estimated that in 2020 there are between 400,000 and 460,000 Australians with dementia.

It is estimated that currently there are almost 1.6 million people in Australia involved in the care of someone living with dementia, including aged care workers and informal carers such as families and loved ones.

The number of people living with dementia is expected to increase to between 550,000 and 590,000 by 2030.



## Aged care – Reforms to support Aboriginal and Torres Strait Islander people

In response to the Aged Care Royal Commission, the Australian Government will invest \$557 million to ensure Aboriginal and Torres Strait Islander people receive quality and culturally safe aged care services, can access advice to make informed decisions about their care, and are treated with dignity and respect.

The 2021–22 Budget invests in targeted measures to improve the experience of older Aboriginal and Torres Strait Islander people, increase capability and viability of Aboriginal and Torres Strait Islander organisations, and grow a skilled and culturally safe workforce.

Key measures include:

- \$106 million for a workforce of 250 Indigenous people to provide trusted face to face support and assist Aboriginal and Torres Strait Islander people better navigate and access care. This workforce will also sit alongside Aboriginal and Torres Strait Islander people while Regional Assessment Service (RAS) and Aged Care Assessment Teams (ACATs) assess their care needs upon entry and while in care
- \$396.9 million will be made available for aged services to upgrade existing buildings, constructing purpose built care services, including to connect residential facilities with communities On Country and provide essential staff housing. This funding will also support health and disability services to expand into aged care delivery, and assist Aboriginal Community Controlled Organisations to expand into aged care
- \$61.6 million in additional service delivery funding for the 43 National Aboriginal and Torres Strait Islander Flexible Care Services. This will contribute to improved health outcomes for Aboriginal and Torres Strait Islander people and promote connection to community and culture
- \$8 million to assist Indigenous organisations with governance, business, training and leadership
- Improved access to translation and interpreting services for older Aboriginal and Torres Strait Islander people by increasing the availability of Indigenous interpreters and providing information and support on aged care services in a range of community languages
- A dedicated Aboriginal and Torres Strait Islander assessment workforce for Aboriginal and Torres Strait Islander people, will help to increase the proportion of Aboriginal and Torres Strait Islander people in aged care,

addressing historical low take up rates. It will also result in training and employment opportunities for Aboriginal and Torres Strait Islander people

- A minimum of 15 additional post-graduate scholarships in the Aged Care Nursing Scholarship Program each year, for three years, for Aboriginal and Torres Strait Islander nurses to commence and complete formal qualifications in areas of need in the aged care sector
- A minimum of 5 new post-graduate scholarships each year, for three years, for Aboriginal and Torres Strait Islander allied health professionals with a focus on dementia qualifications
- Expansion of the Aged Care Transition to Practice Program to include Aboriginal and Torres Strait Islander services in its design
- Support will also be available for Aboriginal and Torres Strait Islander people to complete a Certificate III qualification for positions such as Personal Care Workers, and
- Incentives will be available to assist with the recruitment and retention of a skilled and appropriate workforce to meet the needs of older Australians, including Aboriginal and Torres Strait Islander peoples.

For further information, refer to the relevant fact sheets.

### **Why is this important?**

These investments will not only ensure culturally safe aged care services are available and accessible, they will result in a more skilled, supported workforce as well as boosting local economic activity. There will be an increase in capability and viability of Indigenous organisations to deliver care and Aboriginal and Torres Strait Islander people will be better informed, supported and empowered to make decisions about their aged care needs.

It will also contribute to closing the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation.

Collectively, these measures implement *Recommendations 29, 30, 45–48, 50–51, 53 and 53-1c* of the Royal Commission's final report.

### **Who will benefit?**

Approximately 166,000 Aboriginal and Torres Strait Islander people nationally will benefit from these measures. Aged care providers and staff delivering care to Aboriginal and Torres Strait Islander peoples, will directly benefit from the funding assistance to deliver increased services, undertake capital works to improve quality and live in appropriate staff accommodation.

Aboriginal and Torres Strait Islander communities will experience flow-on benefits through the creation of local jobs and increased future service delivery.



## Aged care – Reforms to support people from diverse backgrounds

In response to the Aged Care Royal Commission, the Australian Government will invest \$585.7 million in making safe, quality aged care accessible for people with a wide range of personal experiences and circumstances and from diverse backgrounds, through its once in a generation aged care reforms.

The Government will work to realise the Royal Commission's finding that 'diversity should be core business in aged care'<sup>1</sup> including ensuring their voices are heard with representation on advisory bodies and that diversity is actively considered in program design and regulatory decisions.

Specific measures include:

- \$93.7 million in additional funding to introduce a network of up to 500 local Community Care Finders to improve engagement with vulnerable senior Australians (such as people who are homeless), building on existing navigation supports to provide intensive face-to-face assistance to access aged care services and connect with other relevant health and social supports.
- \$65.2 million to increase translating and interpreting services to address gaps and the under utilisation of these services for diverse older Australians, including interpreting services in assessment planning and review; for Care Finders; and for translating key documents into community languages. This will assist more than 75,000 older people from culturally and linguistically diverse backgrounds.
- \$9.6 million to certify providers where specific services are offered that meet diverse needs, for example cultural and linguistic services. This will help consumers select providers that meet their specific needs.
- \$6.2 million to provide assistance to aged care providers to understand the diversity of the community they are serving and assess whether actual usage of their service reflects any barriers to access which must be rectified.
- A new Aged Care Act to underpin the fundamental and generational reform across aged care. The new Act will place older people, in all their diversity, at the centre of the reformed aged care system.
- \$396.9 million over five years for capital investment through the *More equitable access to Aged Care for First Nations and Special Needs Groups* measure to enable aged care providers to make needed improvements to their buildings and build new services in areas where senior Australians currently do not have access, or where staff caring for their needs do not have suitable housing. First

<sup>1</sup> Royal Commission Final Report Volume 1 Summary and recommendations, page 98.

Nations peoples, homelessness providers and rural and remote areas will be initial priority areas to benefit from this measure from 2022-23.

- The expansion of the Serious Incident Response Scheme (SIRS) from residential care into home and community care. This initial \$14 million from 1 July 2022 will provide greater protections to consumers receiving home and community aged care services, including older people who are more vulnerable such as those who are socially disadvantaged.
- A National Aged Care Data Strategy to identify, improve and better use aged care data to inform current and future service demand, workforce, health interface interaction, quality and safety and outcomes of care, including for people with diverse needs through better data collection and use of diversity identifiers.
- Other measures to support First Nations people will improve consumer experience by assisting older First Nations people to be better informed and understand all the services available through the aged care system. The measures will increase capability and viability of Aboriginal and Torres Strait Islander organisations and increase a skilled and culturally safe workforce.

An additional measure will indirectly support vulnerable people and assist providers to address diversity as core business in the aged care system:

- \$3.9 billion to increase the care time for residents to an average of 200 minutes per day, including 40 minutes of registered nurse (RN) time; and fund the provision of a registered nurse on site for a minimum of 16 hours per day. This will particularly benefit older people with diverse backgrounds and life experiences who may require more care or will benefit from more time to build trust and rapport with their carers.

These measures respond to *Recommendations 1–3, 7, 9, 12, 15, 17, 22–24, 27, 29–30, 45–48, 50, 52–55, 67, 75, 80, 86, 94, 100, 106, 108, 114 and 122* of the Royal Commission’s final report.

For further information, refer to the relevant fact sheets.

### Why is this important?

The Royal Commission found that *‘the aged care system often struggles to provide appropriate care to people with diverse needs’ [and yet it] ‘should be equally welcoming and supportive of everyone needing care.’* It also found *‘there can be a lack of understanding and respect for people’s culture, background and life experiences.’*<sup>2</sup>

These measures will help embed a focus on diversity in the aged care system, deliver quality aged care services to people from diverse groups and provide more equitable access to services for vulnerable populations, providing greater support for senior Australians to access and navigate the aged care system with a level of support commensurate to their needs.

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<sup>2</sup> Final Report page 71.



## Who will benefit?

Many older Australians have diverse characteristics and backgrounds and will benefit from these measures. These include many older people in the following groups, noting that a person can have attributes and experiences in multiple groups:

- over 100,000 older people from Aboriginal and Torres Strait Islander communities in Australia
- over 36 per cent of older Australians were born outside of Australia and one in three older people were born in a non-English speaking country
- more than one in 10 people have diverse sexual orientation, gender identity or intersex characteristics
- almost 15,000 older Australians experience homelessness or are at risk of homelessness
- one in 10 Australians aged over 65 lives with cognitive impairment and dementia
- more than 80 per cent of older Australians report an affiliation to a religion
- over half of older Australians experience some sort of disability
- more than one in 10 older Australians live in regional, rural and remote communities
- one in 12 older Australians experience significant financial or social disadvantage
- one in 12 older Australians have four or more chronic diseases
- there are over 150,000 older Australian veterans
- there are half a million care leavers in Australia who are now between 40 and 90 years of age, with the numbers of parents separated from their children by forced adoption or removal still unknown.



## Home Care (Pillar 1 of the Royal Commission response) – Immediate investment to address critical need

In response to the Aged Care Royal Commission, the Australian Government will invest over \$6.5 billion to address the critical need for home based care for senior Australians – the single largest investment in home based care ever.

The investment includes:

- \$6.5 billion to release 80,000 additional Home Care Packages (40,000 in 2021–22 and an additional 40,000 in 2022–23). It means those currently waiting for a Home Care Package will get access to the care they are assessed as needing. By June 2023, there will be 275,600 Home Care Packages available to senior Australians every year, and
- a further \$36.7 million in the Aged Care Quality and Safety Commission, to increase resourcing for quality and safety checks for Home Care Packages. This will enable more than 750 additional Quality Reviews and Assessment Contacts from 2022–23 to 2023–25.

### Why is this important?

Home care provides senior Australians with support to live independently in their own homes for as long as possible. Increasingly, senior Australians are seeking support to stay at home longer, rather than moving to residential aged care.

Funding for the Aged Care Quality and Safety Commission will ensure the Commission can increase its compliance activity to match the increase in Home Care Packages. This will ensure the Aged Care Quality and Safety Commission has the capability to address any failures in care by providers of Home Care Packages, ensuring senior Australians are receiving safe, high quality Home Care services. This will include conducting more than 750 additional Quality Reviews and Assessments Contacts from 2022–23 to 2023–25.

These measures support *Recommendation 39* of the Royal Commission's final report.

### Who will benefit?

This measure will provide access to all those currently waiting for a package in line with their assessed care needs by June 2023. As at 18 April 2021, there were 86,797 senior Australians waiting for a Home Care Package at their assessed level, most of whom already have either a lower level Home Care Package or are eligible to get assistance through the Commonwealth Home Support Programme.

Additional resourcing for the Aged Care Quality and Safety Commission will protect the integrity of our home care system and the safety of home care recipients as the system grows.

**How much will this cost?**

The Australian Government is investing \$6.5 billion over 4 years, from 2021–22.



## Home Care (Pillar 1 of the Royal Commission response) – Future design and funding

In response to the Aged Care Royal Commission, the Australian Government will invest \$10.8 million to develop a new support at home program in consultation with senior Australians and community stakeholders, and commencing in July 2023. The program will replace the Commonwealth Home Support Programme (CHSP), Home Care Packages, Short-Term Restorative Care, and residential respite programs.

A new support at home program will mean better targeted services for almost one million older people who currently receive care at home or residential respite services.

\$10.8 million will support the new program design, which will offer better support to senior Australians as their needs change, including people living with dementia and people with complex needs who would prefer to stay at home.

The Government will consult on critical design elements, including:

- improved assessment arrangements that are more consistent, more accurate, and recognise that not all consumers need intensive assessments
- a modern classification and funding system to ensure the support senior Australians receive aligns with their assessed care needs
- an increased choice of provider/s across all types and levels of aged care
- a dedicated focus on care management in assessment and funding arrangements
- better support for informal carers, and
- more support for early interventions to help people to remain independent at home for longer.

To prepare for these future reforms, CHSP grant agreements will be extended for one year from 1 July 2022 to 30 June 2023, with most CHSP providers transitioning to payment in arrears.

### Why is this important?

Senior Australians want to age independently in their own homes. A new support at home program will be designed to better target services to eligible senior Australians' assessed care needs.

Implementing a change of this size requires a careful, measured approach to avoid disrupting services to senior Australians. The Government is committed to developing a

new support at home program in consultation with senior Australians and community stakeholders.

This measure implements in full or in part *Recommendations 25, 28, 30, 31, 32, 33, 34, 35, 36, 40, 41, 42, 72, 117, 118, 119, and 124* of the Royal Commission's final report.

### **Who will benefit?**

A new support at home program would mean more better focused services for more than one million older people who currently receive Commonwealth Home Support Programme, the Home Care Packages, Short-Term Restorative Care, or residential respite programs. It would give senior Australians greater choice when it comes to their care and deliver improved outcomes as support will be based on their assessed needs.

Existing and new providers and residential respite aged care homes will have simpler funding arrangements.

The move to payments in arrears for CHSP will align CHSP funding arrangements with those for home care and related sectors such as the NDIS.

### **How much will this cost?**

The Australian Government is investing \$10.8 million over one years, from 2021–22.



## Home Care (Pillar 1 of the Royal Commission response) – Enhanced program oversight in Home Care Packages

In response to the Aged Care Royal Commission, the Australian Government will invest an additional \$18.4 million over 4 years in measures that put downward pressure on home care administrative costs through improved program integrity and pricing transparency. This action will ensure senior Australians receive full value for money and are not charged unreasonable or excessive administration charges.

This investment is critical to empowering consumers to exercise choice through better visibility of pricing information. There will also be:

- an annual risk-based program of assurance reviews of home care providers
- a focus on assuring value for money of home care package funds
- funding of continuous improvement of providers through a community of practice, and
- funding for enhanced fraud management and investigation capability within the Department of Health.

This measure will benefit the almost 170,000 home care recipients currently receiving a package, as well as all new care recipients who will receive home care packages from now on.

### Why is this important?

Increasing numbers of Australians are choosing to remain within their own homes as they age, and there is rising demand for home care services to support this choice. The Department will work with service providers through an ongoing annual program of reviews of a maximum of 500 providers per year, to guarantee prices being charged are justified, fair and consistent with the care recipient's funding agreement.

This is essential to ensure the maximum possible amount of the Government's subsidy for home care packages goes towards directly supporting senior Australians to remain in their own homes for as long as possible.

Care recipients will be empowered, through enhanced pricing transparency through the My Aged Care website, to be better informed and take action about home care charges they are not satisfied with. At present, all providers are required to report their pricing schedule through My Aged Care, where care recipients can compare the price of a particular service with up to three providers. New tools on My Aged Care will include a cost calculator and pricing comparator against like services for all relevant providers at a geographic level.

A community of practice will be established in recognition of the importance of supporting home care providers to deliver better value for money and continuously improve. This will allow providers to engage with each other and the Department, to share lessons learnt, including from the annual program of reviews, share best practice, and better understand and deliver to program requirements.

This measure will also provide increased dedicated in-house staffing to address fraud in home care, as well as funding to support procurement of expert advice to build best practice program assurance capabilities and strengthen the Department's approaches to home care fraud.

These measures build on the Government's existing work to improve transparency and comparability of home pricing information. Together, these new and existing measures should drive unfair costs out of the system, minimise fraud risks, support providers to deliver to program requirements and engender better services for our senior Australians.

This measure supports *Recommendations 27, 115 and 118* of the Royal Commission's final report.

#### **Who will benefit?**

This measure will benefit all current and future care recipients under the program; there are currently just under 170,000 people receiving a home care package.

Care recipients will benefit from increased cost transparency and value for money for their package funds. They will be empowered through information to secure the best value for money for their individual needs, or change providers to achieve a better pricing outcome. The Australian taxpayer will benefit from more value for money from the Government's investment on their behalf in the Home Care Program.

These changes will also benefit the entire industry, by improving community confidence in the many home care providers offering quality and safe services with fair costs and administration charges.

#### **How much will this cost?**

The Australian Government is committing \$18.4 million over 4 years, from 2021–22.



## Home Care (Pillar 1 of the Royal Commission response) – Connecting senior Australians to aged care services

In response to the Aged Care Royal Commission, the Australian Government will invest \$272.5 million to support senior Australians to access the aged care services they need and navigate through the system.

Investment will support new face-to-face services for senior Australians to make it easier for people to use My Aged Care – a familiar platform for Australians who already interact with the aged care system – by improving the connection between the various ways people receive information and service referrals. This will ensure services work together so senior Australians get the help and care they need regardless of whether they access the web site, call centre, or the new face-to-face services.

- Key measures for senior Australians who need minor assistance include:
  - a new government face-to-face aged care service will be available in up to 325 Services Australia service centres in all states and territories, to provide information on aged care services and assist people to use online channels\*
  - Services Australia and My Aged Care call centres will be linked so callers can be easily transferred between the two services\*, and
  - \$9.6 million to certify providers where specific services are offered that meet diverse needs, for example cultural and linguistic services. This will help consumers select providers that meet their specific needs.
- Key measures for senior Australians who need additional help or prefer to access support through face-to-face services include:
  - new face-to-face aged care specialists will be available in 70 Services Australia service centres in all states and territories, and include mobile service centres to reach rural and regional areas. These specialists will connect consumers with local services, financial information services, social workers, interpreters and advocates\*
  - \$7.2 million to provide advocacy organisations with visibility of where consumers are in their aged care journey, to enable these organisations to better represent the people they provide advocacy services for, and
  - \$65.2 million to provide greater access to translating and interpreting services for culturally and linguistically diverse people.



- Key measures for senior Australians who need specialist support include:
  - \$93.7 million in additional funding to introduce a network of up to 500 local Community Care Finders to improve engagement with vulnerable senior Australians (such as people who are homeless)
  - building on existing navigation supports, it will provide intensive face-to-face support to access aged care services and to connect with other relevant health and social supports, and
  - \$7 million to extend the Aged Care System Navigator services from July 2021 to December 2022 to continue face-to-face support until Community Care Finders start.

### Why is this important?

These changes will provide greater support for senior Australians to access and navigate the aged care system with a level of support commensurate to their needs.

Previously, there has been limited availability of face-to-face support making it difficult for consumers to access, understand and navigate aged care services. By increasing local, personalised and face-to-face support, senior Australians will have better access and support to navigate aged care and articulate their needs.

This measure implements *Recommendations 29 and 30* of the Royal Commission's final report.

### Who will benefit?

Senior Australians, their representatives and aged care providers will benefit from a better approach to accessing and navigating the aged care system.

- Senior Australians who need just minor assistance, will be able to access digital assistance and basic information through approximately 325 Services Australia service centres.
- Senior Australians who need additional help or prefer to access support through face to face services, will be supported by Aged Care Specialist Officers in 70 Services Australia service centres.
- Vulnerable senior Australians who need specialist support, will have access to a network of up to 500 Community Care Finders, who will provide face to face assistance to access and navigate aged care services and other supports at the local community level (such as health and social supports).

### How much will this cost?

The Australian Government is investing \$272.5 million over 4 years, from 2021–22.



## Home Care (Pillar 1 of the Royal Commission response) – Support for informal carers

In response to the Aged Care Royal Commission, the Australian Government will invest \$798.3 million to increase support provided for informal and family carers of senior Australians, particularly for those caring for people living with dementia.

Strengthening the support available will improve carer wellbeing, maintain the care relationship, and avoid crises that may jeopardise the relationship between the carer and the person in their care.

New supports include:

- \$441.4 million for residential respite by aligning funding arrangements with the new residential aged care funding model to give providers increased incentives to offer residential respite services, which will benefit about 67,000 recipients per year
- \$134.9 million for the Commonwealth Home Support Programme (CHSP) respite services for both flexible respite and centre-based respite, which will enable about 8,400 additional clients to access respite services each year from January 2022
- \$53 million, in addition to the existing \$49 million investment, for enhanced early support for dementia carers, through:
  - increasing early intervention assistance after diagnosis for the approximately 15,000 people diagnosed with dementia every year and their carers. This includes additional outreach capability for the National Dementia Helpline (NDH) so carers can stay in touch with services, and increased funding for other National Dementia Support Program activities, such as counselling and carer education
  - clarifying and simplifying dementia care pathways between the NDH and GPs, memory clinics, My Aged Care, Carer Gateway, and aged care assessment teams - for carers and people living with dementia
- \$60.1 million to increase outcome quality for people using respite through:
  - Engaging a national provider to prepare respite care plans for people living with dementia, developed with the individual and their informal carer at home.
  - training for residential care providers and staff to put respite care and activity plans into action for people living with dementia, and

- increasing access to carer education in the early period after diagnosis for people caring for a person living with dementia using dementia respite.
- \$103.4 million for early referrals to Carer Gateway services by aged care assessors for assistance such as counselling, coaching, peer support, and skills training. This will support approximately 134,000 informal carers, and
- referring the impact of amending the National Employment Standards to provide for additional entitlement to unpaid carer's leave to the Productivity Commission to examine.

### Why is this important?

Informal carers are those providing help to older family members, friends and people in their social network who require help with everyday tasks. They make a significant contribution to caring for older Australians and as the proportion of older people receiving care in their homes increases, support for their informal carers is increasingly important.

Respite services are an important part of the aged care system, providing necessary care and support to senior Australians in a targeted way when it is needed, and supporting the wellbeing of informal and family carers.

Supporting people living with dementia to remain at home, including help with the management of treatment and care, medication management, and support and education for informal carers, improves the quality of life for both the person living with dementia and their informal or family carer. It will also delay the need for residential aged care.

This measure supports *Recommendations 15, 32, 42 and 43* of the Royal Commission's final report.

