



Dear Colleagues,

The past two years have challenged the health system in Australia as never before, but have also confirmed its world-class status. As we learn to live with COVID-19, the Australian Government continues to make record investments to keep Australians safe and ensure they have access to high quality healthcare, when and where they need it, and reduce costs for patients.

The 2022–23 Budget invests \$537 billion over the next four years, up \$34 billion compared to last year's Budget.

The foundation of our health system is *Australia's Long Term National Health Plan* that guides investments in primary care, mental health, hospitals, preventive health, and medical research.

In this Budget, the Government's continuing commitment to Medicare will ensure that healthcare is accessible to everybody. We have invested \$1.7 billion towards the *Primary Health Care 10 Year Plan*, ensuring that the Medical Benefits Schedule (MBS) continues to deliver support for clinical best practice treatments and therapies.

An \$170.6 million investment will support a range of new and amended MBS items, including \$81.2 million for genetic testing for cystic fibrosis, spinal muscular atrophy and fragile X syndrome (FXS), for Australians who are planning to start a family, embedding Mackenzie's Mission permanently within our health system.

One of the most significant reforms to Medicare since its creation is the delivery of permanent universal telehealth. In the last two years telehealth has provided more than 100 million services to 17 million Australians, with a total value of more than \$5 billion.

Fundamental to our health system is access to affordable medicines through the Pharmaceutical Benefits Scheme (PBS). In the 2022–23 Budget, we are investing \$45.5 billion over four years, and more than \$2.4 billion to list vital new medicines. These include treatments for cystic fibrosis, progressive fibrosing interstitial lung disease, spinal muscular atrophy, and triple negative breast cancer.

We are also addressing cost-of-living pressures by lowering the PBS safety net thresholds to ensure eligible Australians reach the threshold sooner and the costs of their medicines per year are reduced.

To deliver improvements in regional, rural and remote health as part of the 10 Year *Stronger Rural Health Strategy*, we are investing \$296.5 million. This includes \$66 million to deregulate access to Medicare funded Magnetic Resonance Imaging (MRI) services in MMM 2–7 areas, which will reduce costs for patients and minimise the need for patients to travel.

We know that key to delivering better health outcomes for Australians is our health workforce, including in regional and remote communities. As such, we are investing \$152.4 million in more training and education opportunities in these regions.

We are backing our commitment to *Closing the Gap* in life expectancy and health outcomes for Aboriginal and Torres Strait Islander people, with a total of \$4.6 billion over four years invested across the Budget.

Mental health and suicide prevention continue to be priorities for this Government. We are investing \$648.6 million in Stage 2 of the *Mental Health and Suicide Prevention Plan* to ensure Australians can access appropriate mental health care. This takes the total investment in the Plan to \$3 billion.

As we move to living with COVID-19, it is important that Australians refocus on their overall health. We are investing \$55.7 million to encourage Australians to resume regular health checks, including diagnostic screening, checks and scans, such as for breast cancer.

We are also encouraging people to be more active, including through a 'green and gold decade' of major sporting events and legacy programs leading up to the 2032 Olympic and Paralympic Games, along with the important Sporting Schools program.

We are committing \$333 million to ensure better health outcomes for women and girls. \$58.1 million of this investment will support women experiencing endometriosis, including \$16.4 million to establish endometriosis and pelvic pain general practice clinics. We also have \$137.6 million in health measures as part of the Government's priority work to support women's safety. This includes \$67.2 million to provide trauma-informed recovery care for people who have experienced family, domestic or sexual violence.

Life saving and life changing research is another Government priority. In this Budget we are investing \$6.3 billion, informed by our updated *Medical Research Future Fund 10 year Investment Plan*.

The Government has delivered the first year of the five year reform agenda in response to the Aged Care Royal Commission that will ensure respect, care and dignity for senior Australians. This year's Budget includes an additional \$522 million in aged care to further this work, bringing the total investment to \$18.8 billion.

The Government is extending the health response to the pandemic as COVID-19 continues to impact our lives. We are investing more than \$4.2 billion, through vaccines, treatments, and support for our health workforce in primary care, aged care and hospitals.

This information pack provides you with an overview of health initiatives in the 2022–23 Budget, including a Budget at a Glance and factsheets summarising key measures.

Thank you for your continued contribution and collaboration with us. The work we do together ensures better health outcomes for all Australians, now and for future generations.



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 Dr David Gillespie MP

*Minister for Regional Health
Minister Assisting the Minister for Trade and Investment
Deputy Leader of the House*



The Hon David Coleman MP

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



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JOINT MEDIA RELEASE

29 March 2022

Record investment in the future health of Australia's health system

The Coalition Government is investing in a stronger health system as part of our plan for a stronger future through a record \$132 billion in 2022–23, increasing to \$140 billion in 2025–26, with a total commitment of \$537 billion over the next four years.