### Who will benefit?

The Royal Commission estimates that there are 428,500 informal carers who are the primary carer of someone 65 years or older.

Additional CHSP respite services will support around 8,400 new clients per year.

Increased funding for residential aged care providers to offer residential respite services will benefit approximately 67,000 recipients.

Early access to the Carer's Gateway will enable approximately 134,000 informal carers to access support including counselling, coaching, peer support and skills training.

People newly diagnosed with dementia, about 15,000 per year, and their informal carers, will benefit from additional funding for the NDH and other early support initiatives.

Respite care planning, staff training and carer education will improve the respite experience for people living with dementia, and will lead to better health and wellbeing outcomes, reduce carer stress, and assist with more successful returns home after a respite stay.

Australians who are informal carers will benefit from the Productivity Commission review into unpaid carers leave and possible reforms to the National Employment Standards.

### How much will this cost?

The Australian Government will invest \$798.3 million over 4 years, from 2021–22.



## Residential aged care services and sustainability (Pillar 2 of the Royal Commission response) – Reforming residential care funding to drive better care and a viable system

In response to the Aged Care Royal Commission, the Australian Government is investing \$189.2 million to implement new funding models for residential respite care and residential aged care. This measure includes:

- \$135.9 million to deliver improved care outcomes for people in residential aged care, through implementing a new, transparent funding model for residential aged care.
  - The new Australian National Aged Care Classification (AN-ACC) model will be implemented from 1 October 2022. It will provide fairer and more equitable funding and support the sector to deliver higher quality care to the 240,000 senior Australians using residential care services and 110,000 using respite services each year
  - This funding builds on the \$258.5 million provided in 2020 to support the development of a new residential aged care payment system, and undertake a period of ‘shadow assessment’, and
  - During this year of shadow assessment, which commenced on 6 April 2021 all residents will be assessed by an independent assessor using the AN-ACC assessment tools. This will allow a smooth transition to the new model for all residents on 1 October 2022.
- A 2 year \$53.3 million transition fund will also be established to assist providers who may need support during the transition.

### Why is this important?

The new AN-ACC model improves on the previous Aged Care Funding Instrument (ACFI), which produced inequitable funding outcomes and funding volatility for providers, supported care practices that are no longer contemporary, and encouraged providers to focus on funding outcomes above quality care delivery.

The Government commissioned the University of Wollongong to undertake work in 2017 to develop a new case mix funding model based on evidence of the relative costs of delivering care to different types of residents. The AN-ACC was the outcome of this study.

Assessments under the AN-ACC will be undertaken by independent assessors, not nurses working in residential aged care services. This will enable clinicians working within care homes to spend more time delivering care rather than completing ACFI funding claims. It also provides a robust and equitable model for the Government to confidently provide a substantial funding increase to the sector from October 2022. For details on the funding increase refer to factsheets *Residential care funding uplift* and *Mandatory care time standards and reporting*.

The introduction of the AN-ACC responds fully or in part to *Recommendations 120* and *121* of the Royal Commission's final report.

### **Who will benefit?**

The AN-ACC funding model, will deliver increased nursing and personal care time each day to the 240,000 senior Australians accessing residential aged care each year.

Skilled clinicians working in residential aged care will greatly benefit through being able to focus more time delivering care rather than on processing funding claims.

Residential aged care services which operate in rural and remote regions, and those which service Indigenous and homeless populations will benefit from a more equitable distribution of funds.

The 67,000 senior Australians who access residential respite services each year will benefit from improved access to quality respite care, delivering critical support to individuals and their families when they need it.

More broadly, the aged care sector, government and senior Australians will benefit from a more stable and efficient funding model that provides greater expenditure certainty.

### **How much will this cost?**

The Australian Government will invest \$189.2 million over 4 years, from 2021–22.



## Residential aged care services and sustainability (Pillar 2 of the Royal Commission response) – Residential care funding uplift

In response to the Aged Care Royal Commission, the Australian Government will support residential care by investing \$3.2 billion over 5 years from 2020–2021. This is in addition to the \$3.9 billion funding for mandatory care times and standards. The total increase in funding for residential aged care in response to the Royal Commission will be \$7.8 billion.

From 1 July 2021, a new Government Basic Daily Fee (BDF) supplement of \$10 per resident per day, and continuation of previous 30% increases in the homeless and viability supplements, will support providers to deliver better care and services to residents.

From October 2022, these payments will be rolled into the new Australian National Aged Care Classification (AN-ACC) funding model on an ongoing basis.

To commence receiving the new Government BDF Supplement, providers will need to report on the adequacy of daily living services (such as food, linen, cleaning) they provide, with a particular focus on nutrition. This quality reporting will support the star rating system.

The additional investment will build on the previously announced \$189.8 million investment in residential care to support the increased viability of the sector for the remainder of 2020–21.

### Why is this important?

This measure will directly address recommendations from the Aged Care Royal Commission, which sought immediate changes to introduce a Government paid BDF supplement and amendments to the viability and homeless supplement respectively (recommendations 112 and 113).

The increase in funding will support the residential care sector to deliver improved care and services to senior Australians accessing residential aged care.

Continuing the 30% increase to the homeless and viability supplements in residential care supports care in rural and remote areas, and those who access specialist homeless providers.

This measure supports either fully or in part *Recommendations 112 and 113* of the Royal Commission's final report.

### Who will benefit?

This funding uplift will support the delivery of better care and services to the 240,000 senior Australians accessing residential aged care each year, maintaining choice and

accessibility to the care and services they need. It will also assist 67,000 senior Australians who access residential respite care each year.

The new Government BDF Supplement will support all residential care providers to deliver better care and services. The increase to the Homeless Supplement will support delivery of care to residents in 19 providers across 40 residential services. The increase to the Viability Supplement will support delivery of care to residents across 227 providers and 455 services.

### **How much will this cost?**

The Australian Government will invest \$3.2 billion over 5 years, from 2020–2021.



## Residential aged care services and sustainability (Pillar 2 of the Royal Commission response) – Mandatory care time standards and reporting

In response to the Aged Care Royal Commission, the Australian Government will invest \$3.9 billion over 3 years from 2022–23, to increase the amount of front line care delivered to the 240,000 senior Australians accessing residential aged care and 67,000 accessing residential respite care each year. This is in addition to the \$3.2 billion residential care funding uplift. The total increase in funding for residential aged care in response to the Royal Commission will be \$7.8 billion.

This funding will support residential aged care providers to deliver:

- an increase to the care time for residents to an average of 200 minutes per day - including 40 minutes of Registered Nurse (RN) time, and
- an RN on site for a minimum of 16 hours per day.

This will be delivered through an increase in base funding under the new Australian National Aged Care Classification (AN-ACC) funding model, which will commence from 1 October 2022.

- From July 2021, providers will be required to report on care staffing minutes at the facility level, as part of their existing annual reporting.
- From July 2022, providers will also be required to provide a monthly care statement to residents (and their family members), outlining the care they have received, and any significant changes or events during the month. Reporting on care staffing minutes will move to a quarterly basis.
- From December 2022, this information will be used to inform a staffing star rating, allowing senior Australians to easily compare staffing levels between care homes and improve choice. Further information about star ratings can be found in the fact sheet: *Residential aged care services and sustainability – Empowering consumers of aged care with the information to exercise choice*.
- From October 2023, providers will be required to meet a mandatory care time standard of an average 200 minutes for each resident, including 40 minutes of RN time. In addition, facilities will be required to have a RN on site for a minimum of 16 hours per day. This will vastly improve access to direct clinical care for senior Australians in residential care.



### Why is this important?

Staffing is critical to care. This additional investment directly responds to recommendations and research commissioned by the Royal Commission.

Consumers currently have to undertake their own research and rely on information provided by individual homes to determine the level of staffing and care provided to residents. This information is often not available, and does not allow them to compare providers. Providing this information is a vital step in supporting informed choices, and improving the standard across all facilities through transparency and improved reporting.

This measure will be implemented in conjunction with the new AN-ACC model, which will enable care minutes to be adjusted according to the casemix assessment of resident need. This will provide a fair and systematic method for determining each facility's staff time requirements.

This measure supports fully or in part *Recommendations 86 and 122* of the Royal Commission's final report.

### Who will benefit?

The 240,000 senior Australians who utilise residential aged care and 67,000 who access residential respite care each year will benefit from increased nursing and personal care time each day.

Consumer choice will also be greatly supported by the publication of increased information around staffing levels at different facilities. Senior Australians and their families will be able to make informed choices when comparing potential aged care homes given the clear link between staffing mix and quality of care. This will also drive competitive pressure to improve quality and staffing levels.

Residents and their families will also benefit from the increased transparency that will come with regular reporting and notifications of any changes and incidents in relation to the resident's care.

### How much will this cost?

The Australian Government will commit \$3.9 billion over 3 years from 2022–23.



## Residential Aged Care Services & Sustainability (Pillar 2 of the Royal Commission response) – Improving choice for senior Australians through a more innovative, resilient and competitive market

In response to the Aged Care Royal Commission, the Australian Government will improve choice for senior Australians, foster investment and innovation by providers, and boost their resilience. The Government will invest \$102.1 million to help transition providers to a more competitive market and improve the sustainability and capability of the sector.

Under this measure:

- \$3.1 million is being provided to create a more innovative and competitive residential aged care market.
  - The Aged Care Approval Round will be discontinued. From 1 July 2024, residential care places will instead be allocated according to consumers' preference, as opposed to bed licences, which will give them greater choice and control over which approved residential provider delivers their care. Government funding will be directed to the provider the consumer chooses.
  - This measure will improve the quality of the residential aged care sector by increasing competition amongst service providers. It will benefit providers that develop high quality and innovative models of care and accommodation that best meet consumer preferences.
- \$55.3 million will be provided to fund the phased introduction of a new financial and prudential monitoring, compliance and intervention framework from 1 July 2021 to build the financial sustainability and capability of aged care providers.
  - This will strengthen the financial oversight of the aged care sector, introducing new standards for around 2,000 approved providers of aged care services and providing new enforcement powers and capability for Government.

- This will allow the Government to better protect taxpayers' investment in aged care services and help identify potential risks to the quality and safety of care of residents.
- A Structural Adjustment Program will be established with funding of \$32.6 million to support residential aged care providers to improve or change their operations, building on the success of the aged care Business Improvement Fund. This will allow eligible providers to adjust their operations to a more competitive market, and help minimise risks to the continuity of care for residents.
- The Business Advisory Service program will receive an additional \$5.9 million to continue supporting eligible providers with free, independent and confidential business advice and introduce a new workforce planning stream service to support providers to attract and retain staff.
- The Remote and Aboriginal Torres Strait Islander Aged Care Service Development Assistance Panel will also receive an additional \$5 million to continue improving the capacity and capability of providers to sustainably deliver quality care.

These measures build on the \$90 million in targeted support for residential aged care providers announced on 1 March 2021 to assist providers facing financial stress, outlined in Factsheet: *Further support for preparedness, workforce and viability*.

### Why is this important?

The Aged Care Approval Round system is no longer meeting the needs of senior Australians or residential aged care providers. Under the current system people are only able to choose from a residential care provider that has an available allocated place through the Aged Care Approval Round. This limits their choice and also restricts the ability for providers to grow and innovate.

Empowering senior Australians, their families and carers to select a provider of choice will create a more competitive market for residential aged care. It will also support existing high quality providers to expand their service footprint, and will allow new providers to enter the market.

Monitoring and supporting providers is key to minimising the risk of business failures and protecting consumers from potential disruptions to the care services they receive. Improving the capability, financial sustainability and resilience of the sector is also critical to ensuring aged care providers continue to deliver high quality care and meet the needs of consumers now and into the future.

This measure implements in full or in part *Recommendations 25 and 41, 91, 130, 131, 132, 133, 134, 135, 136 and 137* of the Royal Commission's final report.

**Who will benefit?**

Senior Australians considering entering residential aged care or changing their provider will benefit from improved quality and choice as a result of increased competition. It will give senior Australians greater control by allowing them to choose a provider which best meets their needs.

Around 240,000 people live in residential aged care services each year, and at any one time there are around 180,000 residents in facilities nationally.

New and existing residential aged care providers will no longer be bound to approval rounds, reducing red tape and giving them greater freedom to adjust and expand their service offering to better meet demand.

Residential aged care will benefit through greater investment, a push to more innovative offerings and improved financial sustainability of providers. In particular, support programs and advisory services will help aged care providers to improve their business operations. To date, the Australian Government has supported over 100 applications from providers wishing to improve their business operations and enhance their long term viability, with nearly \$45 million in approved funding from the Business Improvement Fund. In addition, over 230 business reviews have also been completed under the Business Advisory Service program.

**How much will this cost?**

The Australian Government will invest \$102.1 million over 4 years, from 2021–22.



## Residential aged care services and sustainability (Pillar 2 of the Royal Commission Response) – Reforming accommodation settings in residential aged care

In response to the Aged Care Royal Commission, the Australian Government will invest \$5.5 million and commence consultations with senior Australians and the aged care sector to develop a new Residential Aged Care Accommodation Framework. The Framework will commence from 1 July 2024 and guide the design of the most appropriate residential aged care accommodation going forward.

The consultation will assist in developing new National Design Standards for Residential Aged Care to ensure safer and more user-friendly environments for residents. These design standards, to be updated from time to time as necessary, will establish a baseline for accommodation quality, including consideration of accessibility, enablement, dementia-friendly design and smaller group home models, while enabling innovative design solutions.

The consultations will also consider options to promote adherence to the new design standards, including industry education and incentives, and whether there is a need to amend the National Construction Code.

The Government will consult with the sector to review the use of Refundable Accommodation Deposits (RADs) to raise capital within the residential aged care sector. This will include investigating new ways to assist residential aged care providers in raising capital.

### Why is this important?

The residential environment is important to the wellbeing of senior Australians, particularly those who are living with dementia. It is estimated that there are more than 450,000 Australians living with dementia. Of the more than 240,000 people that receive residential aged care each year, more than half have dementia.

There is currently no national standard for dementia-friendly design, and the Royal Commission into Aged Care Quality and Safety has identified that less than half of Australia's residential aged care facilities adopt a dementia-friendly design.

New design standards will address accessibility and dementia-friendly design in residential aged care, as well as the role of smaller group home models, enablement and respite settings, as recommended by the Royal Commission.

As senior Australians choose to remain at home for longer, these consultations will explore opportunities to address demand for flexible housing options, including smaller group home models.

This measure responds fully or in part to *Recommendations 45, 46 and 142* of the Royal Commission's final report.

### **Who will benefit?**

Senior Australians, particularly those living with dementia will benefit from new design standards in residential aged care, with a focus on accessibility and dementia-friendly design. Improvements to the environment where senior Australians live will positively contribute towards their wellbeing.

The adoption of national design standards will also guarantee greater choice for senior Australians including those living in rural and regional Australia by allowing older Australians to compare residential aged care facilities based on their adherence to the design standards.

Residential aged care providers and developers will benefit from clear design standards which will help guide their capital works towards more appealing, safer and more user-friendly environments for current and future residents.

Investors in the sector will benefit from increased clarity about financing mechanisms, raising capital and the viability of the operations of providers.

### **How much will this cost?**

The Australian Government is investing \$5.5 million over 4 years, from 2021–22.



## Residential aged care quality and safety (Pillar 3 of the Royal Commission response) – Protecting consumers by strengthening regulatory powers and capability

In response to the Aged Care Royal Commission, the Australian Government will invest an additional \$262.5 million in the independent regulator, the Aged Care Quality and Safety Commission (ACQSC).

This will ensure it is equipped to safeguard the quality, safety and integrity of aged care services, and effectively address failures in care. Specifically, this investment in sustainable resourcing will allow the ACQSC to:

- strengthen powers and the ability to protect senior Australians through action to address failures in care including civil penalties, enforceable undertakings, injunctions and compliance notices
- respond to more than 22,000 complaints, undertake at least 2,100 residential aged care site audits and at least 750 home care quality reviews, pursue at least 1,400 cases of non-compliance, and undertake 380 prudential and financial investigations. Complaint numbers have risen by more than 60% from 2017–18 to 2019–20, and residential aged care site audits required have risen 120% per cent from 2018–19 to 2019–20. There is also an anticipated 20% increase in applications to become an approved aged care provider from 2019–20 to 2020–21
- develop tools to enable earlier detection of high-risk home care services, including an enhanced risk profiling tool, and
- support the review of the ACQSC to be undertaken in 2023. The review will inform the functions, capability, structure, workforce arrangements and design of a new independent authority to regulate aged care services.

Aged care consumers will be further protected through strengthened clinical care standards to be developed by the Australian Commission on Safety and Quality in Health Care from 1 July 2021.

**Why is this important?**

The end-to-end regulator of aged care services must have sufficient resourcing, capability and appropriate powers to fulfil its role effectively. Without a properly resourced independent regulator, the generational reforms to improve quality and safety for aged care in Australia would be jeopardised.

This measure implements in full or in part *Recommendations 10, 18 and 104* of the Royal Commission's final report.

**Who will benefit?**

Around 1.3 million consumers will benefit from improved, safer care and higher quality outcomes through the ACQSC's strengthened capability. Consumers will also benefit from more rigorous and comprehensive clinical care standards.

Providers will benefit from risk-based proportionate regulation and greater harmonisation of standards across sectors, including aligning clinical care standards across aged care and healthcare sectors where appropriate.

**How much will this cost?**

The Australian Government is investing \$262.5 million over 4 years, from 2021–22.





## Residential aged care quality and safety (Pillar 3 of the Royal Commission response) – Strengthening provider quality

In response to the Aged Care Royal Commission, the Australian Government is investing \$32 million to strengthen the accountability and capability of the aged care sector. Investment includes:

- \$24.7 million for the Aged Care Quality and Safety Commission (ACQSC) to undertake an additional 1,500 site audits in residential aged care in 2021–22 (up from the 600 audits scheduled for that period)
- \$7.3 million to strengthen regulation of restraint (restrictive practices) and enhance behaviour support capability in residential aged care, through:
  - introducing legislation from 1 July 2021 to strengthen the regulation of restraint, and to ensure these practices are only used as a last resort. Aged care providers must use alternative behaviour support strategies prior to using restraint
  - appointing a Senior Practitioner to the ACQSC to lead education of aged care providers and General Practitioners (GPs) in the use of restraint. The Senior Practitioner will also provide senior Australians and their families with independent review mechanisms through complaints, serious incident reports and compliance processes to ensure aged care providers are meeting their legislative obligations, and
  - provide funding to extend the ACQSC Pharmacy Program to 2025.

### Why is this important?

The Australian Government is committed to building a culture of dignity and respect for senior Australians through the entire aged care sector. Quality and safety are critical to delivering on this commitment.

The reforms to quality and safety within aged care will be a significant task going forward. These measures are in response to some of the immediate priorities to deliver better experiences and outcomes for individuals receiving aged care, and to restore trust and confidence in the aged care sector.

This measure implements in full or in part *Recommendations 2, 8 and 17* of the Royal Commission's final report.

**Who will benefit?**

These measures will contribute towards improving the quality of care for the 1.3 million Australians who currently receive aged care services each year.

The Australian population places value in aged care quality and safety, and these measures are designed to drive cultural change across the sector to align aged care with community expectations.

Senior Australians and their families will find these measures improve the quality of care they receive. In particular, stronger regulation of, and communication around, restraint will deliver improvements to their safety and quality of life.

As a result of this measure, quality of care delivered by residential aged care providers will be closely examined as the ACQSC undertake additional audits in 2021–22.

**How much will this cost?**

The Australian Government is investing \$32 million over 4 years, from 2021–22.



## Residential Aged Care Quality and Safety (Pillar 3 of the Royal Commission response) – Improving quality and safety across the aged care sector including the Serious Incident Response Scheme (SIRS)

In response to the Aged Care Royal Commission the Australian Government is investing \$81.5 million to strengthen consumer protection within aged care and further build capacity in the areas of dementia care. This will improve the quality and safety of care for the 1.3 million Australians who currently access aged care services each year.

Measures to strengthen consumer protections and further build capability in dementia care include:

- an initial \$14 million will be allocated to expand the Serious Incident Response Scheme (SIRS) from residential care into home and community care from 1 July 2022. This will provide greater protections to more than 1 million consumers receiving home and community aged care services
- \$67.5 million over 4 years to lift dementia care capability. This includes extending and increasing funding for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to support a further 13,000 referrals to these services on average per year, and
- dementia specialists will also provide training to representatives from all aged care providers on managing behavioural and psychological symptoms of dementia and how to prevent the use of restraint (restrictive practices) through appropriate behaviour supports.

### Why is this important?

There is currently no requirement for home and community aged care providers to report incidents of abuse or neglect to the Aged Care Quality and Safety Commission (ACQSC). SIRS, implemented on 1 April 2021, only applies to residential care. Expanding the SIRS, with appropriate support from the ACQSC to home and community

aged care providers, is an important step in responding to incidents in home and community aged care, protecting care recipients and enhancing transparency.

Building dementia care capability includes the provision of the knowledge and expert assistance that carers need for better management of behavioural and psychological symptoms of dementia. Restraint must only be used as a last resort after behavioural support strategies have been used. In residential aged care, restraint not used in accordance with the restraint legislation is considered a reportable incident under the SIRS.

This measure implements *Recommendations 17, 80, 100, and 114* of the Royal Commission's final report.

### **Who will benefit?**

These measures will benefit the 1.3 million Australians who receive aged care annually by improving the quality of services and their quality of life. This will bring significant benefits to the estimated 400,000 to 460,000 Australians living with dementia.

It will also increase the skills base of aged care workers, in both residential and home care environments, in caring for senior Australians experiencing severe behavioural and psychological symptoms of dementia, with specialist advice and training in these areas.

Aged care workers will have other options to manage behavioural issues without resorting to restraint, which can be confronting, confusing and upsetting for senior Australians, their families and the aged care workers themselves.

### **How much will this cost?**

This measure has been costed at \$81.5 million over 4 years, from 2021–22.



## Residential Aged Care Quality and Safety (Pillar 3 of the Royal Commission response) – Improving access to primary care and other health services

In response to the Aged Care Royal Commission, the Australian Government will invest \$365.7 million to improve access to primary care for senior Australians, better support their transition between the aged care and health care systems, and improve medication management in residential aged care settings. This will benefit more than 240,000 Australians living in residential aged care.

As part of this measure:

- \$42.8 million to boost the Aged Care Access Incentive from 1 July 2021 to increase face-to-face servicing by general practitioners (GPs) within residential aged care facilities. The maximum yearly payment to be received by GPs will double to \$10,000
  - There are currently more than 5,400 general practitioners who receive the Aged Care Access Incentive
  - The increased maximum yearly payment will provide further incentives to an estimated 1,000 GPs already receiving Aged Care Access Incentive payments to deliver additional services in residential aged care, and
  - It will also attract an estimated 1,100 new GPs to provide a further 120,000 services into residential aged care.
- \$37.3 million in additional funding for the Greater Choice for At Home Palliative Care initiative to expand to all 31 Primary Health Networks, from the 11 Primary Health Networks previously participating in the pilot. This will improve palliative care and end-of-life services within a person's home across the country
- \$178.9 million for Primary Health Networks to utilise their regional expertise and on the ground capabilities to support the health of senior Australians. This will enable:
  - telehealth care for aged care residents
  - enhanced out of hours support for residential aged care
  - dementia pathways to support assessment and referral, and

- early monitoring and identification of health needs to support people to live at home for longer.
- \$23.6 million is being provided to build a better data and evidence base to enable the Government to conduct workforce and other planning to meet the health needs of senior Australians. This includes identifying:
  - the drivers of higher hospitalisation rates for those living in residential aged care
  - the allied health workforce available to meet the care needs of older Australians in home and residential aged care, and
  - models that support the use of multidisciplinary teams to reduce avoidable hospitalisations.
- \$45.4 million to address widespread issues associated with poor medication management in residential aged care, including improving linkages across settings through the use of electronic National Residential Medication Charts and the My Health Record to better support transition of aged care residents across care settings.

### Why is this important?

These initiatives will ensure senior Australians are treated with respect, care and dignity as they move across the aged care and health systems. They are a critical step in addressing the Aged Care Royal Commission's findings that coordination and integration with the medical care sector is important to meet the needs of older people.

Greater access to GPs in residential aged care is a critical step to facilitate better access to health services. Additional investment will better incentivise and reward general practitioners for their critical role in delivering long-term support and care to improve the health of senior Australians.

Primary Health Networks will for the first time be provided dedicated funding to commission programs to support senior Australians as well as improving public awareness of aged care and planning for ageing and aged care needs.

The introduction of electronic National Residential Medication Charts is expected to result in a reduction in the number of unnecessary medicines prescribed and dispensed per resident in aged care and will reduce adverse medication incidents.

Better data and evidence will enable the Government to conduct workforce planning and develop models that support the use of multidisciplinary teams to meet the health needs of senior Australians.

These measures implement in full or part *Recommendations 15, 26, 56, 58, 61, 63, 66, 67, 68 and 69* of the Royal Commission's final report.

**Who will benefit?**

Up to 1.3 million Australians who may access aged care, health and disability services in parallel will benefit from coordinated access to care. GPs will also be supported to provide additional services in residential aged care facilities.

People living in residential aged care will experience improved medication management and reduced adverse medication incidents through the adoption of electronic National Residential Medication Charts. These systems will also reduce the administrative burden for prescribers, pharmacists, nurses and aged care staff.

**How much will this cost?**

The Australian Government is investing \$365.7 million over 4 years, from 2021–22.



## Residential Aged Care Quality and Safety (Pillar 3 of the Royal Commission response – Empowering consumers of aged care with information to exercise choice)

In response to the Aged Care Royal Commission, the Australian Government is investing over \$200 million to increase information for senior Australians, their families and carers. Measures include:

- \$100 million to deliver improved consumer transparency and assist senior Australians to make informed decisions through the introduction of:
  - a simple ‘at-a-glance’ Star Rating on My Aged Care for all 2,722 residential aged care services, delivered by the end of 2022
  - the National Aged Care Mandatory Quality Indicator Program to report crucial measures of care in the home by the end of 2022
  - additional quality indicators across critical care areas in residential care by the end of 2022
  - consumer experience and quality of life measures across residential and in home aged care by the end of 2022, and
  - a National Aged Care Data Strategy, including capture of new dementia data, and an aged care Minimum Data Set by 2024.
- \$94 million for expanded independent advocacy to support greater choice and quality safeguards for senior Australians. This will:
  - more than double the aged care advocacy workforce to over 150 advocates nationally, delivering an estimated additional 15,000 information and advocacy cases per annum. This will improve access to face-to-face and virtual aged care advocacy for senior Australians in outer metropolitan, rural, regional and remote areas, as well as for home care recipients and culturally and linguistically diverse groups, and



- add more than 1,000 local networking and education sessions to build the capacity of older people, their families and representatives to exercise greater choice and control.

The Australian Government will also provide \$6 million to deliver assistance to aged care providers to understand the diversity of the community they are serving and assess whether actual usage of their service reflects any barriers to access which must be rectified.

### **Why is this important?**

A simplified and easy to navigate aged care system will provide senior Australians with greater choice and empowerment to exercise their choice.

A transparent and standardised Star Rating for residential aged care services will ensure senior Australians, their families and carers are assisted to make informed decisions about aged care.

The Star Ratings will be founded on consumer views, through national Consumer Experience reporting conducted through in-service face-to-face interviews of at least 10% of residential aged care recipients annually.

Increased advocacy support that identifies and actively considers consumer needs is essential to an aged care system which delivers respect, dignity, consumer choice and control. It will help safeguard against substandard care and empower consumers to negotiate improvements in care and services with their provider, as well as assisting providers to assess whether they are catering to the diverse needs of their communities.

This measure implements *Recommendations 15, 22, 23, 24, 27, 30, 67, 94, 106 and 108* of the Royal Commission's final report.

### **Who will benefit?**

The 1.3 million senior Australians receiving aged care each year across the residential, home and community settings will benefit from improved consumer transparency. It will drive improvements to the quality of services and quality of life those who use them.

Senior Australians will be able to exercise greater choice with transparent, publicly available information about the quality of aged care broadly and individual aged care services and independent, diversity-informed advocacy support.

The measure will establish a comprehensive aged care data set to provide improved insight on individual service, broad system quality, and inform future Government policy.

The publication of standardised information will encourage providers to improve the quality of care to differentiate their performance and provide an attractive option for consumers.

### **How much will this cost?**

This measure has been costed at \$200 million over 4 years, from 2021–22.



## Workforce (Pillar 4 of the Royal Commission response) – Growing a skilled and high quality workforce to care for senior Australians

In response to the Aged Care Royal Commission, the Australian Government is investing \$338.5 million over 3 years to grow, train and upskill the aged care workforce to drive improvements to the safety and quality of care experienced by senior Australians.

The aged care workforce is central to the quality of aged care in Australia. There will be a strong focus on registered nurses, as workforce leaders, with incentives put in place to attract and retain more nurses to aged care as their preferred place of employment, especially in regional and remote areas.

This investment includes:

- \$91.8 million, announced on 1 March 2021, to support the growth of the home care workforce by 18,000 new personal care workers with the necessary skills and training required to work in aged care, through:
  - establishing a focused Home Care Workforce Support Program, to attract 13,000 new personal care workers, with grant opportunities available for organisations or consortia to deliver a range of supports to attract, train and retain care workers, and
  - using programs, including Jobactive, Australian Apprenticeships, Job Trainer, Youth Jobs PaTH, and Launch into Work, to attract an additional 5,000 new personal care workers and provide additional support to connect and guide workers through training.
- \$135.6 million to provide additional financial support for registered nurses working for the same aged care provider over a 12 month period. Financial support up to \$3,700 for full-time and on average \$2,700 for part-time employees, will be paid as an annual bonus over 2 years. Nurses may also access additional financial support for:
  - working in rural and remote areas, or
  - holding post-graduate qualifications in palliative care, dementia, leadership, infection prevention and control, or
  - taking on additional training responsibilities.
- an additional \$27.2 million to expand the number of available places in the Aged Care Transition to Practice Program and Aged Care Nursing Scholarship Program. Allied health professionals will also be eligible for

postgraduate scholarships. There will be a specific allocation of places for Aboriginal and Torres Strait Islander people

- an additional 33,800 additional training places for personal care workers to attain a Certificate III in Individual Support (Ageing) or a higher qualification
  - all new personal care workers in the aged care workforce will be encouraged to attain this qualification.
  - personal care workers already working within the aged care sector will also be encouraged to have their experience recognised, increase their skills and fill any knowledge gaps through undertaking the Certificate III in Individual Support (Ageing) and other training and professional development opportunities.
- \$49.4 million in increased funding will be directed towards training to improve aged care workers' knowledge and practice in dementia and palliative care. Dementia training will target leaders in personal care, general practitioners (GPs) and GP registrars, and improve access to dementia training in regional and rural areas. Learning networks will support the sector in adopting better dementia care practices. Palliative care training will also be provided to the aged care workforce to enhance quality palliative and end of life care
- an additional \$25.1 million to expand the Rural Locum Assistance Program, ensuring continuity of clinical care and strong clinical leadership, so aged care providers in rural and regional areas will have increased access to a surge workforce. An incentive scheme for permanent placements in regional and remote areas will also increase staff retention, and
- \$6.3 million for improved workforce data reporting which will enhance linkages with other aged care data sets to inform future policy development and evaluation within government and for external agencies.

### Why is this important?

The care workforce is central to the quality of aged care in Australia.

By 2050, the aged care workforce is expected to grow to more than one million people. Within two years the workforce will need to increase by around 3,600 Registered Nurses and 34,200 personal care workers. Attracting and retaining skilled and professional workers will be crucial to meet the needs of senior Australians and ensuring quality care, and to drive necessary reforms across the aged care sector.

Registered Nurses are leaders within aged care and specific targeted measures will be delivered to increase their remuneration for that role, while supporting additional training through scholarships and an expanded transition to practice program.

Future options and career pathways will be enhanced for those entering the aged care workforce. New entrants to the sector will be supported to improve their skills and knowledge through both formal qualifications as well as access to continuing professional development and training opportunities.

Those living with dementia or approaching the end of their lives will be the focus for enhanced worker training, ensuring people in need of speciality care and compassion receive high quality dementia and palliative care.

These measures implement *Recommendations 75, 78, 79, 80 and 114* of the Royal Commission's final report.

### **Who will benefit?**

Senior Australians will benefit from broad improvements to quality, safe and culturally sensitive care that meets their individual care needs.

Nurses considering aged care as a career pathway, and those already working in the sector will benefit from new initiatives to attract and retain their services, knowledge and skill in aged care.

Personal care workers will be supported to grow their aged care skills and acquire qualifications which will enhance their skills and knowledge and career opportunities.

Access to enhanced aged care workforce data will benefit the Government and the sector in undertaking informed policy development and decision-making, and to evaluate the impact of reform measures on the workforce.

### **How much will this cost?**

The Australian Government is investing \$246.7 million over 3 years from 2021–22.

This builds on the \$91.8 million already announced on 1 March 2021 to grow a skilled, aged care workforce to provide quality home care services.



## Workforce (Pillar 4 of the Royal Commission response) – Single assessment workforce for aged care

In response to the Aged Care Royal Commission, the Australian Government will invest \$228.2 million to create a single assessment workforce for senior Australians seeking access to aged care. The reforms will improve the quality and consistency of assessments.

This single workforce will provide a better experience for senior Australians as they enter or progress within the aged care system, as one workforce will be empowered and trained to do all of the assessments that they need across both home care and residential care. Assessments will also ensure senior Australians are accurately assessed as to their needs.

- **From October 2022:** this workforce will have responsibility for funding assessments for residential aged care as the transition to the Australian National Aged Care Classification occurs. These independent assessments will mean that aged care providers no longer conduct assessments for funding, ensuring that clinicians working in residential aged care will have more time to focus delivering care to residents.
- **From July 2023:** the single assessment workforce will provide assessments for the new support at home program. The workforce will also include Indigenous specific assessment organisations, which will work to improve assessment outcomes of Aboriginal and Torres Strait Islander people accessing aged care when it is needed, addressing historically low take up rates.

### Why is this important?

The Australian Government is committed to establishing a more integrated aged care system for senior Australians. There are currently three different assessment workforces:

- Regional Assessment Services for Commonwealth Home Support Programme
- Aged Care Assessment Teams for the Commonwealth Home Support Programme, Short Term Restorative Care, Transition Care, Home Care Packages, Residential Respite and entry to Residential Care, and
- clinicians working in residential aged care for residential care funding.

This means under the current arrangements senior Australians can be passed between assessors as their needs change, and assessments are not consistent.

The reforms will also ensure that better information is collected during assessments to generate service recommendations and referrals based on the needs of each senior Australian. It will also have an increased focus on supporting clients with dementia.

The establishment of a single assessment workforce will underpin further reforms to increase the accuracy and quality of assessments for home care services, and work to improve assessment outcomes for Indigenous Australians.

The reforms will include improved assurance and accountability arrangements, so that the community can be confident Commonwealth funding for aged care is targeted to care need.

This measure supports *Recommendations 25 and 28* of the Royal Commission's final report.

#### **Who will benefit?**

Future aged care users will have a more-streamlined assessment experience and receive greater clarity about likely services they will receive at the conclusion of their assessment.

Residential aged care providers will benefit through having clinical resources currently dedicated to completing funding assessments able to be redeployed to provide care for residents.

Organisations with expertise in providing assessment services, such as state and territory governments, not-for-profit, and for-profit assessment providers, will be invited to be part of the assessment workforce.

#### **How much will this cost?**

This measure includes additional funding of \$228.2 million over 4 years, from 2021–22, for transition to the new arrangements and new assessments under the Australian National Aged Care Classification.



## Workforce (Pillar 4 of the Royal Commission response) – National Care and Support Worker Regulation

In response to the Aged Care Royal Commission, the Australian Government will invest \$105.6 million from 2021–22 to 2024–25 to implement a care and support sector code of conduct (the Code) and a nationally consistent pre-employment screening process across the aged care, veterans' care and disability support sectors. Changes will come into effect from 1 July 2022.

A single register of workers who have been either cleared, or excluded during the screening process, will be established to support employment decisions across the care and support sectors. This will enable screened workers to access employment across all sectors, improving workforce mobility and reducing red tape for employers.

The Aged Care Quality and Safety Commission will be responsible for enforcing the Code for aged care and veterans' affairs. The National Disability Insurance Scheme Quality and Safeguards Commission will continue its existing enforcement role.

### Why is this important?

This measure will strengthen regulatory oversight of an estimated 366,000 aged and veterans' care workers. It will improve the identification of unsuitable workers and, where necessary, prevent them from working in the aged, disability or veterans' care sectors, or moving between them.

Any substantiated breaches of the Code will be considered during the screening process, and may result in a worker being prevented from operating across the entire care and support sector.

This addresses *Recommendation 77* of the Royal Commission's final report.

### Who will benefit?

Senior Australians accessing aged care and veterans accessing care services will benefit from increased protection from unsuitable workers. This will build their, and their families', trust and confidence that the system is delivering high quality and safe care.

The care workforce will benefit from being able to work across sectors with less red tape. Ensuring continuity of service and the necessary workforce supply is important especially in areas where workers operate across sectors. It will also ensure workers in the sector have had their suitability consistently assessed, and will lead to greater value and respect for this professional workforce.

Providers will have access to a national database of screened workers and they will also have greater assurances around the ongoing suitability of their staff through a continuous monitoring system and enforcement of the Code.

**How much will this cost?**

The Australian Government is investing \$105.6 million over 4 years from 2021–22.





## Workforce (Pillar 4 of the Royal Commission response) – Care and support workforce national campaign

In response to the Aged Care Royal Commission, the Australian Government will fund a \$9.8 million campaign to raise awareness of job opportunities across the care support sector through a national campaign. Specifically, this campaign will:

- highlight the wide range of roles and opportunities for people with diverse skills, experiences and backgrounds in what is a dynamic and growing industry, and
- target people who may not have considered careers in the care support workforce – aged care, disability support and veterans' care – to encourage them to consider a meaningful and rewarding career in the care sector.

### Why is this important?

Workforce growth, recruitment and retention in aged care remains a constant challenge. There are currently around 366,000 aged care workers, but demand for aged care services is expected to drive the number needed to around one million by 2050.

Gaps in workforce capacity and capability can contribute to reduced access to care, greater costs and diminished care experience for senior Australians.

Research shows most job seekers are currently not considering working in the care support sector, even when they have the right skills and qualities. There is low awareness of career opportunities or pathways, misunderstandings about what the work involves, and apprehension about working with people with disability and in aged care.

This measure supports delivery of *Recommendation 76.5* of the Royal Commission's final report.

### Who will benefit?

An increased workforce with the right skills and training will help ensure safe, quality care of senior Australians.

Australians in the general workforce, or young people looking for jobs or considering their career, will learn about the expanding opportunities in the care and support sector.

Australians whose jobs or careers were negatively impacted by the COVID-19 pandemic may be encouraged to consider new opportunities for putting their skills to use.

Aged care providers will benefit from growing numbers of committed, passionate and increasingly skilled people ready to work. Providers will be better able to meet the growing demand for services and address the quality and safety reform agenda laid out by Government with an increased workforce.

**How much will this cost?**

The Australian Government is investing \$9.8 million over 2 years, from 2021–22.



## Governance (Pillar 5 of the Royal Commission response) – a new Aged Care Act

In response to the Aged Care Royal Commission, the Australian Government will invest \$26.7 million to develop and introduce a new Aged Care Act to underpin the fundamental and generational reform across aged care. It will replace the existing Act which has been in place since 1997, and is primarily concerned with funding aged care providers. The new Act will:

- legislate the five key pillars of reform as outlined by Government, including home care, quality and safety, residential aged care services and sustainability, workforce and governance
- establish provisions for eligibility for care, funding arrangements and regulatory powers
- support greater choice and control for senior Australians over the care and services they receive. Stronger provider and worker regulation provisions in the Act will protect senior Australians from mistreatment, neglect and harm, and
- include grant programs which can be tailored to specific needs in the aged care sector, including research to drive innovation and programs to address areas with limited services or low client numbers once the Act is developed.

A taskforce has been established to support the drafting of the new Act and to assist with transition and implementation of the legislation once it passes Parliament and receives Royal Assent.

### Why is this important?

The new Aged Care Act will underpin the necessary and generational change required to reform aged care in Australia. The current Act requires replacement so that senior Australians will be central to the reformed aged care system.

The new legislation to be developed will set out system governance and accountability arrangements and workforce and provider standards, all of which will be necessary in a system aimed at improving the quality and safety of care for our senior Australians.

Interim amendments to existing legislation will be needed to enable urgent and transitional reforms to be put in place before the new Aged Care Act is drafted and introduced to Parliament.

This measure implements fully or in part *Recommendations 1, 2 and 3* of the Royal Commission final report and underpins the implementation of all other recommendations which have been agreed in full or in part and have a legislative basis.

**Who will benefit?**

Senior Australians will benefit from a new legislative framework formalising their access to an aged care system that is focused on their needs and delivers dignity, care and respect.

Aged care service providers will have a new funding model established and benefit from reduced red tape, clear quality standards and greater consistency across the disability and aged care regulatory frameworks.

Greater transparency and accountability under the new Act will also benefit senior Australians, the aged care workforce, family and carers to give them all greater choice with enhanced information about providers and services.

**How much will this cost?**

The Australian Government is committing \$26.7 million over 4 years, from 2021–22.



## Governance (Pillar 5 of the Royal Commission response) – Independent Hospital and Aged Care Pricing Authority

In response to the Aged Care Royal Commission, the Australian Government will invest a further \$49.1 million to implement an independent process to advise Government on aged care pricing issues, including under the new Australian National Aged Care Classification (AN-ACC) funding model, the new residential respite funding model and home care pricing.

This will be delivered through an expansion of the current Independent Hospital Pricing Authority (IHPA), which will be renamed the Independent Hospital and Aged Care Pricing Authority (IHACPA).

IHACPA will inform Government decisions on annual funding increases in residential aged care, including residential respite, from 1 July 2023. IHACPA activities relating to home care pricing will be established after the commencement of the Support at Home program from 1 July 2023.

### Why is this important?

Establishing an independent entity to undertake regular, transparent and independent costing studies will enable aged care funding decisions to take into account independent advice on contemporary cost structures, changes in costs and care delivery models.

The establishment of an independent aged care pricing function will support transparent and evidence-based assessment of the costs involved in delivering care to senior Australians who use aged care.

This measure responds fully or in part to *Recommendation 11 and Recommendation 115* of the Royal Commission's final report.

### Who will benefit?

The introduction of an independent pricing authority will promote transparency and confidence in the sustainability of the system in the wider community.

The 240,000 senior Australians accessing residential aged care, 67,000 accessing residential respite care and over one million accessing care in the home each year will benefit from aged care funding levels being informed by an independent analysis of the costs of delivering care.

### How much will this cost?

The Australian Government will invest \$49.1 million over 5 years, from 2020–21.



## Governance (Pillar 5 of the Royal Commission response) – Strengthening provider governance

In response to the Aged Care Royal Commission, the Australian Government is investing \$30.1 million from December 2021 to support aged care providers to improve their governance arrangements and meet strengthened legislative obligations. This will improve the quality of care for the 1.3 million Australians who currently access aged care services each year.

Measures to strengthen the accountability of aged care providers include:

- new governance obligations from 2022 to lift leadership capability in the sector by requiring improvements to the composition and accountability of aged care boards
- a review of the Aged Care Quality Standards, focussing on key areas of concern identified by the Royal Commission such as governance, dementia, and food and nutrition, and
- the appointment of an Assistant Commissioner for Sector Capability and Education to the Aged Care Quality and Safety Commission.
  - The Assistant Commissioner for Sector Capability and Education will be responsible for leading a transformational change program, informed by regulatory intelligence, to build sector capability.
  - This will include leading the development and implementation of a program to 3,700 aged care leaders to improve their corporate and clinical governance capability and equip aged care boards to drive improved outcomes for aged care recipients.

### Why is this important?

The Australian Government is committed to building a culture of dignity and respect for senior Australians through the aged care sector, and quality and safety are critical to delivering on this commitment.

Boards of aged care provider organisations have a fundamental role in driving the cultural change required to bring about landmark sector reforms.

The reforms to quality and safety within aged care will be an important focus for the sector. These measures are in response to some of the immediate priorities to deliver better outcomes for senior Australians, aged care providers and the Australian community.

These measures implement in full or in part *Recommendations 19, and 88 to 91* of the Royal Commission's final report.

**Who will benefit?**

These measures will contribute towards improving the quality of care for the 1.3 million Australians who currently receive aged care services each year.

Australians deserve to have confidence in aged care quality and safety, and these measures are designed to drive cultural change across the sector, aligning aged care in this country with community expectations.

These measures will improve the respect, care and dignity senior Australians receive. In particular, stronger regulation of, and communication around, the expectations of aged care service delivery will deliver lasting improvements to safety and quality of life, and Australians' experience of aged care.

The measures will also drive change for aged care providers, building leadership in corporate and clinical governance, and through investment in sector education. They will raise the bar by requiring aged care providers to establish robust governance arrangements, and by strengthening standards for governance, dementia, food and nutrition.

**How much will this cost?**

The Australian Government will commit \$30.1 million over 4 years, from 2021–22.



## Governance (Pillar 5 of the Royal Commission response - Strengthening and streamlining current governance arrangements)

In response to the Aged Care Royal Commission, the Australian Government will establish new governance arrangements to ensure rigorous oversight of the reformed aged care service system and provide senior Australians with their own body to represent their interests to Government. This measure will establish:

- a Council of Elders in 2021 to provide a direct voice to Government from senior Australians. Council members will be chosen so they can represent the diverse characteristics, life experiences and views of older people. The Council will consult with senior Australians on a wide range of matters relating to aged care quality and safety, and the needs of senior Australians and their families and carers
- a new National Aged Care Advisory Council with member appointments commencing in mid-2021. The Advisory Council will provide expert advice to Government on a range of matters, including implementation of the aged care reforms, and
- a new office of the Inspector-General of Aged Care to provide independent oversight of the aged care system. Its functions will include identifying and investigating systemic issues in the provision or regulation of aged care, producing and publishing reports of its findings, and making recommendations to Government.

### Why is this important?

To ensure the aged care system meets community expectations, and service delivery is based on a culture of dignity and respect, stronger mechanisms will be put in place to ensure the experiences and feedback of senior Australians, their families and carers are included in the reform process.

The office of the Inspector-General of Aged Care will provide greater transparency and independent oversight of the aged care system.

This measure implements *Recommendations 7, 9 and 12* of the Royal Commission's final report.



**Who will benefit?**

The longer term future of aged care in Australia is a matter of concern for all Australians. As people age, most will come to rely on aspects of the aged care system.

Senior Australians, including the more than 1.3 million people who currently access aged care services, will benefit from enhanced, independent oversight of the aged care system.

Establishing a dedicated Council of Elders for senior Australians to provide advice to Government, informed by their own experiences, will ensure those who are most central to the system can help direct and shape the way it operates.

**How much will this cost?**

This measure has been costed at \$21.1 million over 4 years, from 2021–22.



## Governance (Pillar 5 of the Royal Commission response) – Strengthening regional stewardship of aged care

In response to the Aged Care Royal Commission, the Australian Government will invest \$13.4 million to strengthen governance of aged care by creating a local network of Department of Health aged care staff. This will enable the Government to focus on improving senior Australians' local experience of aged care services, and ensure that national planning and policy development is informed by an understanding of local issues and needs.

The local network will undertake a number of functions to improve senior Australians' experience of local aged care services. These include: analysing local needs; supporting workforce planning; building the capacity and capability of providers; monitoring the effectiveness of the new care finders and single assessment workforces; and supporting best-practice and innovation.

The initial rollout phase will commence in July 2021 in 8 Primary Health Network (PHN) regions (below), and nationwide rollout will be subject to evaluation:

- Adelaide
- Australian Capital Territory
- Country Western Australia
- Eastern Melbourne
- Gold Coast
- Northern Territory
- South-Eastern New South Wales, and
- Tasmania.

### Why is this important?

Leadership and coordination of aged care is fundamental both nationally and locally to creating better outcomes for senior Australians. Within local networks, the Australian Government can locally support aged care providers to make the transformational changes needed to ensure they provide the highest quality of aged care to senior

Australians, and drive improvements in local delivery of aged care services such as care finders and aged care assessments to senior Australians.

It means the Government can be focused on continually improving outcomes for senior Australians, through a localised, bottom-up approach to system management in aged care. It will also enhance the links between Government, aged care providers and local workforces, senior Australians and their communities.

This will result in a better aged care experience for senior Australians from the assessment process through to receiving quality aged care services.

The introduction of this regional network will also create employment opportunities in regional Australia for staff who will engage at a local level with state government health departments and PHNs, to support better on the ground coordination with other service systems.

### **Who will benefit?**

Senior Australians will benefit when the planning and delivery of aged care truly reflects local needs. They will benefit from the boost to the quality of local aged care services, and from better integration with other sectors at the local level.

There will also be local benefits in regional Australia with the creation of new jobs, which also supports the Government's decentralisation agenda.

This measure supports *Recommendations 8, 41, and 54* of the Royal Commission's final report.

### **How much will this cost?**

The Australian Government is investing \$13.4 million in 2021–22.



## Governance (Pillar 5 of the Royal Commission response) – More equitable access to aged care for First Nations people and special needs groups

In response to the Aged Care Royal Commission, the Australian Government is investing \$630.2 million to make the aged care system more accessible for senior Australians with special needs. This includes Aboriginal and Torres Strait Islander people, those who are homeless or at risk of homelessness, and those living in regional, rural, and remote Australia.

New supports include:

- \$397 million over 5 years for capital investment to enable aged care providers to make needed improvements to their buildings and build new services in areas where senior Australians currently do not have access, or where staff caring for their needs do not have suitable housing. This significantly improve the quality of care for senior Australians and increase aged care services availability.
  - Communities will benefit significantly from construction projects and increased aged care services. Projects will provide around 1,400 construction jobs and benefit the 471,000 senior Australians living in rural and remote locations.
  - Opportunities will be provided for care workers to collaborate across health, aged care and disability care.
  - Providers that currently offer culturally appropriate care to Aboriginal and Torres Strait Islander people will be encouraged to expand into aged care service delivery.
  - Evaluations of this measure will identify service gaps within regional, rural and remote Australia to assist with addressing areas of greatest demand, giving particular focus to Aboriginal and Torres Strait Islander people and consumers with special needs.
- \$126 million over 4 years in additional funding to support aged care services where delivery costs are higher and viability is challenging due to their remoteness.
  - This funding boost will support National Aboriginal and Torres Strait Islander Flexible Aged Care services and Multi-Purpose Services to deliver better quality care in more locations, allowing more people to receive care closer to family and friends.

- \$106 million over 4 years for an Indigenous workforce of 250 people to provide trusted face to face support and assist Aboriginal and Torres Strait Islander people to better navigate and access care. This workforce will also sit alongside Aboriginal and Torres Strait Islander people while Regional Assessment Service and Aged Care Assessment Teams assess their care needs upon entry and while in care.

### Why is this important?

Senior Australians with special needs do not have equitable access to aged care. For example, only 12% of eligible Aboriginal and Torres Strait Islander people currently receive aged care as opposed to approximately 30% of eligible non-Indigenous people. These cohorts are growing.

From 2017 to 2027, the fastest projected growth of frail older people will be in regional, rural and remote areas.

Between 2006–2016 homelessness increased by 50% for people aged 55 and over.

This funding will contribute to attracting and retaining a skilled aged care workforce particularly in remote and very remote Australia where facilities are experiencing skill shortages of up to 81%.

These investments will not only ensure culturally appropriate aged care services are available and accessible, but they will help create economic stimulus in regional, rural and remote communities, growing local jobs.

In areas where there is limited service availability, or low numbers of clients, the collaboration between aged care, health and disability care is particularly important as it can achieve economies of scale in rural areas with small populations, leading to better health outcomes.

These initiatives respond either fully or in part to *Recommendations 45–48, 50, 52–55 and 75* of the Royal Commission's final report.

### Who will benefit?

Senior Australians, in particular the more than 471,000 living in rural and remote areas, the almost 166,000 Aboriginal and Torres Strait Islander people nationally, seniors living with disabilities, and those who are homeless or at risk of homelessness will benefit.

Aged care providers and their staff, particularly the 670 regional and remote aged care services and those delivering care to Aboriginal and Torres Strait Islander people, will directly benefit from the funding assistance to deliver increased services, undertake capital works to improve quality and live in appropriate staff accommodation.

Approximately 1,400 local construction workers and 250 communities will experience flow on benefits through the creation of local jobs in construction and increased future service delivery.

There will be benefits to state and territory governments through access to capital grant funding to enhance and provide services in thin markets.

### How much will this cost?

The Australian Government is committing \$630.2 million over 5 years, from 2021–22.



## COVID-19 Response – Beyond Blue Coronavirus Mental Wellbeing Support Service

The Australian Government is investing in ongoing mental health support for Australians affected by the COVID-19 pandemic through a further \$7.1 million in funding towards Beyond Blue's Coronavirus Mental Wellbeing Support Service.

This funding is in addition to the Government's investment of \$10 million over 2019–20 and 2020–21, and will ensure the program remains accessible until 31 December 2021, providing continued support while COVID-19 continues to impact Australians.

The Support Service offers early intervention care to minimise the impact of high levels of mental distress, preventing more serious mental illness and reducing the burden on acute services.

### Why is this important?

Beyond Blue has provided dedicated and targeted mental health support to the community during the COVID-19 pandemic, including self-help tools, 24/7 professional mental health counselling, assistance to find and navigate mental health services, and a web chat service.

The Support Service has engaged with Australians on more than 60,000 occasions since April 2020, with depression and anxiety the most frequently cited reason for contact. Family and relationships have also been a significant reason for people aged 35-54 reaching out for support.

From early-July 2020 to mid-April 2021, 26.2% of contacts have been from regional or low population growth metropolitan areas.

The Support Service is also helping to measure the impact of the pandemic on mental health by providing de-identified data and insights on a regular basis to the Australian Institute of Health and Welfare.

### Who will benefit?

This measure supports individuals, families and communities across Australia impacted by the COVID-19 pandemic and those experiencing anxiety and concerns about the impact COVID-19 may have on their everyday lives.

In providing these services, Beyond Blue is also reducing the burden on other, acute mental health services, and on health professionals including general practitioners, and allied health professionals.

### How much will this cost?

The Australian Government is investing \$7.1 million over 2 years (2020–21 and 2021–22).



## Prioritising Mental Health and Suicide Prevention (Pillar 1) – Prevention and early intervention

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government will invest \$248.6 million into prevention, resilience and early intervention as part of a record \$2.3 billion whole-of-government mental health and suicide prevention package.

Investment will go towards key initiatives such as:

- \$111.2 million to create a world-class digital mental health service system. This includes:
  - \$11.6 million to commence the transformation of the existing Head to Health gateway into a comprehensive national mental health platform. This will provide Australians with greater choice and access to high quality, free and low cost digital mental health services and treatment
  - \$77.3 million to provide support to existing digital mental health services, including to manage the continuing increased demand due to the COVID-19 pandemic and the 2019–20 summer bushfires
  - \$13.1 million to support ReachOut Australia to continue delivering free, high quality digital mental health services to young Australians aged 12–25, their parents, carers and schools, and
  - \$2.8 million to support the implementation of the National Safety and Quality Digital Mental Health Standards to improve the quality of digital mental health service provision, and protect service users and their support people.
- \$47.4 million to support the mental health and wellbeing of new and expectant parents including to:
  - expand existing support services provided by Perinatal Anxiety and Depression Australia
  - provide continued funding to support digital perinatal mental health screening

- develop a perinatal mental health minimum data set to support the identification of gaps in screening and to support evidence-based investments in perinatal mental health services, and
  - deliver universal perinatal mental health screening in conjunction with states and territories.
- \$6.3 million to increase specialised early intervention mental health support and suicide prevention services available to fly-in, fly-out (FIFO) and drive-in, drive-out (DIDO) workers
- \$77.1 million for the National Legal Assistance Partnership to support early resolution of legal problems for those experiencing mental illness, and for mental health workers in Domestic Violence Units (DVU) and Health Justice Partnerships (HJP) to support women who have experienced family violence.
  - This will include increased mental health funding for the existing 21 DVUs and HJPs, with additional funding to 7 of these for regional and remote outreach activities.
- \$5.7 million to build on the Individual Placement and Support (IPS) program to assist people with mental illness to participate in the workforce, and
- \$0.9 million to continue the Ahead for Business digital hub, supporting small business owners to take proactive, preventative and early steps to improve their mental health.

### Why is this important?

One in 5 Australians experience mental health issues each year. Digital services, channels and infrastructure increase access to services for people with limited access to face-to-face services, including those in regional and remote areas. Digital services deliver low-cost prevention, early intervention, and treatment to large numbers of people.

The mental health of parents affects the social and emotional wellbeing of their children. Early detection of mental illness in the perinatal period, including the antenatal and postnatal periods, provides an opportunity to offer effective early intervention.

FIFO and DIDO workers have higher than average rates of anxiety and depression, experience higher rates of suicidal intent, and are more likely to have poor mental health. To ensure FIFO and DIDO workers are receiving tailored support, specialised services are required that recognise the impact long-distance commuting can have on mental health.

These investments are in response to the National Suicide Prevention Adviser's Final Advice (Recommendations 5 and 6) and the Productivity Commission's Inquiry into Mental Health (Recommendations 5, 7, 10, 11, 12, 15, 19 and 21).

### Who will benefit?

Enhancing the current Head to Health digital gateway to become a national mental health platform will make it easier for people to connect with appropriate mental health services, and support better connection, information sharing, and referrals between services. Digital mental



health services offer an effective alternative to higher-cost and high-intensity face-to-face services, particularly for people with common disorders of mild to moderate severity. Service accreditation against the National Safety and Quality Digital Mental Health Standards will improve the quality of digital mental health service provision, and protect service users and their support people.

The enhancements to perinatal mental health services will ensure any risk to the mental health and wellbeing of the one in 5 women and one in 10 men who will experience anxiety and/or depression in the perinatal period will be detected and managed early. This is essential to giving the 300,000 babies born in Australia each year the best start to life.

Industries such as mining and construction have an estimated population of FIFO and DIDO workers of between 75,000 and 90,000. These workers, and those in other industries, will be encouraged to have early access to improved mental health services tailored to their needs.

#### **How much will this cost?**

The Australian Government will invest \$248.6 million over 4 years.



## Prioritising Mental Health and Suicide Prevention (Pillar 2) – Suicide prevention

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government will commit \$298.1 million towards suicide prevention, as part of a record \$2.3 billion whole-of-government mental health and suicide prevention package. This is in recognition of the devastating impact suicide has on individuals, families and communities.

The Australian Government is taking a national leadership role in suicide prevention, and will invest in measures such as:

- \$61.6 million to expand the *National Suicide Prevention Leadership and Support Program* which will provide support for a range of whole-of-population suicide prevention activities and services
- \$12.8 million to create a National Suicide Prevention Office (NSPO) responsible for building whole-of-government capability to deliver a national approach to reducing suicide rates, based on evidence and in collaboration with the mental health and suicide prevention sector, and
- \$12 million to maintain support to the former National Suicide Prevention Trial sites to continue delivery of local suicide prevention initiatives across Australia.

The Australian Government will also work jointly with states and territories to deliver:

- \$158.6 million for universal suicide aftercare services to all Australians discharged from hospital and pilot broader referral pathways to anyone who has attempted suicide or experienced suicidal distress that may not have presented to a hospital
- \$22.0 million to provide national suicide postvention services to support those bereaved or impacted by suicide, and
- \$31.2 million to directly help people experiencing psychological distress, including establishing a national distress intervention trial, implementing national standards for Safe Spaces services, and expanding the *Roses in the Ocean CARE connect* service.

### Why is this important?

Around Australia, 9 people die by suicide each day. More years of life are lost to suicide than any other cause of death in Australia and the impact of suicide is devastating for individuals, families and communities.

Aboriginal and Torres Strait Islander Australians die by suicide at more than double the national rate.

Men and boys account for around 75% of all suicides.

The highest period of risk for suicide is the 3 months following a suicide attempt, with research indicating that many of these occur within the first month after discharge from a hospital.

It is also estimated that people who are bereaved by suicide, including families, friends and colleagues, are between 2 and 5 times the risk of dying by suicide themselves.

The Government is committed to ensuring services are available where people need them, which includes Australia-wide programs and services, as well as locally focused services.

Early distress intervention approaches focus on linking people with a range of services and support to address their diverse needs well before they may connect with a mental health service.

These investments are in response to the National Suicide Prevention Adviser's Final Advice (Recommendations 1, 5 and 6) and the Productivity Commission's Inquiry into Mental Health (Recommendations 9).

### **Who will benefit?**

These investments will benefit individuals, families, workplaces and communities at risk of, and impacted by, suicide and will provide increased funding and initiatives towards suicide prevention.

The NSPO will partner across all levels of governments and the suicide prevention sector to build capacity and work together.

### **How much will this cost?**

The Australian Government is investing \$298.1 million over 4 years, from 2021–22.



## Prioritising Mental Health and Suicide Prevention (Pillar 3) –Treatment

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government will invest \$1.4 billion in accessible and effective mental health treatment for all Australians who need it. This is part of a record \$2.3 billion whole-of-government mental health and suicide prevention package.

The priority investment is the \$820.1 million to create a national network including up to an initial 57 additional multidisciplinary mental health centres and satellites for adults, youth and children through the Head to Health and headspace programs, including:

- \$487.2 million to deliver critical community-based multidisciplinary, coordinated care for adults experiencing mental ill-health, including:
  - Head to Health adult mental health treatment centres to improve access to community-based mental health services. This includes the initial establishment of 8 new centres, 24 new satellite centres, and ongoing funding for 8 existing centres. We will also establish a dedicated phone service to support intake, assessment and referral
    - The Government will also work in partnership with state and territory governments to continue to expand the network of community-based adult mental health services.
- \$278.6 million headspace youth treatment centres to continue to safeguard the wellbeing of young Australians aged 12–25 by strengthening, enhancing, and expanding the headspace network, including:
  - expanding the national headspace network by establishing 10 new headspace centres and upgrading 5 satellite services, bringing the total number of headspace services across Australia to 164, and
  - working jointly with states and territories to boost clinical capacity at existing headspace services.
- \$54.2 million create a new network of up to 15 new Head to Health Kids mental health and wellbeing centres for children aged zero–12 years, in partnership with state and territory governments. These centres will provide

multidisciplinary mental health support for infants, children and their parents, and improve early intervention outcomes for children's mental health.

In addition, the Government will also provide:

- \$288.5 million to include Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the Medicare Benefits Scheme (MBS) for patients with medication-resistant major depressive disorder
- \$111.4 million to support the take up of group therapy sessions and participation of families and carers in treatment provided under the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners initiative.
- \$26.9 million to provide additional support for people with eating disorders and their families. This will build on existing interventions by improving quality and availability of care from early intervention to recovery. This includes:
  - delivering the final phase of the workforce credentialing project to ensure all Australians have access to high quality care delivered under the Medicare eating disorder items
  - providing training to staff working in Adult Mental Health Centres, improving access to free, timely and quality care
  - establishing a National Eating Disorder Research Centre to coordinate and conduct world-leading research into eating disorders, and
  - continuing Eating Disorders Families Australia's *strive* program, providing mental health support for families and carers of people with eating disorders.
- \$171.3 million to ensure continued access to Commonwealth psychosocial support services for 2 years, from 2021–22, under a single consolidated program
- \$34.2 million to support General Practitioners (GPs) in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings. The tool will also apply in all Commonwealth funded services and, with their agreement, in state and territory services, and will deliver a consistent and culturally appropriate approach to clinical assessment and referral
- \$42.3 million to enable access to parent education and support programs to build parenting strategies, and teach parents and carers how to identify and respond to problem behaviours, and

- \$0.5 million to develop national guidelines to support states and territories to include social and emotional wellbeing indicators in early childhood health checks, so any emotional difficulties can be identified early and in a nationally consistent way.

### Why is this important?

Mental health impacts all of us and our ability to participate in community and economic life. Mental illness significantly increases the risk of suicide, the leading cause of death of people aged 15–44.

Approximately 45% of Australian adults experience poor mental health during their lifetime, and around one in 5 experienced mental ill-health in the last 12 months. There are approximately 630,000 young people with mild to moderate mental illness nationally. About 580,000 Australian children have a diagnosable mental health condition, but less than half receive any professional help. Only 35% of Australian parents are confident they could identify the signs of social or emotional problems in their children.

The Productivity Commission's Inquiry into Mental Health identified the need to address service gaps for those who are falling through the cracks, and improve the experience people have with mental healthcare, and with services beyond the mental health system. The Government is committed to ensuring that services are available, that they provide a safe and high quality environment, and they appropriately meet the needs of adults, youth and children.

The Government is also committed to ensuring all Australians with an eating disorder have access to high quality treatment in a timely manner. Around one million Australians have an eating disorder. Often prolonged care is needed and this impacts significantly on families and carers. Although eating disorders are complex, full recovery from eating disorders is possible with timely and appropriate care.

These investments are in response to the National Suicide Prevention Adviser's Final Advice and the Productivity Commission's Inquiry into Mental Health (Recommendations 5, 10, 12, 13, 15, 17, and 18).

### Who will benefit?

All Australians – adults, youth, and children experiencing ill-health or in crisis, or those at risk; their families, carers, and friends; and mental health professionals and services – will benefit from access to services targeted at various stages of life. These measures will help those with moderate to severe mental illness get the help they need in the community. It will ensure that Australians have the support they need regardless of what stage in life mental illness presents. Family and carers will also be able to participate in Medicare-subsidised sessions, while having their own mental health support subsidised by Medicare.

GPs will continue to play a critical role as an entry point to mental health services for many Australians, and will be supported in this role through the provision of appropriate tools and training for consistent assessment and referral. The stepped care approach to mental health care, through sophisticated digital tools such as the Initial Assessment and Referral tool, will ensure Australians receive the level of health care and support they need. It will also decrease service oversubscription and reduce wait times.

The one million Australians with an eating disorder, their families and care network, will benefit from improved access and choice to care options and additional wrap-around support.

Australians with severe mental health needs who are not supported by the National Disability Insurance Scheme will be able to continue to access Commonwealth psychosocial supports to

manage their day to day living activities, rebuild and maintain social connections, engage in education and employment, and stay connected to clinical care.

#### **How much will this cost?**

The Australian Government is investing a total of \$1.4 billion over 4 years, from 2021–22.



## Prioritising Mental Health (Pillar 4) – Supporting vulnerable Australians

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government has committed \$107 million to support vulnerable Australians' access to effective, equitable and culturally appropriate mental health services as part of a record \$2.3 billion whole-of-government mental health and suicide prevention package.

Investment will go towards key initiatives such as:

- \$11.1 million to improve the experience of and outcomes for people with complex mental health needs, including cognitive disability and autism, through a range of targeted initiatives
- \$79 million to address the devastating and disproportionate impact of suicide and ill-mental health on Aboriginal and Torres Strait Islander Australians through key initiatives under a renewed Indigenous-led National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, including:
  - \$27.3 million to implement culturally-sensitive, co-designed aftercare services through regionally-based organisations, with Aboriginal and Torres Strait Islander organisations being preferred service providers
  - \$23.8 million to support the establishment of regional suicide prevention networks and a lead commissioning officer in each jurisdiction
  - \$16.6 million to Gayaa Dhuwi and Lifeline to establish and evaluate a culturally appropriate 24/7 crisis line to be governed and delivered by Aboriginal and Torres Strait Islander people
  - \$6 million to support national Aboriginal and Torres Strait Islander leadership for suicide prevention
  - \$1.5 million to support a review to examine the Aboriginal and Torres Strait Islander health sector delivering mental health services for Aboriginal and Torres Strait Islander people
  - \$1 million to the Black Dog Institute to work with the Aboriginal and Torres Strait Islander Lived Experience Centre to support the inclusion of people with lived experience in the co-design, implementation and evaluation of suicide prevention activity
- \$16.9 million to fund mental health early intervention supports and preventative measures for migrants and multicultural communities, and address the cultural competence of the broader health workforce. This includes continued funding in



2021-22 for the Program of Assistance for Survivors of Torture and Trauma, and support for Mental Health Australia to promote mental health among culturally and linguistically diverse (CALD) communities.

Key initiatives under the Prevention and Early Intervention Pillar of the Government's National Mental Health and Suicide Prevention Plan will also assist groups that can be more vulnerable to mental health challenges. These initiatives include:

- \$6.3 million to increase specialised early intervention mental health support and suicide prevention services available to fly-in, fly-out (FIFO) and drive-in, drive-out (DIDO) workers, and
- \$0.9 million to continue the Ahead for Business digital hub, supporting small business owners to take proactive, preventive and early steps to improve their mental health.

The provision of these services will help ensure more Australians with diverse needs can access mental health support, including early intervention, which will lead to improved health outcomes.

### **Why is this important?**

All Australians with mental health needs deserve to receive compassionate and effective care. To ensure equity, the Government is prioritising investment for vulnerable population groups.

Investment in workforce capacity building and specialised pilot projects will help remove barriers for people with intellectual disability and autism to improve their access to mental health supports.

Suicide has a disproportionate and devastating impact on Indigenous communities. Indigenous-led solutions, coupled with culturally safe and responsive support services, are essential for supporting Aboriginal and Torres Strait Islander people who may be at risk of suicide or experiencing other mental health crises.

Targeted programs for culturally and linguistically diverse (CALD) people with mental illness will increase awareness and access to services that are culturally appropriate and reduce barriers such as cultural stigma and language.

Providing permanently resettled humanitarian migrants and those on temporary visas with specialist support if they are experiencing psychological or psychosocial difficulties from surviving torture and trauma will enable recovery and healing.

These investments are in response to the National Suicide Prevention Adviser's Final Advice (Recommendations 2 and 7) and the Productivity Commission's Inquiry into Mental Health (Recommendations 9, 12 and 16).

### **Who will benefit?**

Australians with intellectual disability (668,100 in 2012) and autism (205,200 in 2018) will have improved access to, and better outcomes from, mental health services. Carers and families will also benefit.

The suicide prevention services specifically for Aboriginal and Torres Strait Islander people will support individuals, families and communities at risk of suicide, or recovering from a suicide attempt. It will also strengthen the role and effectiveness of Aboriginal Community Controlled Health Services and other Aboriginal and Torres Strait Islander organisations.

Australian from CALD backgrounds with a mental illness will benefit from access to culturally appropriate and equitable support delivered through the Program of Assistance for Survivors of Torture and Trauma, and Mental Health Australia's Embrace Framework.

**How much will this cost?**

The Australian Government will invest \$107 million over 4 years, from 2021–22.



## Prioritising Mental Health and Suicide Prevention (Pillar 5) –Workforce and governance

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government is investing \$202 million to support Australia's mental health system and workforce as part of a record \$2.3 billion whole-of-government mental health and suicide prevention package. This will ensure it has the capacity and capability to provide quality and compassionate care to those who need it.

Critical measures include:

- \$58.8 million for growing and upskilling the mental health workforce, including:
  - \$11 million to boost the psychiatrist workforce by increasing the number of training places available, including in regional and remote areas
  - \$27.8 million to increase the number of nurses, psychologists and allied health practitioners working in mental health settings through 280 scholarships and 350 clinical placements
  - \$3.1 million to sponsor up to 390 peer workers to undertake vocational training
  - \$0.3 million to identify opportunities to boost the skills of those who work with children and families, and
  - \$1 million to reduce the stigma associated with mental health among health practitioners, and promote mental health as a preferred career option.
- \$2.6 million to support the mental health of Australia's wider health workforce, including:
  - implementing *Every Doctor, Every Setting*, a national framework to deliver a coordinated approach to support the mental health of doctors and medical students
  - continuing *The Essential Network (TEN)* project, a multifaceted e-health hub for healthcare professionals, delivered by the Black Dog Institute

- continuation of the *DRS4DRS* service which provides mental health consultations for doctors and medical students, and
- an evaluation of the mental health and wellbeing services targeted at health practitioners to inform future measures to support this critical, yet vulnerable group.
- \$15.9 million to support general practitioners (GPs) and other medical practitioners to provide primary mental health care by providing specialised training and resources to enhance their capacity to address the mental health concerns of their patients. This will include:
  - training subsidies for approximately 3,400 GPs to undertake training to provide focused psychological therapies under the General Practice Mental Health Standards Collaboration
  - reviewing, improving and developing new training options to embed and promote a person-centred approach to mental health and wellbeing
  - developing a nationally recognised Diploma in Psychiatry for medical practitioners
  - reviewing prescribing practices and developing new prescribing guidelines for appropriate and safe use of antidepressants in young people and children, and
  - delivering the *Equally Well program* to support improvements to the physical health of those living with a mental illness.
- \$7.3 million towards additional staff resources for the National Mental Health Commission (NMHC) to support the Australian Government's mental health and suicide prevention reform agenda
- \$0.3 million to work with mental health stakeholders to investigate and co-design future national peak body arrangements to provide consumers and carers with a greater say in the future of the mental health system, and
- \$117.2 million to establish a comprehensive evidence base to support real time monitoring and data collection for our mental health and suicide prevention systems, enabling services to be delivered to those who need them, and improving mental health outcomes for Australians. This includes:
  - enhancing national data systems and fill information gaps
  - monitoring population risk of suicide and self-harm
  - funding to enhance forecasting of population mental health need, and to develop a nationally agreed framework for mental health regional planning

- developing a national evaluation strategy and evaluation fund
- funding for a longitudinal child mental health and wellbeing study, and
- measuring, for the first time, the prevalence of mental health in the Aboriginal and Torres Strait Islander population.

Funding from a number of these measures will be used to grow the Aboriginal and Torres Strait Islander mental health workforce, building the capacity of culturally safe support for Aboriginal and Torres Strait Islander people.

### **Why is this important?**

The mental health workforce, and the wider health workforce are the most critical component of Australia's mental health system. The Government is committed to strengthening and upskilling the mental health workforce to deliver services to those who need them.

Australia's health care workers generally have a higher prevalence of depression, anxiety and stress than the population average, due to the inherently stressful nature of their jobs. The Australian Government's investment will provide avenues for tailored mental health supports and reduce the stigma associated with health practitioners seeking help.

Australia's GPs are often the frontline and first point of contact for people with a mental illness. Enhancing the capacity of GPs to address mental health in primary care, including around the prescription of medications, is important in increasing the high quality care available to Australians.

The input, feedback and assistance of Australians who access the mental health system, their families and carers is important in shaping the future system to be more responsive and targeted towards their needs. Existing stakeholders and the public will have an opportunity to contribute towards new national peak body arrangements to better advance their interests.

The NMHC plays an integral role in providing independent support and advice to ensure the delivery of the government's mental health and suicide prevention agenda. The new staff will enhance the NMHC capacity in community and stakeholder engagement and development of policy and national reform priorities.

Comprehensive and up-to-date information is essential to assess whether population and mental health consumer outcomes, and program and service cost effectiveness are improving, and to inform policy and targeting of mental health services.

These investments are in response to the National Suicide Prevention Adviser's Final Advice (Recommendations 2, 3 and 4) and the Productivity Commission's Inquiry into Mental Health (Recommendations 8, 14, 16, 22 and 24).

### **Who will benefit?**

All Australians will benefit from the growth of the mental health workforce, particularly in areas of unmet need, as well as the upskilling of more practitioners within the workforce to deliver high quality mental health services.

Australians who access mental health support and their carers will also benefit from increased capacity to engage and co-design mental health supports within the system through better national peak body arrangements.

GPs will directly benefit from enhanced training, mentorship and online training offerings to improve their mental health care and treatment. This will also reduce the burden on other parts of the mental health system and increase availability of early intervention supports.

The collection of new data on mental health services will benefit all levels of government, mental health stakeholders, service providers and clinicians.

There will also be flow on benefits from improved data collection on mental health services, which may inform better, more targeted mental health service provision, which in turn will benefit all Australians.

#### **How much will this cost?**

The Australian Government is investing \$202 million over 4 years, from 2021–22.



## Prioritising Mental Health – Supporting access to new therapy for major depressive disorder

The Australian Government is investing \$288.5 million to introduce a new service for Repetitive Transcranial Magnetic Stimulation (rTMS) therapy to the Medicare Benefits Schedule (MBS) following recommendations from the independent Medical Services Advisory Committee (MSAC).

This investment will ensure Australians battling major depressive disorders who are non-responsive to antidepressant medications can access this innovative Medicare-subsidised therapy. This is part of a record \$2.3 billion whole-of-government *Mental Health and Suicide Prevention Plan*.

rTMS is a form of localised brain stimulation therapy used to target the region of the brain involved in mood regulation and depression. It has been found to be effective in treating major depressive disorders and provides a more non-invasive option for medication resistant patients compared to the alternative – electroconvulsive therapy.

Eligible adult patients who have tried at least two different classes of antidepressant medicines but remain unwell will be able to access Medicare-subsidised rTMS therapy.

### Why is this important?

Evidence shows that rTMS therapy is safe, well tolerated, and effective in treating major depressive disorders. Previously, rTMS therapy has been prohibitively expensive for Australians suffering major depressive illness. The addition of rTMS to the MBS aligns with the Australian Government's commitment to ensure Australians are able to access affordable and safe healthcare that reflects contemporary clinical practice.

These investments are in response to the National Suicide Prevention Adviser's Final Advice and the Productivity Commission's Inquiry into Mental Health.

### Who will benefit?

It is estimated that in the coming 4 years, some 90,000 Australians will be eligible for MBS subsidised rTMS therapy.

They will benefit from an initial course of up to 35 rTMS treatment sessions, with one re-treatment course of up to 15 sessions if they have relapsed after responding to the initial treatment course.

### How much will this cost?

The Australian Government is investing \$288.5 million\* over 4 years from 1 November 2021 to 2024–25.

\* This investment also appears in the Guaranteeing Medicare – MBS review and new inclusions factsheet.



## Preventive health – Foundations for the National Preventive Health Strategy

The Australian Government is investing \$1.9 million toward improving the preventive health system to support Australians to lead healthy lives.

- \$1.9 million to fund the creation of a platform to support a stronger and more effective preventive health system in Australia. The platform will support the coming *National Preventive Health Strategy 2021–2030* and increase focus on preventive health in order to decrease chronic conditions over time for Australians.

This work will include:

- establishing an evidence-based Prioritisation Framework to be used by an independent governance committee
- analysing the current public health workforce profile to establish the growth levels, training opportunities, development pathways and areas of unmet demand
- developing a national consumer strategy to strengthen partnerships between health policy makers and the community
- developing a national health literacy strategy to improve the health literacy environment in Australia and individuals' self-care capabilities, and
- developing an implementation plan to support and guide the strategy.

This initiative will help to refocus health funding towards prevention, to ensure that Australians are not just living longer, but living well for longer.

### Why is this important?

Preventive health is a key area of reform for the Australian Government. It forms the third pillar in Australia's Long Term National Health Plan.

The 2019 Australian Burden of Disease Study demonstrated that 38% of the burden of disease was preventable by reducing modifiable risk factors such as tobacco use, being overweight or obese, poor diet, high blood pressure, and high blood glucose.

Taking action on preventive health, particularly to address chronic disease, delivers greater value for money, compared to the treatment of acute chronic illness.



**Who will benefit?**

This measure will benefit all Australians through the creation of a strong and sustainable preventive health system that will reduce the risk factors for disease, promote wellbeing and decrease pressures on the health system.

**How much will this cost?**

The Australian Government is investing \$1.9 million over 2 years, from 2021–22.



## Preventive health – Cancer screening

The Australian Government is a world leader in cancer prevention and control, and will invest \$119.3 million in providing services that will improve the health outcomes and survival rates of Australians from a range of life-threatening cancers, including lung, breast, bowel and cervical cancer.

The Government spends over \$4 billion per year on cancer programs, screening, research and treatment. Through the 2021–22 Budget, the Australian Government will invest:

- \$67.6 million to support BreastScreen Australia program by directly inviting women aged 70 to 74 years to access free mammograms, aiding in the early detection of breast cancer. This complements BreastScreen Australia services already provided under the National Health Reform Agreement, targeting women 50 to 69
- \$6.9 million to engage with key stakeholders including states and territories, to further explore the feasibility of implementing a national lung cancer screening program
  - This includes consideration of the information, communications and technology requirements of a potential national program, and
  - Funding for cancer care nurses in 2021–22 for immediate support to people diagnosed with lung cancer.
- \$12 million to enhance the National Cancer Screening Register (NCSR). This measure:
  - meets increased service operating costs arising from changes to the bowel and cervical programs
  - enhances the National Cancer Screening Register to integrate and share data with other Government health systems, and
  - will facilitate the direct distribution of bowel screening kits to Aboriginal and Torres Strait Islanders by Aboriginal and Torres Strait Islander primary health care centres.

- \$32.8 million additional investment to support the National Cervical Screening Program (NCSP) to eliminate cervical cancer by 2035:
  - Funding arrangements for the NCSP will be changed to provide national consistency and improve cervical cancer outcomes by providing Medicare Benefits Schedule rebates to laboratories for processing cervical screening tests, targeted procurement to achieve cervical cancer elimination, and funding the Victorian Cytology Service to provide strategic technical advice to support the NCSP.

### Why is this important?

Increasing cancer screening rates is essential to saving lives and reducing cancer burden across Australia.

Lung cancer is the fifth most commonly diagnosed cancer in Australia and has low five-year survival rates, of around 18%. More than 42% of lung cancers are currently diagnosed at stage IV, which leads to high treatment costs of \$71,000 per patient (30 month average). This compares with just \$3,000 per person for treatment for stage I and II lung cancer. It is estimated that a targeted, risk-based screening program for lung cancer could save up to 12,000 lives over the first 10 years and improve the quality of life of up to 50,000 people.

The additional investment in the NCSR will also directly improve its integration with other health systems and strengthen links with key digital health platforms, such as My Health Record, and provider-based clinical information systems, which will improve health outcomes.

Aboriginal and Torres Strait Islander people currently have lower participation rates in cancer screening programs. Better targeting and tailoring these programs towards this important cohort will improve their screening rates and will help detect cancer earlier.

The Australian Government is committed to eliminating cervical cancer by 2035, which will require a strategic approach, with a focus on improving participation of under-screened women and reducing inequity in cervical cancer outcomes. This is of particular importance for Aboriginal and Torres Strait Islander women, who as a group are under-screened and are more than three times more likely to die from cervical cancer than other Australian women.

Breast cancer will affect one in seven Australian women in their lifetime and it remains a leading cause of premature death among women. Since 2013–14, when the BreastScreen Australia program was expanded, inviting women aged 70 to 74 years to participate, an additional 200,000 women in this age group have accessed free mammograms, leading to more than 800 additional breast cancer diagnoses.

### Who will benefit?

The continued investment in the BreastScreen Australia program will maintain participation rates in women aged 70 to 74 years, so that by 2024–25 over 300,000 women in this aged group are expected to participate in the program in each 2 year period.

Consultation, led by Cancer Australia, on the options for implementing a lung cancer screening program will include engagement with State and Territory governments, primary care providers and networks, public and private radiology providers, cancer diagnostic and treatment providers, specialist medical colleges, health networks, and Aboriginal and Torres Strait Islander stakeholders. The process will also explore how existing systems and funding models could be leveraged to support lung cancer screening.

There are around 2.9 million current and past smokers who would benefit from a lung cancer screening program targeting high risk individuals aimed at men and women aged 55 to 74 years and Aboriginal and Torres Strait Islander men and women aged 50 to 74 years.

Australians eligible for participation in the National Cervical Screening Program and the National Bowel Cancer Screening Program will benefit from investment in the NCSR and its increased integration into established health systems. It will also benefit clinicians by strengthening links with key digital health platforms such as My Health Record as well as their own clinical system.

Aboriginal and Torres Strait Islander people will benefit from cancer screening programs that are better targeted, localised and designed to be culturally appropriate. These dedicated resources will improve screening rates and help detect cancer earlier and materially contribute towards Target One of the National Agreement on Closing the Gap.

Australian women will benefit from cervical and breast cancer screening. Each year around 900 Australian women are diagnosed with cervical cancer, and 200 will die of the disease. Only one in every 2 eligible women access cervical screening through the NCSP. The ongoing support for screening will lead to earlier diagnosis and better health outcomes for thousands of Australian women.

#### **How much will this cost?**

The Australian Government is investing \$119.3 million over 4 years, from 2021-22.



## Preventive Health - Women's health and endometriosis

The Australian Government will invest \$21.6 million in supporting women and girls, including those suffering from or at risk of endometriosis, to improve their health through continued funding towards critical women's health activities, in line with the *National Women's Health Strategy 2020–2030* (the Strategy) and the *National Action Plan for Endometriosis*.

The Australian Government will provide support for national women's health initiatives to address core issues impacting the lives and livelihoods of women, including:

- \$6.6 million to support the continuation of the Pelvic Pain Foundation of Australia's Periods, Pain and Endometriosis Program (PPEP-Talk) in 2 existing sites (South Australia and Western Australia) and to scale up to nation-wide delivery, and
- \$15 million for Jean Hailes for Women's Health initiatives, including:
  - the successful Women's Health Week, now in its 8th year, to provide avenues online and in person to positively influence women's wellbeing nation-wide
  - the annual National Women's Health Survey so we know what women think about their health and what their priority needs are
  - providing the National Digital Gateway for Women's Health to ensure that women and health professionals have ready access to up-to-date and evidence-based women's health resources, and
  - health professionals sector education and engagement to keep women's health education tools at the forefront of healthcare.

### Why is this important?

The Australian Government is committed to implementing the 5 priority areas of the *National Women's Health Strategy 2020–2030* and improving long-term health outcomes for Australian women and girls.

One in 2 Australian females have a chronic disease and endometriosis affects at least one in 9 girls and women, leading to severe chronic pain and, in some cases, infertility. An estimated 700,000 Australian women and girls suffer from endometriosis, and delays in diagnosis suggest the number could be far higher.

The continuing support under the *National Action Plan for Endometriosis* will improve health outcomes for women and girls, which along with improved wellbeing, will also lead to reduced school and workplace absenteeism.

**Who will benefit?**

These measures will support improved health outcomes for women and girls, who make up more than half of the Australian population. Priority populations identified in the Strategy include Aboriginal and Torres Strait Islander women and girls, culturally and linguistically diverse groups, and rural and remote populations.

**How much will this cost?**

The Australian Government is investing \$21.6 million over 4 years from 2021–22.



## Preventive Health – Preventing pre-term birth

The Australian Government is investing \$13.7 million for the national rollout of a world-leading program to prevent pre-term birth in Australia. This investment includes:

- \$8.8 million to roll out the successful Australian Preterm Birth Prevention Alliance (The Alliance) program nation-wide
- \$2.5 million to deliver a national education campaign to raise awareness of safe and effective strategies to prevent pre-term birth, and
- \$1.9 million to improve data and analysis for future policy development.

The Alliance is a partnership of clinical leaders, researchers, maternity hospitals, and communities working together to safely reduce the rate of early birth.

### Why is this important?

The rate of pre-term birth, or being born too early (before 37 weeks gestation), has been rising. In Australia, 8.7% of Australians births are pre-term. The rate is 14% for Aboriginal and Torres Strait Islander people.

Pre-term birth is the single greatest cause of death in young children and one of the major causes of lifelong disability, including cerebral palsy, blindness, deafness and behavioural and learning problems at school age.

This successful program has already been introduced across Western Australia and includes clinical guidelines, an outreach process for health care practitioners, a public health awareness program for women and their families, and a new referral clinic for high risk pregnant women in Perth.

The Alliance report the first year of this program delivered a 7.6% reduction in the rate of pre-term births in Western Australia.

### Who will benefit?

Australia's expectant mums, their unborn babies and families will all benefit from the national rollout of the program to prevent pre-term birth. It will help inform mums and families about the risk factors and dangers of pre-term birth, without medical necessity. A reduction in the rate of pre-term birth will also improve the health outcomes for thousands of babies born every year.

Medical practitioners, midwives, sonographers and pharmacists who provide care, advice and clinical services to expectant mothers will all benefit from additional information and support on the issue of pre-term birth.

### How much will this cost?

The Australian Government is investing \$13.7 million over 3 years, from 2021–22.



## Preventive health – Stillbirth autopsies

The Australian Government is building on its commitment to reduce the number of stillbirths by 20% by 2025 through a \$1.8 million additional investment to increase the number of stillbirth autopsies to better understand the reasons underlying these tragic deaths.

This investment includes:

- a non-competitive grant opportunity for the Royal College of Pathologists of Australasia (RCPA) and the Royal Australian and New Zealand College of Radiologists (RANZCR) to assist and encourage their members to perform more stillbirth autopsies, and
- developing educational resources for parents to increase awareness and support informed decision-making regarding autopsies on stillborn babies.

At a population level, autopsies and investigations can provide vital information on the causes and factors contributing to stillbirths that can inform strategies to help prevent future stillbirths.

This investment follows on directly from \$10 million committed over 4 years to reduce rates of still birth in 2020–21 MYEFO, which included \$1 million to increase the rate of stillbirth autopsies and investigations.

### Why is this important?

In Australia, there are 6 stillbirths each day, affecting more than 2,000 Australian families each year. Fewer than half of these will have an autopsy conducted to shed light on the cause.

An autopsy can assist bereaved parents to understand the reasons for their baby's death, and may provide them with information that can help prevent a stillbirth recurring in a future pregnancy.

This builds on the Government's \$99.4 million investment to date for perinatal services and support, which includes \$19.5 million for stillbirth specific measures.

### Who will benefit?

Bereaved parents who have lost a baby to stillbirth will benefit from this proposal, as it helps ensure they are informed about autopsy and investigation options which are available following stillbirth, and will support them to make decisions. Furthermore, with increasing evidence that many stillbirths can be prevented, an increase in autopsies will assist in research to prevent further tragedies for many more Australians.



The RCPA and the RANZCR will receive funding to support clinicians including perinatal pathologists and radiologists to increase their capacity to undertake stillbirth investigations and autopsies and ensure that these services are available to bereaved parents who choose to access them.

#### **How much will this cost?**

The Australian Government is investing an additional \$1.8 million over 4 years, from 2021–22.



## Preventive health – Alcohol and other drugs

The Australian Government will build safe and healthy communities through significant continued investment of \$74.1 million, to reduce the impact of drug and alcohol misuse.

Through this measure the Australian Government is supporting certainty of funding for alcohol and other drug (AOD) treatment services that have been required to modify their practices because of COVID-19, including:

- \$16.8 million to maintain funding for drug and alcohol treatment services, including residential rehabilitation services treating clients with severe substance use disorders
- More than 400 additional sporting clubs will join the Good Sports Program and be supported to develop and implement alcohol, illicit drugs, mental health and healthy eating policies
- \$1.5 million to support the Hello Sunday Morning Daybreak Program, available online or via mobile app, to help Australians who want to change their relationship with alcohol and live healthier lives, and
- \$49.9 million for additional alcohol and other drug treatment services to Cashless Debit Card participants and their communities.

### Why is this important?

Alcohol is a major cause of preventable harm in Australia. In 2015, alcohol was the sixth leading risk factor contributing to about 4.5% of the disease burden across the country.

The use of methamphetamine or ice and other illicit drugs is a contributor to poor health outcomes, social dysfunction and criminality around Australia. The Australian Government is committed to building safe and healthy communities by reducing the impact of drug and alcohol misuse.

The Daybreak Program has helped more than 50,000 Australians reduce harmful alcohol consumption in an anonymous, safe, affordable and supportive environment. Online and telephone-based services overcome many of the barriers to people seeking support for healthier lifestyles, especially for women and people living in regional, rural and remote communities.

Sustainable funding for drug and alcohol treatment services is essential to ensure access to services for some of the most vulnerable members of the community, particularly in rural and remote areas where services are limited.

The Alcohol and Drug Foundation currently supports approximately 10,000 Good Sports clubs with more than 2.6 million members across Australia. Among the aims of this program is to reduce sporting clubs' reliance on alcohol sales revenue. It also helps instill responsible

service of alcohol practices and other activities that discourage and reduce harmful drinking and drug use.

### **Who will benefit?**

Australians who are affected by drug and alcohol misuse will benefit from these measures. This investment will particularly support vulnerable Australians to have access to treatment for the most severe substance abuse disorders, including services for mental health and substance abuse disorders that have been exacerbated by COVID-19.

The Good Sports program has a direct benefit for community sporting clubs and associations that participate. This also flows to their members, volunteers and families. It's also been found that such benefits go beyond the clubs themselves and contribute to their local communities as well.

### **How much will this cost?**

The Australian Government is investing \$74.1 million over 2 years, from 2021–22.



## Sport – High performance sport

The Australian Government will invest \$136.3 million in Australia's high performance sport system and programs supporting the pipeline of highly talented athletes to compete and succeed in a number of major sporting events on the horizon, including the Tokyo Olympic and Paralympic Games.

This includes:

- \$50.6 million in high performance grants to national sporting organisations (NSOs), which will support 56 high performance programs for Olympic and Paralympic sports including support for 2,600 athletes and 320 staff
- \$82.2 million for an extension of the Athlete Performance Pathways and Wellbeing programs to support the development and specialised wellbeing needs of athletes, and
- \$3.5 million for increased operational costs for the Australian Paralympic Team's participation in the Tokyo Paralympic Games due to the impact of COVID-19.

### Why is this important?

This proposal contributes to the objectives of *Sport 2030*, supporting a performance pathway to identify, develop, support and progress talented athletes to achieve success in major sporting events, including a potential home Olympic and Paralympic Games in 2032.

The COVID-19 pandemic has created a period of uncertainty for athletes with competition cancellations, restricted access to training facilities and the prospect of multiple quarantine periods when travelling overseas.

Australian athletes and officials must be safe while travelling overseas to represent our country in the Tokyo Paralympic Games. The funding will enable the Australian team to adhere to the necessarily strict and detailed biosecurity measures the current health advice demands.

### Who will benefit?

The Australian Institute of Sport currently supports more than 2,600 athletes, including 1,338 women, categorised from emerging through to podium level. These measures will provide direct support for training and performance preparation, specialised mental health services, job-readiness training and pathways to future employment. Sport Australia's high performance funding to NSOs provides direct athlete support grants to an average of 850 athletes each year.

The athletes and officials who will represent Australia at the Tokyo Paralympic Games will benefit helping create a safer environment, with added support from the Australian Government to meet and adhere to the COVID-19 protocols.

**How much will this cost?**

The Australian Government is investing \$136.3 million over 3 years, from 2021–22.



## Sport – Supporting women in sport

The Australian Government is driving the promotion of women's sport and major events through a \$19.9 million which will include support for the hosting of two major women's sporting events – Fédération Internationale de Basketball (FIBA) Women's World Cup 2022 and Fédération Internationale de Football Association (FIFA) Women's World Cup 2023.

These events will support Australia's economic recovery from COVID-19, support greater equity in sport for women and girls and display our sporting prowess on home-soil. In particular:

- Basketball Australia will be funded \$5 million to plan and deliver the FIBA Women's World Cup 2022 and increase female participation and leadership in basketball.
  - The Opals are currently ranked second in the world, and will be looking to go one better than their silver medal performance at the 2018 FIBA Women's World Cup.
- Football Australia will receive funding support of \$12 million for a Matildas high performance program in the lead up to the FIFA Women's World Cup 2023, and community engagement to encourage more participation in football by women and girls.
  - The Matildas are currently ranked 9th in the world and regularly voted Australia's most loved sporting team.
- \$2.9 million for coordination activities on upcoming major sporting events

### Why is this important?

Hosting the FIBA Women's World Cup 2022 and FIFA Women's World Cup 2023, 2 of the largest women's sporting events in the world, provides an unparalleled opportunity to drive the promotion of women's sport. This will strengthen Australia's reputation as a world leader in supporting women in sport and help our sporting industry recover from COVID-19.

The timeline of major sporting events in Australia over the next decade, including the FIFA Women's World Cup 2023 and FIBA Women's World Cup 2022 and culminating in a potential 2032 Olympic and Paralympic Games, provides a unique opportunity to create significant socio-economic legacies that will last generations.

### Who will benefit?

Women's sport, professional and amateur, will benefit from the prestige of the 2 World Cup events and the growth in participation expected from supported engagement activities.

### How much will this cost?

The Australian Government is investing \$19.9 million over 2 years, from 2021–22.



## Sport - Safeguarding sporting integrity

The Australian Government will invest \$35 million in safeguarding sporting integrity.

Key initiatives include:

- continuing to act on the recommendations of the 2018 Review of Australia's Sports Integrity Arrangements (the Wood Review), by providing investment of \$24.9 million to maintain Sport Integrity Australia's foundation anti-doping, criminal intelligence and administrative capabilities, including support for the Australian Sports Drug Testing Laboratory (ASDTL)
- \$4.9 million to strengthen child safeguarding practices, and ensuring the safety and protection of children. A dedicated team will be established to work with all recognised National Sporting Organisations to embed child safeguards, and drive cultural change in line with national requirements like the National Principles for Child Safe Organisations
- \$3.4 million to continue and enhance connections to the domestic World Anti-Doping Agency, and affirming domestic integrity capabilities in preparation for major sporting events, and
- \$1.8 million to streamline the regulation of sports wagering through a new Australian Sports Wagering Scheme (ASWS). The ASWS will bring together regulatory approaches across Commonwealth, and state and territories jurisdictions to ensure there is a framework to protect the integrity of sport, and make Australian sporting competitions more resistant to ever evolving manipulation tactics.

### Why is this important?

The funding for Sport Integrity Australia supports the Australian commitment to integrity in sport and maintains Sport Integrity Australia's position as a preeminent National Anti-Doping Organisation.

The contribution to the ASDTL also helps support the bid for the 2032 Olympics and Paralympic Games and other major sporting events into the future.

Sustainable funding of Sport Integrity Australia's anti-doping capability is also a part of key recommendations arising from the Wood Review, which was commissioned in 2017 and agreed by the Government.



The consultative development of the ASWS is another part of the Australian Government's commitment to ensuring integrity in sport and to better protect against increasingly insidious forms of corrupt behaviour targeting sport.

### **Who will benefit?**

This will benefit athletes and organisations at all levels of Australian sport including professional and amateur competitors, National Sporting Organisations, and Australia's sport-loving community through continued investment in Sport Integrity Australia and their work to deliver fairness, transparency and confidence in the integrity of Australian sport.

The development of the ASWS will reduce the administrative burden on the sports industry and build the capability of sporting organisations and wagering service providers to better address sports integrity risks and threats associated with sports betting.

There will be flow-on benefits from an investment in sporting integrity in Australia, with the increased competitiveness it provides to a range of international bids for major sporting event hosting rights, including the 2032 Olympic and Paralympic Games bid.

### **How much will this cost?**

The Australian Government is investing \$35 million over 4 years, from 2021–22.



## Sport – Sporting schools

The Australian Government is supporting a healthy and active lifestyle, promoting sport and physical activity in communities and schools. The Sporting Schools Program will be extended until 31 December 2022, providing a further \$40.8 million in funding to support schools to partner with national sporting organisations to deliver high quality and diverse sport-based activity to students free of charge.

The program, delivered by Sport Australia, is open to all Australian schools and all children up to year 8. It has a particular focus on student groups known to have lower activity levels, including girls aged 12 to 14 years, and those in disadvantaged and remote locations.

Participation in community sport dropped as a result of the COVID-19 pandemic, with children particularly impacted. This program supports children and their parents to reconnect with sport in a safe and healthy manner, building confidence and a more widespread return to community sport.

### Why is this important?

Adequate levels of physical activity is vital for the good health and wellbeing of all Australians. Substantial evidence shows children and young people who are active on a daily basis are at lower risk of developing chronic health conditions.

However, data shows only 18% of Australian children aged 5 to 17 years meet the national daily physical activity guidelines of at least 60 minutes of moderate to vigorous physical activity every day.

Since Sporting Schools started in 2015, more than 8,000 schools have received funding, providing more than 8 million participant opportunities to get students active, engaged and having fun while sampling a variety of different sports.

### Who will benefit?

This extension will allow up to 5,750 primary schools and 750 secondary schools to create 2 million participant opportunities for students.

### How much will this cost?

The Australian Government is investing \$40.8 million over 2 years, from 2021–22.



## Life Saving Research – Funding for medical research

The Australian Government is investing \$6.7 billion in medical research over the next 4 years, including:

- The Medical Research Future Fund (MRFF) (\$2.6 billion)
- National Health and Medical Research Council (NHMRC) (\$3.6 billion)
- Biomedical Translation Fund (\$500 million).

As part of this program, the Government is building on its commitment to life-saving medical research by providing \$228.1 million in new grants and funding programs to assist researchers around the country to tackle health problems, including COVID-19, burn injuries and silicosis.

The grant funding, which is divided among new grants announced and newly opened opportunities, comes from the MRFF and the NHMRC.

In addition, the Australian Government will continue its Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Research Program to develop evidence-based policy for managing and preventing BBV and STIs including, HIV, hepatitis B, hepatitis C, chlamydia, syphilis and gonorrhoea. It aims to improve diagnosis, treatment and care services, and lessen the burden of stigma and discrimination in the community.

The 69 research projects to commence in 2020-21, funded with grants totalling \$128.1 million through the MRFF and NHMRC, (full table further below) include:

- \$1.6 million to University of Sydney - A single dose, globally accessible vaccine to combat emerging SARS-CoV-2 variants, which threaten to derail COVID-19 controls. Late-stage pre-clinical testing of the next-generation vaccine, already developed by the University, to determine the optimal formulation and assess safety/tolerability
- Around \$12 million to Deakin University - for the Mental Health Australia General Clinical Trial Network (MAGNET) to enhance treatment access and improve the health of communities across Australia through innovative mental health trials, generating much needed new therapies, lived experience leadership

- \$11.9 million to the University of Sydney - to establish Growing Minds Australia: a child and youth clinical trials network to improve methods for identifying signs of mental health problems in children and youth
- \$2.4 million to Monash University – for the Third Degree Burn Wound Closure using Engineered Skin Clinical Trial. Developing a reliable substitute skin graft, using bioengineered skin grown from small samples of a patient's own skin, to save lives and improve the quality of life for survivors of severe burn injury
- Five grants of between \$600,000 and \$2.2 million for silicosis research projects, to address the epidemic of fatal silicosis caused by inhaling dust from artificial stone products. The projects include a world-leading study of the potential of whole lung lavage to treat accelerated silicosis, ways to improve diagnosis, and treatments, and
- \$10 million to the Menzies School of Health Research - for a National First Nations Research Network. Led by Indigenous people for Indigenous people, the Network will nurture culturally safe environments, connect expertise, and catalyse research methods, training and development.

The Government is also investing \$100 million in opening new MRFF funding rounds:

- \$70 million over 3 years from 2021–22 for the 2021 Rare Cancers, Rare Diseases and Unmet Need (RCRDUN) Grant Opportunity, across 7 streams.
- \$15 million over 3 years from 2021–22 for the Coronavirus Research Response - 2021 COVID-19 Health Impacts and Vaccination Schedules Grant Opportunity, across 3 streams.
- \$15 million over 4 years from 2021-22 for the 2021 Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant Opportunity.

### Why is this important?

The amount of funding being provided through the MRFF has grown from \$61 million in 2016–17 to \$597.9 million in 2020–21, and is projected to grow to \$650 million per annum in 2022–23 and beyond.

Appropriations to NHMRC's Medical Research Endowment Account (MREA) increased from \$689 million in the 2012–13 financial year to \$863.3 million in 2021–22. New commitments are expected to reach \$1 billion for the 2021 NHMRC grant round.

The continued investment in health and medical research helps drive innovation and development of breakthroughs in health, which lead to improved patient outcomes, jobs growth and significant economic returns.

The Australian Government has supported and funded BBV and STI research for more than 20 years. Continued research will help decrease the prevalence rates of hepatitis B, chlamydia, syphilis and gonorrhea, which have risen particularly among young people and Aboriginal and Torres Strait Islander populations in recent years.

It is estimated that more than 40,000 Australians are diagnosed with a rare or less common form of cancer and for many, support options are minimal with a lack of evidence-based information to inform treatment options and support networks.

The COVID-19 pandemic represents a significant and urgent threat to global health. Understanding long-term health impacts of COVID-19 infection and the response to vaccination schedules is crucial for informing clinical care, development and prioritisation of vaccines and therapeutics, and targeting public health interventions. The Australian Government has committed more than \$25 billion towards its coronavirus (COVID-19) response, to support our health system to manage the outbreak in Australia, including \$96 million over 2 years from the MRFF for a Coronavirus Research Response comprising vaccine, antiviral and respiratory medicine research.

### **Who will benefit?**

The Government's investment in research grants will ultimately lead to improvements in the treatment and quality of life for Australians who suffer from a wide range of diseases and conditions, including cancer, Silicosis, Atrial defibrillation, and blood cancers. Projects aimed at improving treatments, in terms of effectiveness and/or pain relief, include studies of new skin grafts for burns, the use of cannabis for managing symptoms and side effects amongst patients with advanced cancer, and the treatment of neuropathic pain in people with spinal cord injury.

The continued Government investment in COVID-19 research is a vital contribution to the international battle against this pandemic, which remains a significant and urgent threat to global health. Research outcomes will potentially have national and international benefits.

All Australians at risk of, or living with BBV and STI will benefit through continued support for research into these diseases. This includes priority populations identified in the national strategies, many of whom are vulnerable or marginalised within our community – Aboriginal and Torres Strait Islander people and Australians living in rural and remote communities.

### **How much will this cost?**

The Australian Government is investing or allocating \$228.1 million in new grants and funding programs.

## Grant Opportunity Outcomes

Medical Research Future Fund – Grant Opportunity Outcomes	
Clinical Trials Activity – International Clinical Trials Collaborations	<ul style="list-style-type: none"> <li>• \$6.9 million</li> <li>• 5 grants awarded</li> </ul>
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	<ul style="list-style-type: none"> <li>• \$28 million</li> <li>• 13 grants awarded</li> </ul>
Coronavirus Research Response – COVID-19 Vaccine Candidate Research	<ul style="list-style-type: none"> <li>• \$4.5 million</li> <li>• 2 grants awarded</li> </ul>
Medicinal Cannabis Clinical Trials	<ul style="list-style-type: none"> <li>• \$3.7 million</li> <li>• 3 grants awarded</li> </ul>
Silicosis Research	<ul style="list-style-type: none"> <li>• \$6 million</li> <li>• 5 grants awarded</li> </ul> <p>Including \$1 million for one grant from NHMRC</p>
Primary Health Care Research	<ul style="list-style-type: none"> <li>• \$7 million</li> <li>• 6 grants awarded</li> </ul>
Mental Health Research	<ul style="list-style-type: none"> <li>• \$24 million</li> <li>• 2 grants awarded</li> </ul>
Frontiers Health and Medical Research	<ul style="list-style-type: none"> <li>• \$9.6 million</li> <li>• 10 grants awarded</li> </ul>
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	<ul style="list-style-type: none"> <li>• \$12 million</li> <li>• 10 grants awarded</li> </ul>
Efficient Use of Existing Medicines	<ul style="list-style-type: none"> <li>• \$14.3 million</li> <li>• 8 grants awarded</li> </ul>
Researcher Exchange and Development in Industry	<ul style="list-style-type: none"> <li>• \$300,000</li> <li>• 2 industry scholarships awarded</li> </ul>

National Health and Medical Research Council – Grant Opportunity Outcomes	
National Network for Aboriginal and Torres Strait Islander Health Researchers	<ul style="list-style-type: none"> <li>• \$10 million</li> <li>• 1 grant awarded</li> </ul>
NHMRC–National Institute for Health Research (NIHR) Collaborative Research Grant scheme	<ul style="list-style-type: none"> <li>• \$1.8 million</li> <li>• 2 grants awarded</li> </ul>

## Medical Research Future Fund, Grant Opportunities Opening

Grant Opportunity	Available funding (\$)	Opening
<p>2021 Clinical Trials Activity Rare Cancer, Rare Diseases and Unmet Need, including:</p> <ul style="list-style-type: none"> <li>• \$5 million for rare cancers of the reproductive system</li> <li>• \$5 million for rare breast cancers such as triple negative breast cancer</li> <li>• \$5 million for rare diseases with genetic origins such as Duchenne muscular dystrophy</li> <li>• \$15 million for non-drug treatments and therapies (eg surgery)</li> <li>• \$15 million to assess the comparative effectiveness of health interventions</li> <li>• \$10 million for low survival cancers and low survival rare diseases, and</li> <li>• \$15 million for conditions with unmet medical need.</li> </ul>	70,000,000	Opening 12 May 2021
<p>2021 COVID-19 Health Impacts and Vaccination Schedules, including:</p> <ul style="list-style-type: none"> <li>• \$5 million for research on the long term impacts of COVID-19</li> <li>• \$5 million to develop tailored vaccination schedules for immunocompromised individuals and populations, and</li> <li>• \$5 million to develop vaccination schedules that combine different COVID-19 vaccines.</li> </ul>	15,000,000	Opening 12 May 2021
<p>2021 Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant Opportunity for Indigenous-led research that translates existing knowledge to ensure Aboriginal and Torres Strait Islander mothers and babies have access to culturally-safe care during pregnancy, birthing and the post-natal period.</p>	15,000,000	Guidelines available 21 June 2021

## Medical Research Future Fund – Grant Opportunity Outcomes

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – International Clinical Trials Collaborations	1,598,380	Queensland University of Technology	Oral bacterial lysate to prevent persistent wheeze in infants after severe bronchiolitis; a randomised placebo controlled trial (BLIPA; Bacterial Lysate in Preventing Asthma)	Preventing the development of wheeze in preschool children would produce major health benefits, but to date no therapies have proved to be effective. A group of infants who are at very high risk of developing preschool wheeze and subsequent asthma, are infants who are hospitalised with bronchiolitis. The researchers are partnering with leaders in the United Kingdom in this study which will examine whether boosting the immune system by giving granules of lysed dead bacteria can prevent future childhood asthma.
Clinical Trials Activity – International Clinical Trials Collaborations	1,782,950	University of Sydney	SAFER (AUS) Trial: Screening for Atrial Fibrillation with ECG to Reduce stroke - a randomised controlled trial	Atrial fibrillation (AF) is a common heart condition causing an irregular heartbeat, and is responsible for about one in 3 strokes. “Blood thinning” tablets (anticoagulants) prevent AF-strokes. AF often has no symptoms: one in 10 people with stroke are unaware they have AF. Early identification of AF could prevent strokes. This research in general practices will find out if AF screening of people aged over 70 years can prevent strokes without excess side effects, and if it represents good value-for-money.



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – International Clinical Trials Collaborations	1,460,862	Curtin University	Nasal high-flow Oxygen Therapy After Cardiac Surgery: NOTACS	Patients undergoing cardiac surgery often suffer lung complications. NOTACS will test an oxygen delivery strategy called nasal high flow oxygen as a way of reducing these complications and shortening the time needed to recover in hospital. Because Indigenous patients needing cardiac surgery experience disproportionately worse outcomes, NOTACS will focus on Aboriginal and Torres Strait Islander study participation, innovative and inclusive trial methods, and research leadership development.
Clinical Trials Activity – International Clinical Trials Collaborations	991,198	University of Melbourne	AMEND-CRT trial	Cardiac resynchronization therapy (CRT) is an accepted treatment option in patients with heart failure. CRT "re-tunes" the contraction of the heart so that it beats efficiently, and successful CRT can improve cardiac function and survival. However, the CRT selection process is currently inexact, with many patients failing to benefit. The researchers seek to show that an echocardiographic selection process may reduce the non-responder rate without limiting the selection of patients who will benefit.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – International Clinical Trials Collaborations	1,036,126	University of Sydney	AGITG and Scandinavian Sarcoma Group International Trial Collaboration. SSG XXII: International randomised phase III multicenter study of 3 v 5 years of adjuvant imatinib as treatment of patients with operable GIST with high risk for recurrence.	This international trial compares the effect of giving imatinib for 5 years compared the current standard of 3 years to people who have undergone surgery for gastrointestinal stromal tumours (GIST). The aim is to prevent tumours from returning. At present it is not known whether GIST patients benefit from being on treatment for longer than 3 years and half of the participants will be allocated to 2 years extra imatinib. Results could change standards to 5 years or confirm 3 years is optimal.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,490,422	Monash University	Addressing unmet needs for patients with blood cancers: Immunoglobulin or antibiotics to prevent infection in the RATIONALISE clinical trial	Patients with blood cancers, with immune deficiency from low antibody levels and disease or treatment factors, are at risk of life-threatening infection. Immunoglobulins (Ig) made from plasma can supplement antibody levels. Government criteria recommend stopping Ig therapy in stable patients, but with no evidence for when or how to do so. RATIONALISE will provide new evidence to improve patient outcomes, reduce infection risks and costs, and make better use of blood products for the community.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,708,661	La Trobe University	I-124 PET Directed Redifferentiation Therapy for Radioiodine Refractory Thyroid Cancer: the I-FIRST Study	While current treatments for thyroid cancer are usually effective, a subset of patients will stop responding or become less sensitive to I-131 treatment. The outcome for these patients is poor, and further treatment options may not be effective or have significant toxicity. This prospective multicentre trial will use cutting edge imaging to evaluate the ability of drugs to "resensitize" the tumour to I-131 therapy. The researchers will also determine the affordability of bringing this therapy to the clinic.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,688,736	The Council of the Queensland Institute of Medical Research	MoST-LLy (Molecular Screening and Therapeutics in Leukaemia and Lymphoma)	The MoST-LLy clinical trial program will provide a new model of care with rapid molecular screening linked to targeted innovative treatments for the management of high-risk blood cancer in patients in Australia who have exhausted treatment options.  MRFF funding will allow this screening and targeted treatment blood cancer screening program to be rolled out nationally, increase trials activity and offer hope to patients with limited treatment options.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	901,695	University of Melbourne	A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (STRASS 2)	Retroperitoneal sarcomas (RPS) are a diverse group of cancers that arise at the back of the abdominal cavity. The STRASS 2 study is designed to find out if a course of chemotherapy prior to surgery for RPS will reduce the risk of cancer recurrence and increase cure rates after surgery. It is the first study to look specifically at only 2 sarcoma types with the highest risk of cancer spreading. It also uses different chemotherapy drugs for each sarcoma type to ensure the best chance of response.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,894,369	University of Sydney	An adaptive, randomised controlled trial to treat polyomavirus infections (BKPyV) in kidney and kidney pancreas transplant recipients (BEAT-BK) trial	BK polyomavirus (BKpyV) infection is a feared outcome for kidney and kidney pancreas (SPK) transplant recipients because it can lead to significant kidney graft dysfunction and graft loss. Apart from immunosuppression reduction, there are no effective treatments for BKPyV infection. The BEAT-BK trial will be the first-in-the world, adaptive randomization trial of intravenous immunoglobulin and immunosuppression reduction/modification in patients with kidney and SPK recipients.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	912,514	Monash University	Preventing bones loss and restoring sexual function in women with premature ovarian insufficiency: a randomised, double-blind, placebo-controlled clinical trial	Women who have loss of function of their ovaries before the age of 40, or 'premature ovarian insufficiency' (POI), have estrogen and testosterone depletion. Despite treatment with estrogen, women with POI still lose bone mass and have sexual difficulties. The researchers will test if, compared with placebo, adding testosterone to standard estrogen therapy after POI prevents bone loss and improves sexual function. The findings will immediately inform the clinical care of women with POI.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	1,699,254	University of Melbourne	Targeted therapies for vascular malformations	Vascular malformations are rare congenital lesions which can cause lifelong pain, deformity and diminished quality of life. The recent, surprising discovery that they arise through similar genetic mechanisms to many cancers, suggests that drugs already in the clinic for cancer treatment should be effective in these conditions. A 'precision medicine' approach will give children and adults with the most severe vascular malformations their first opportunity to benefit from a clinical trial.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,860,249	University of Melbourne	POST ETERNAL Extending the time window for Tenecteplase by Effective Recanalization of bAsiLar artery thrombus in patients with POSTerior circulation stroke	Basilar artery occlusion is a rare (~1% of all strokes) but devastating (80-90% disability and mortality) stroke caused by a blockage in the basilar artery, a blood vessel in the back of the brain. POST-ETERNAL is a clinical trial of a new clot-dissolving medicine called tenecteplase administered within 24 hours of symptom onset in patients with a stroke due to basilar artery occlusion. The main outcome of this trial is the proportion of patients at 3 months who are free from disability.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	4,735,398	Monash University	INTERCEPT (Investigating Novel Therapy to target Early Relapse and Clonal Evolution as Pre-emptive Therapy in AML): a multi-arm, precision-based, recursive, platform trial	Acute myeloid leukemia is a rare and lethal blood cancer with limitless potential to evolve resistance. New technologies allow early detection of molecular “fingerprints” of returning disease. The researchers propose an international research team to conduct a multi-arm, precision-based platform trial aimed at increasing and extending the duration of patient response and survival using novel combination options. INTERCEPT will suppress and eradicate relapse before the patient becomes clinically unwell.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	1,780,270	University of New South Wales	StoPain: A randomised placebo-controlled trial to investigate the efficacy of an advanced interactive brain-computer interface neuromodulation treatment for spinal cord injury neuropathic pain	Neuropathic pain (NP) is a debilitating secondary condition for persons with spinal cord injury (SCI) and effective pharmacological and nonpharmacological treatments remain elusive. The researchers will test whether a novel Brain-Computer Interface Neuromodulation (BCI-N) treatment offers sustained pain relief for SCI NP. This trial is expected to provide a major sustainable advance in SCI NP management that has tangible implications in the improvement of quality of life of individuals living with SCI NP.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	2,363,239	Monash University	Third Degree Burn Wound Closure using Engineered Skin- Phase I Clinical Trial	Over 40% of burns survivors live with pain and disability caused by scarring of skin grafts and their donor sites. Development of a reliable skin graft substitute to be tested in this study will save lives and improve the quality of life for survivors of severe burn injury by minimisation of the need to use patients' own unburned skin to graft burns. The researchers will treat patients with severe burns with bioengineered skin developed in our laboratory and grown from small samples of their own skin.
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	1,225,487	La Trobe University	Employing rational novel agent combination therapy to improve transplant cure rates for relapsed/refractory Hodgkin Lymphoma	Hodgkin Lymphoma (HL) is a rare malignancy, with 500 new cases annually in young Australians. While 70% of patients are cured with front line treatment, 30% of patients require second line therapy which often fails resulting in death. Immunotherapy and targeted therapies have dramatically improved survival in haematological malignancies. This study will combine two agents currently approved in recurrent HL the second line setting, earlier to maximise survival of these young Australians.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need General Round	707,954	The University of Queensland	Testing a sinonasal microbiome transplant as a therapy for Chronic Rhinosinusitis by randomised controlled trial	Chronic sinus infections place a significant burden on quality of life. Recently our team undertook a promising study treating 25 chronic sinus patients with a nasal rinse containing nasal secretions from healthy donors. The patients' sinus symptoms decreased significantly after treatment; their symptom scores went from 57 out of 110 to 35 out of 110, a statistically significant improvement. This project will test the nasal secretion treatment more rigorously comparing it to a placebo.
Coronavirus Research Response – COVID-19 Vaccine Candidate Research	1,556,560	University of Sydney	A single dose, globally accessible vaccine to combat emerging SARS-CoV-2 variants	The emergence of highly transmissible SARS-CoV-2 variants threatens to derail COVID-19 control efforts. The researchers have developed a next-generation vaccine, delivered as a single dose, that targets these variants. In this proposal the researchers will undertake late-stage pre-clinical testing to determine the optimal vaccine formulation, define protective efficacy against SARS-CoV-2 infection and assess vaccine safety/tolerability. Outcomes will be used to fast track vaccine progression to clinical testing.
Coronavirus Research Response – COVID-19 Vaccine Candidate Research	2,983,909	University of South Australia	Accelerated clinical development of a next generation COVID-19 vaccine using the established Sementis Copenhagen Vector platform system	In response to the global COVID-19 pandemic, the WHO have outlined the need for vaccines which can address outbreaks, and provide population scale vaccination for the longer term. Our COVID-19 vaccine, based on a novel next-generation non-replicating viral vector vaccine technology, is advanced in development, and designed to deliver safe, broad, and long-lasting immunity. It can be produced economically and at scale to support these large-scale national and global vaccination programs.



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Medicinal Cannabis Clinical Trials	1,526,796	The University of Queensland	Medicinal Cannabis (MedCan 3) – randomised, multicentre, double blind, placebo-controlled trial to assess THC/CBD (1:20) to relieve symptom burden in patients with cancer	People with advanced cancer experience a large range of distressing and difficult to manage symptoms. There has been much public interest in the use of medicinal cannabis to relieve the distress caused by these symptoms. In this trial, the researchers will test the two main components of cannabis - THC and CBD to determine if this makes patients feel better and improve their quality of life.
Medicinal Cannabis Clinical Trials	692,017	Queensland University of Technology	A prospective, multicentre, randomised, blinded, two-arm parallel trial of Medicinal Cannabis Products for alleviating symptom burden in children with advanced cancer	The researchers aim to investigate if giving medicinal cannabis (MC) to children receiving palliative care for advanced cancer, improves their symptoms such as pain. A prospective, randomised trial will assess the effectiveness, safe doses and side-effects of two (MC) products. The researchers will also ask children and parents about their views on MC cannabis use. This study will contribute to the limited evidence around the role and safe use of MC in children, which can be used to inform future clinical trials.
Medicinal Cannabis Clinical Trials	1,486,715	The University of Adelaide	The CANNabinoids for CANcer Therapy (CANCAN) trial	Medicinal cannabis has been investigated for the management of cancer therapy symptoms. However, there is insufficient evidence to guide its use in clinical practice. The CANN trial will address this gap by exploring the use of personalised CBD/THC dosing to prevent common and impactful symptoms of treatment in advanced cancer.



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Silicosis Research	2,216,631	The University of Queensland	Silicosis – Harnessing new ideas to conquer the re-emergence of an ancient lung disease – The SHIELD study	An epidemic of fatal silicosis caused by inhaling dust from artificial stone products has engulfed Australia and other developed countries. SHIELD is a national, coordinated, multidisciplinary response to the silicosis crisis. In multiple world firsts, SHIELD will: assess the potential of whole lung lavage to treat accelerated silicosis; test the ability of biologic markers to predict disease; and deploy cutting-edge technologies and innovations to bridge the 'kitchen bench-top to bedside' gap.
Silicosis Research	1,481,686	University of Sydney	Transforming diagnosis of silicosis: a novel AI approach	This project builds on a currently funded project establishing novel teaching tools to enhance silicosis diagnosis. The new work integrates artificial intelligence (AI) into the existing activity to achieve: tailored education following clinicians' judgement of lung images; supported decision making for diagnosing silica-induced lung lesions; improved outcome predictions based on patient data. Diagnosis of silicosis will be transformed using the best of humans and machines.
Silicosis Research	645,764	Monash University	The NLRP3 inflammasome as a potential biomarker and therapeutic target for silicosis	Inhalation of silica particles by artificial stone workers can lead to the development of silicosis disease and there are currently no available treatments. This project will identify new indications of disease risk, as well as anti-inflammatory drugs that can improve silicosis disease.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Silicosis Research	665,843	University of Tasmania	The role of particle size in the pathogenesis of engineered stone-associated accelerated silicosis	The emergence of engineered stone associated silicosis in Australia is an occupational health disaster. There is currently no understanding why this form of silicosis develops, is so severe or why it develops after only a few years of exposure to engineered stone dusts. This project aims to identify the types of engineered stones that are most hazardous to lung health and why the dusts generated cause such severe disease.
Primary Health Care Research	1,625,287	Queensland University of Technology	A hybrid, implementation-effectiveness trial of a nurse-enabled, shared-care MOdel between primary and acute care for proStatE cancer Survivors (The MOSES Trial)	The MOSES Trial will implement and evaluate an integrated, model of follow-up care shared between the acute cancer care centre and general practice across Queensland, South Australia and Victoria. In partnership with the Prostate Cancer Foundation of Australia specialist nurses, the researchers will maximise the scalability of this best-practice care model using a range of implementation strategies, ultimately transforming how care is delivered to thousands men with prostate cancer.
Primary Health Care Research	511,751	University of Sydney	Health4Me: Improving adolescent physical activity and nutrition behaviours via primary care	Physical activity and nutrition are pillars of good physical and mental health, yet, are among the most significant health challenges facing today's young people. In Australia, over 90% of adolescents own a mobile phone, yet there are limited digital health programs to improve youth health in primary care. To address this, the researchers will test a scalable text messaged program for young people. This research could ultimately better integrate services for young people in primary care across Australia.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Primary Health Care Research	1,255,051	South Australian Health and Medical Research Institute Limited	Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander men in South Australia	Aboriginal and Torres Strait Islander men carry the worst health and social outcomes within Australian society. Despite significant investment and policy focus on women's health, and men's health in general, the area of Aboriginal and Torres Strait Islander men's social and emotional wellbeing has remained relatively ignored. This project will address a community identified priority by shifting away from describing the challenges to providing solutions for the primary health care environment.
Primary Health Care Research	977,628	Bond University Limited	Activating primary care COPD patients with Multi-morbidity (APCOM) study	Chronic Obstructive Pulmonary Disease (COPD) is a common chronic condition that can progress to disability and death. Self-management support for people with COPD can reduce exacerbations and improve quality of life but many programs are not effective as they fail to recognise the impact of other long term conditions. This study will evaluate the effectiveness, cost-effectiveness and uptake of a self-management intervention that is tailored to individual need and recognises multimorbidity.
Primary Health Care Research	1,520,220	Australian National University	Optimising primary health care in Australia: multi-method whole-of-population investigation of the impact of telehealth on uptake and quality of care	In 2020, telehealth was made available to everyone in Australia, in response to COVID-19. To provide evidence to improve primary health care in Australia, the project will investigate the effect of telehealth on quality of primary care, including accessibility, safety, continuity and appropriateness. For the whole population, the researchers will analyse Medicare data linked to health, social and economic information, complemented by interviews and workshops engaging patient and clinician perspectives.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Mental Health Research	11,930,126	University of Sydney	Growing Minds Australia: A National Trials Strategy to Transform Child and Youth Mental Health Services	The researchers will establish Growing Minds Australia, a child and youth clinical trials network that improve methods for identifying signs of mental health problems in children and youth, identify non-responders to treatments and evaluate methods for addressing their ongoing needs; improve the focus on the physical health of MH problems, and improve access to evidence-based programs through a national approach to improving mental health literacy, and reducing stigma.
Mental Health Research	11,998,908	Deakin University	Mental Health Australia General Clinical Trial Network (MAGNET)	With a vision of unlocking innovative, world-class clinical trials to deliver new and better mental health treatment and support, the Mental Health Australia General Clinical Trial Network (MAGNET) is a truly cooperative, inclusive mental health research alliance. At a national scale, MAGNET will shift our approach to mental health trials, generating much needed new therapies, lived experience leadership, and strategies to enhance treatment access and the health of communities across Australia.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Frontiers Health and Medical Research	996,000	Synchron Australia Pty Ltd	The Brain-Machine Interface Frontier: Pioneering Endovascular Bionics	In August 2019, the researchers demonstrated the world's first successful implantation of an endovascular neural interface, pioneering a new field of medicine. Using blood vessels, the researchers safely delivered our device to the brain in a paralysed patient. Within months, he was able to control a computer with his mind. The researchers are now poised to complete transformation of our paradigm shifting research into a clinical product, and through development and implementation of stimulation capabilities, our endovascular device will become a globally recognised and internationally competitive platform across a broad range of neurological conditions.
Frontiers Health and Medical Research	999,570	Monash University	The Artificial Heart Frontiers Program	Over 23 million people suffer from heart failure around the globe, yet only six thousand a year receive a donor heart. Many patients turn to artificial hearts: large, noisy devices that too frequently fail, or confine the patient to hospital. Other patients have no options at all. Now, the Artificial Heart Frontiers Program will bring a new generation of artificial hearts to market. Our innovative implants are small, patient-friendly and reliable - outlasting all existing alternatives. They are powerful enough for an adult, yet small enough for a child. They are quiet, portable, and respond to active lifestyles, allowing patients to return to their families and jobs. This technology will revolutionise the lives of patients with heart failure.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Frontiers Health and Medical Research	999,224	University of Sydney	Australian Corneal Bioengineering: Novel Therapies to Fight Blindness	The cornea is the outermost structure of the eye. Disease or injury of the cornea, often leads to poor vision and in many cases, blindness. Corneal transplantation represents the current gold standard for the treatment of moderate to severe corneal disease. During corneal transplantation, donor corneas are used to replace the scarred or diseased tissue. However, only one cornea is available for every 70 potential patients globally representing a major ongoing concern. Our research group has established laboratory methods to create viable, bioengineered corneal tissue to replace donor corneas. With this grant, the researchers aim to create a next-generation manufacturing facility to produce, store and allocate this tissue both locally and internationally.
Frontiers Health and Medical Research	999,999	University of Sydney	Phage Australia	PHAGE AUSTRALIA: Integrating Australian Phage Biobanking and Therapeutic Networks and Delivering Solutions for Antimicrobial Resistance. Bacteriophage (phage) treatment offers a comprehensive solution to the problem of antimicrobial resistance. It is safer and more precise than antibiotics, with fewer side effects. Our primary goal is to establish bacteriophage therapy in a national framework of approved indications based on clinical trials and a sound understanding of the underlying biology. The researchers will establish the supporting infrastructure for production, diagnostic support and clinical trials, linking academic, government and industry partners across Australia and overseas.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Frontiers Health and Medical Research	999,999	The Walter and Eliza Hall Institute of Medical Research	Australian Centre for E3 Therapeutics (ACE3T)	An exciting new protein degrader (PD) technology purposefully redirects the cell waste machinery, driven by E3 proteins, to destroy a specified protein, for the first time accessing previously 'undruggable' targets. The Australian Centre for E3 Therapeutics (ACE3T) will enable Australian researchers to access this emerging disruptive technology, generating Australia-based inventions & kick starting a new biotech sector. Application of PD technologies will have a broad impact on streamlining future drug discovery campaigns. With an initial focus on cancer and building on the strength of the Australian research sector, the ACE3T will develop new anti-cancer drugs with improved efficacy and fewer side effects, saving & improving many lives.
Frontiers Health and Medical Research	994,509	Snoretex Pty Ltd	Novel, Innovative Modified Tetanus Toxin Drugs for Weak Muscle Conditions	There is no pharmacotherapy for disorders of low muscle tone or muscular flaccidity, such as obstructive sleep apnoea, urinary/faecal incontinence, pelvic floor weakness, MS and MND. Tetanus neurotoxin (TeNT) is related to Botulinum neurotoxin (e.g. Botox, BoNT), but has the opposite effect of increasing muscle tone. Unlike BoNT, TeNT has not been used in medical applications due to human vaccinations and immunity, until now. Snoretex is a treatment made through modification of TeNT, bypassing the human immune response, making it a world-first drug able to enhance motor function and overcome muscle weakness in vaccinated humans and animals. This project will allow us to conduct the necessary steps to bring this exciting product to market.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Frontiers Health and Medical Research	799,788	University of New South Wales	EpiWatch – Artificial Intelligence Early-Warning System for Epidemics	If the catastrophic COVID-19 pandemic had been detected early in its genesis, before it had spread beyond Wuhan, it could have been stamped out entirely, and the pandemic prevented. Rapid epidemic detection is possible using algorithms and artificial intelligence to mine open source data, but has not been a focus of pandemic planning. The researchers will develop a fully automated, intelligent system for rapid epidemic detection using open source data, building on a semi-automated prototype, Epiwatch. It will use AI, natural language processing, automated translation, report classification and prioritisation, risk analysis, geospatial information systems and a searchable user interface (Web and Apps). This will be a game changer in health security.
Frontiers Health and Medical Research	896,606	University of Western Australia	Disruptive Technologies for Precision Medicine in Coronary Artery Disease	Coronary artery disease (CAD) is the single leading cause of death in Australia and the world. It is believed that two-thirds of heart attacks originate from plaques with less than 50% blockage of arteries in patients without symptoms. Coronary computed tomography angiography (CCTA) has emerged as a robust technique for CAD assessment. However, its true potential is yet to be realised. Many of the CCTA image analysis steps and clinical decisions are ideally suited for artificial intelligence (AI) methods. In this study, the researchers will work across disciplines to develop, test, and deploy an AI-based risk prediction tool from CCTA scans, and personalise the management of patients with CAD across the full spectrum of the care continuum.



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Frontiers Health and Medical Research	997,562	University of Sydney	New Frontiers in Personalised Prevention of Coronary Artery Disease	One Australian suffers a heart attack every 10 minutes. Until now, clinicians have been limited to modifiable risk factors, such as cholesterol and blood pressure levels, to predict heart attacks and guide prevention. But, up to 27% of patients with life-threatening attacks have no standard modifiable risk factors, and a proportion progress rapidly to recurrent events despite optimal management. Clearly there is more at play. The researchers are a cross-disciplinary team of clinicians, researchers, and healthcare and industry leaders with a track record of translating innovation who are galvanized to: 1) identify urgently needed biomarkers of early plaque; 2) establish evidence-based clinical pathways; 3) discover game-changing new drug treatments.
Frontiers Health and Medical Research	927,741	The University of Queensland	Earlier Diagnosis and Personalised Treatments for Endometriosis (EndoAIMM)	Endometriosis is poorly understood and affects 11% of women at an estimated cost to the Australia health system of \$9.7 billion each year. Women experience years of delay from onset of symptoms to diagnosis. Pharmaceutical management achieves variable success. Diagnosis requires surgery, and surgery does not cure the disease which often reoccurs. To disrupt this cycle, EndoAIMM will address the diagnostic and treatment challenges. New clinical tools for early diagnosis, as alternatives to diagnostic surgery, and personalised treatments will be developed by combining artificial intelligence, imaging, genetics and genomics. Commercialisation opportunities include software and diagnostics, new molecular tests, and targeted treatments.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,450,377	Monash University	Benchmarking for healthy stores in remote Aboriginal and Torres Strait Islander communities	How food is promoted, priced and made available in food retail has considerable impact on consumer behaviour and subsequently population health. In partnership with government and Aboriginal health services, the remote retail sector and policy-makers, the researchers will codesign and test the feasibility and effectiveness of an innovative benchmarking approach to support healthy food stores in remote Aboriginal and Torres Strait Islander communities and identify the pathway to set benchmarking into policy.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,451,738	University of Queensland	School Readiness child outcomes of early neuro-protection/ early neuro-rehabilitation for infants at high risk of Cerebral Palsy- in the first 2,000 days	Cerebral Palsy (CP) is a life-long complex condition that affects movement and learning due to early brain injury. Children with CP are significantly delayed on their School Readiness (in domains of cognition, health, motor, physical activity, communication) than their healthy peers. Our extended follow-up of early interventions at age of 4 years will determine if new treatments can prevent the brain injury and repair those with CP using neuro-rehabilitation leading to better academic outcomes.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,451,735	University of South Australia	A multi-site guideline implementation randomised controlled trial to improve physical activity and screen time in Out of School Hours Care	This study aims to lift the standards of physical activity and screen time offerings in Out of School Hours Care services throughout Australia, by implementing and evaluating newly developed Australian OSHC-sector guidelines for physical activity and screen time. The guidelines will be evaluated in a rigorous trial in OSHC services in SA, NSW and WA, prior to national release.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,146,489	Monash University	The protective effect of maternal immunisation on obstetric outcomes: characterising the underlying mechanisms and impact on newborn immune function	Pre-term birth is a serious complication of pregnancy contributing to long term disability in children. Despite advances in maternity care there has been little reduction in the rate of pre-term birth in the last 20 years. Along with protecting against influenza or pertussis infection, vaccination in pregnancy has shown promise in protecting women and babies from preterm birth and may positively alter the immune system of the baby. This project aims to understand how vaccines may do this.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	712,780	University of Newcastle	Effectiveness and cost effectiveness of a time-efficient school-based physical activity intervention for adolescents living with disability	Adolescents with disability are less active than their typically developing peers. They also have more co-occurring physical and mental health conditions. Brief but intense exercise is a potent and potentially affordable prevention strategy. Our aim is to test the effectiveness and cost effectiveness of this approach in adolescents with disability. This project has the potential to change school practice by providing a vulnerable group with a new opportunity to be physically active at school.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,267,826	Murdoch Childrens Research Institute	Infant2Child: Optimising nutrition in early life to reduce childhood dental caries	Dental caries (tooth decay) is the commonest disease worldwide and affects 40% of Australian pre-school children. By repurposing an already successful early life dietary and feeding intervention to address the biggest cause of early childhood caries – high sugar intake, and understand how sugar influences oral bacteria to cause caries, this study will deliver urgently needed improvements in childhood oral health, with benefits throughout the life course.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,124,558	University of Melbourne	HipHealth: an exercise and weight loss telehealth program to improve outcomes for Australians living with hip osteoarthritis	Hip osteoarthritis is a common problem leading to chronic pain and disability and high rates of joint replacement surgery. This project aims to improve the health and well-being of Australians with hip osteoarthritis by implementing and evaluating an education, exercise and weight loss program (HipHealth) delivered remotely by physiotherapists and dietitians. The program will be firstly tested in the private health insurance setting with view to future scale-up in this and other settings.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,284,106	La Trobe University	Exploring the impact of midwife-led group antenatal care on caesarean section rates and infant health: a multi-site randomised controlled trial	Midwife-led group antenatal care and education is where women have pregnancy check-ups, and childbirth and parenting education in groups of about ten women at the same stage of pregnancy, instead of individual check-ups and separate childbirth education. The researchers don't know if it is effective or if it causes harm, so will test if the midwife-led group care (compared to having individual appointments) improves outcomes for mothers and babies such as fewer caesarean births and more healthy babies.
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	659,449	University of Queensland	Mothers and their Children's Healthcare Experience Study (MatCHES)	This study collects new data on the experience of preventive healthcare by mothers and children, from before conception, through pregnancy and early childhood. This will generate the new knowledge needed to address issues with the effectiveness and delivery of current maternal and child preventive care. In collaboration with doctors, nurses, and the community, the study will make detailed recommendations to improve preventive healthcare, including for disadvantaged women and children.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Maternal Health and the First 2000 Days; Exercise and Nutrition; Early Childhood	1,450,943	Monash University	Optimising the delivery of antenatal interventions in public healthcare: Improving equity, access and engagement for better maternal and neonatal health outcomes	Increasing proportion of young women are commencing pregnancy overweight or obese. Research demonstrates that lifestyle interventions improve health during pregnancy and are cost effective, yet scale up into routine pregnancy care remains limited. Here the researchers address this critical gap, supported by stakeholder and community engagement, by developing and enhancing digital technology to increase accessibility, usability and engagement across two Australian healthcare settings.
Efficient Use of Existing Medicines	751,885	La Trobe University	Repurposing valproate for the treatment of colorectal cancer	Colorectal cancer is a major cause of cancer related deaths for which there is an urgent need to develop new treatments. The drug valproate has been used to treat epilepsy and mood disorders for over 50 years. The researchers have found that valproate can profoundly increase the anti-tumour activity of a class of drugs known as EGFR inhibitors in laboratory models of colon cancer. This project will now test the activity of this drug combination in a phase two clinical trial in patients with advanced colon cancer.
Efficient Use of Existing Medicines	599,596	University of Melbourne	Repurposing BCL-2 inhibitors for immune manipulation to improve outcomes in allogeneic stem cell transplantation	Allogeneic (donor) stem cell transplantation is a curative therapy for blood cancers. Not everyone can safely have a transplant as the toxicity of the pre-transplant chemotherapy is too toxic. The researchers have discovered in mouse models that by using the existing drug venetoclax the intensity of the preparative chemotherapy can be reduced. This makes the transplant safer yet as effective. This project will undertake this same approach in a clinical trial of patients undergoing transplantation.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Efficient Use of Existing Medicines	2,126,776	University of Sydney	MOTIVATE C: The Methodical evaluation and Optimisation of Targeted Incentives for Accessing Treatment of Early stage hepatitis C	Hepatitis C treatment is now well tolerated and highly effective, yet uptake in Australia remains low. Australia is trying to eliminate hepatitis C, which means interventions are required to increase treatment uptake of those infected with the virus. Financial incentives offer a simple, yet potentially effective, solution. This study will evaluate the effect of random allocation of financial incentives to improve treatment uptake in patients with hepatitis C.
Efficient Use of Existing Medicines	834,374	University of New South Wales	A Prospective Randomised Controlled Trial of Adults with Perianal Fistulising Crohn's Disease and Optimised Therapeutic Infliximab Levels: PROACTIVE Trial	The study aims to optimise treatment in adults suffering with Crohn's perianal fistulae. The study will compare individualised to standard dosing of current best care medication, infliximab. Individualised dosing will use routinely collected blood drug levels to guide the dose of infliximab given, with the aim to achieve higher blood drug level targets. This new approach is expected to enhance fistula healing, reduce symptom burden, and improve costs; but these benefits have yet to be assessed.
Efficient Use of Existing Medicines	302,942	The University of Queensland	A novel use of sterile water for injection to relieve pain in labour	Medical pain relief options for labour have changed little in 50 years. While epidurals are effective other options such as opioids or (laughing) gas are often ineffective and all come with unwanted side effects. This placebo-controlled trial will test the use of injections of sterile water to relieve contraction pain in labour; proven by our team as safe and effective for back pain in labour. If successful the trial will provide a simple and safe choice for labour pain relief.

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Efficient Use of Existing Medicines	4,899,580	University of New South Wales	A Phase III randomised placebo-controlled trial of mirtazapine as a pharmacotherapy for methamphetamine ("Ice") dependence	Crystalline methamphetamine ("ice") is a growing concern in Australia. There are no approved medications that can be used to treat dependence on this drug. This clinical trial will examine whether mirtazapine, a newly identified treatment agent for methamphetamine use, can be used safely and effectively in routine clinical care to manage methamphetamine dependence in Australia.
Efficient Use of Existing Medicines	2,720,943	University of Sydney	Cost-Utility Comparison of Down-Titration Strategies for Safer and More Efficient Use of Biologics in Adults with Rheumatoid Arthritis and Psoriatic Arthritis	Rheumatoid arthritis and psoriatic arthritis can cause severe pain, joint destruction, disability and early death. Biologic drugs can improve these arthritis health outcomes but may also have serious side effects, are very costly and are not cures. Drug-free remission is the next best outcome. This trial aims to identify the optimum dosing strategies for safer and more efficient biologic drug use to help more people with rheumatoid and psoriatic arthritis achieve a drug-free remission.
Efficient Use of Existing Medicines	2,023,376	Melanoma Institute Australia	NADINA Phase 3 trial comparing response driven neo-adjuvant combination of ipilimumab + nivolumab versus adjuvant nivolumab	Standard care for melanoma spread to lymph nodes is surgery followed by one year of drug to prevent recurrence. A drug used in many cancers, immunotherapy, cost Australia \$688 million in 2020. This study will test a safe and cost-effective way to prevent recurrence with just 6 weeks of immunotherapy before surgery. If the tumour is destroyed, major surgery and more drug therapy can be avoided. A shorter course of drug therapy will reduce healthcare costs by nearly 50%.



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
Researcher Exchange and Development in Industry	330,000	MTPConnect	Fellows	<p>One REDI Fellowship will support a 12 month project with Telix Pharmaceuticals, with a focus on Good Manufacturing Practices (GMP) and biological manufacturing as well as developing commercial skills in clinical trials.</p> <p>A second REDI Fellowship will support a 12 month project with Brandon Capital with a focus on life science investment, including assessing, triaging and financing projects and Brandon Capital's portfolio of life science investments.</p>

## National Health and Medical Research Council, Grant Opportunity Outcomes

Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
NHMRC National Network for Aboriginal and Torres Strait Islander Health Researchers	10,000,000	Menzies School of Health Research	National First Nations Research Network	<p>The National First Nations Research Network will mark a transformation in First Peoples livelihoods and Health Equity. Delivered and led by Indigenous Peoples for Indigenous Peoples, guided by self-determination, this Network will nurture culturally safe environments, connect expertise, catalyse research methods, training and development. The Network will create career pathways to achieve national capability and generational growth, for sustained health and wellbeing of our communities.</p>



Grant Opportunity	Funding amount (\$)	Administering Institution	Application Title	Summary
NHMRC–NIHR Collaborative Research Grant scheme	823,722	The University of Adelaide	Steroid-Reducing Options for ReLapsING PMR (STERLING-PMR): a pragmatic, randomised trial to compare the clinical and cost-effectiveness of adding immunosuppression to steroid-tapering treatment for patients with relapsing PMR, versus steroid-tapering	Polymyalgia rheumatica (PMR) is a common inflammatory disease of older people, treated with prednisolone (steroid tablet). About 50% will relapse and often suffer from steroid side effects (eg diabetes, bone fracture). This study will determine whether an extra treatment can reduce prednisolone use in people with relapsing PMR; and improve quality of life. The study will include participants in UK and Australia and provide a unique opportunity for further research in this under-researched area.
NHMRC–NIHR Collaborative Research Grant scheme	1,025,882	University of Sydney	The Meniscal Transplant surgery or Optimised Rehabilitation full randomised trial (MeTeOR2)	It can be hard to decide what treatment to use for people with pain and disability who have had the meniscus cartilage removed from the knee. Some surgeons try to improve pain and function by replacing the lost meniscus with a transplant from a donor who has died. The alternatives include exercises, physiotherapy, and bracing. This study will help us understand if the results for people who have the transplant are better or worse than for exercise and physiotherapy.
Silicosis Research	994,642	Monash University	Emerging techniques for earlier diagnosis and assessment of severity and progression of artificial stone silicosis	Stonemasons who have worked with engineered stone have been shown to develop a rapidly progressive and potentially fatal form of silicosis. This research will use data from affected workers from Victoria, Western Australia and Queensland. The research will comprise a suite of projects to investigate many uncertainties related to radiological screening methods, and investigating new methods to assess disease severity and identify indicators of progression to inform future practice.



## Life Saving Research – More clinical trials in Australia

The Australian Government is investing \$6 million over 4 years to continue the *Encouraging More Clinical Trials in Australia* program which supports collaboration with jurisdictions to grow the number of clinical trials run in Australia, while also removing red tape for industry and states and territories from the process.

This investment will build Australia's capacity across the research pipeline and place clinical trials at the forefront of a sector-wide research investment and innovation drive.

This is in addition to the \$614 million Clinical Trials Activity under the Medical Research Future Fund (MRFF), which includes the Rare Cancers, Rare Diseases and Unmet Need (RCRDUN) initiative and the International Clinical Trial Collaborations (ICTC) initiative.

Building Australia's clinical trial capability is particularly important in the context of the COVID-19 pandemic and future preparedness, it also helps the continual work to improve the lives of Australians through better health outcomes.

### Why is this important?

KPMG estimated that every dollar invested in medical research returns an average benefit to the Australian population of \$3.90, based on their 2018 report. Clinical trials contribute an estimated \$1.1 billion a year to the economy and the sector has been identified as a key potential growth area for Australia.

Australia is an attractive place to undertake high quality trials. International competition in research, particularly to host clinical trials, is increasing, and gaining approval and recruiting patients will ensure we remain competitive.

### Who will benefit?

The continuation of the *Encouraging More Clinical Trials in Australia* program provides direct benefit to researchers, research institutions and trial sponsors, by facilitating more trials in Australia. It also ensures that our domestic research can culminate with trials in an Australian context, with Australian patients.

Patients and the broader economy will also benefit with local research leading to Australian made breakthroughs in health and medical innovation, improved health outcomes, and new sources of economic growth and employment.

### How much will this cost?

The Australian Government is investing \$6 million over 4 years, from 2021–22.



## Life Saving Research – Mitochondrial donation

The Australian Government will commit \$4.4 million over 4 years (\$10.3 million over 10 years), to facilitate a staged implementation of mitochondrial donation in research and clinical settings in Australia. This will enable the introduction of a new assisted reproductive technology aimed at preventing children being born with severe, life-threatening mitochondrial disease – a devastating genetic disorder which has no cure.

On 24 March 2021, the Government introduced the Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021 into Parliament.

- This initial investment will be for the first stage of implementation: **Stage 1** will introduce a regulatory and licensing framework for mitochondrial donation and establish a clinical trial to determine the safety, efficacy and feasibility of mitochondrial donation.
- The outcomes of this clinical trial will then inform an option for the Australian Government to move to **Stage 2**, where mitochondrial donation will be made available in clinical practice more broadly.

A competitive grant funding opportunity will be announced separately to engage a suitably qualified organisation to conduct the clinical trial.

### Why is this important?

Approximately one child each week is born in Australia with a severe form of mitochondrial disease, often with a life expectancy of less than 5 years. Symptoms include seizures, fatigue, heart problems, multiple organ failure and premature death. Mitochondrial donation has the potential to prevent children from being born with severe forms of this disease.

The Government's proposed legislation was inspired by Maeve Hood, a young Victorian girl who has struggled with mitochondrial disease, and the tireless work of her parents to raise awareness and build support for all those suffering from the disease.

### Who will benefit?

This investment will enable research that has the potential to change the lives of families, who have a high risk of passing on mitochondrial disease, and their children by providing a pathway to become biological parents without the risk of passing on the disease.

This will also enable Australian clinicians to advance Australia's position as a world leader in medical research and delivery.

**How much will this cost?**

The Australian Government is investing \$4.4 million over 4 years, and a total of \$10.3 million investment over 10 years from 2021–22.