This record funding will ensure Australians have access to improved healthcare, when and where they need it, helping them to lead healthier lives, with improved health outcomes and to provide ongoing protection against COVID-19.

We are strengthening our commitment to *Australia's Long Term National Health Plan*, through important and strategic investments to deliver the world's best health care system, including:

- \$537 billion over the next four years, up \$34 billion compared to the 2021–22 Budget including:
 - \$7.3 billion increase in Medicare funding
 - \$9.8 billion increase in Hospital funding
 - \$10.1 billion increase in Aged Care funding.
- \$45.5 billion over four years to access more affordable medicines through the Pharmaceutical Benefits Scheme (PBS), and more than \$2.4 billion this Budget to add vital new medicines to the PBS
- \$1.7 billion towards the objectives of the *Primary Health Care 10 Year Plan* including:

- Ensuring telehealth remains a permanent part of Australia’s health system, which has improved access to quality health care for Australians, with more than 100 million services already delivered since March 2020.
- \$296.5 million to deliver improvements in regional, rural and remote health as part of the *10-Year Stronger Rural Health Strategy*, including \$66 million to deregulate access to Medicare funded Magnetic Resonance Imaging (MRI) services in MMM 2–7 areas, and
- \$6.8 billion over four years for life-saving and life changing research, informed by the Government’s updated *Medical Research Future Fund 10 Year Investment Plan*
- \$4.2 billion to continue protecting Australians against COVID-19, through supply and access to safe and effective vaccines, treatments and support for our health workforce in primary care, aged care and hospitals
- \$4.6 billion over four years to continue to drive improvements in health outcomes for Aboriginal and Torres Strait Islander Australians
- \$522 million to deliver the second year of our five-year implementation plan of the once-in-a-generation reform to Australia’s aged care system, to deliver *respect, care and dignity* to our senior Australians in response to the *Royal Commission into Aged Care Quality and Safety*
- \$648.6 million for Stage 2 of the Government’s *Mental Health and Suicide Prevention Reform Plan*, to ensure Australians can access appropriate mental health care when they need it, taking total investment in the Plan to nearly \$3 billion
- \$333 million to increase outcomes in women’s health, including
 - \$81.2 million to provide carrier screening for three genetic conditions (cystic fibrosis, spinal muscular atrophy and fragile X syndrome), making Mackenzie’s Mission a permanent part of our health system, and
 - \$58 million for diagnosis, treatment and awareness of endometriosis
- \$149.8 billion over 5 years to continue our record levels of investment in public hospitals, including funding under the *2020–25 National Health Reform Agreement* (NHRA). An increase from \$13.3 billion in 2012–13 to \$28.1 billion in 2022–23 growing to \$32.7 billion in 2025–26.

Guaranteeing Medicare and Access to Medicines

Guaranteeing Medicare

The Government is committed to our record investment in Medicare, ensuring all Australians can access healthcare services, no matter where they live.

We are investing \$133 billion over four years in Medicare, including \$31.4 billion in 2022–23, an increase of \$7.3 billion compared to the 2021–22 Budget, \$32.3 billion in 2023–24, \$33.9 billion in 2024–25 and \$35.5 billion in 2025–26.

Telehealth has been the most significant reform to Medicare since its creation. Providing Australians with improved access to health services through telehealth is one of the most significant achievements of our Government and is the key landmark reform within the *Primary Health Care 10 Year Plan*. The rapid adaptation to telehealth and the positive response from medical practitioners and patients has been phenomenal. Since March 2020, more than 100 million telehealth services have been delivered to 17 million Australians across the country.

The Government is ensuring that the Medical Benefits Scheme (MBS) continues to deliver wide ranging support for clinical best practice treatments and therapies, by adding and amending Medicare subsidy items in line with the MBS Review Taskforce recommendations, and recommendations from the Medical Services Advisory Committee. In the 2022–23 Budget, this investment is worth \$170.6 million, for a range of new and amended MBS items, including:

- \$81.2 million to make Mackenzie’s Mission for genetic carrier screening a universal and permanent part of our health care system. This includes genetic testing for cystic fibrosis, spinal muscular atrophy and fragile X syndrome (FXS) for couples who are planning pregnancy or who are already pregnant.
- \$14.8 million for new and amended items for obstetrics and gynaecology, to help improve health outcomes for pregnant women and ensure the birth of healthy full-term babies
- \$32.6 million for positron emission tomography (PET) for initial ages of patients diagnosed with rare and uncommon cancers
 - Supporting patient access to PET services during radiopharmaceutical supply disruptions, ensuring continuity of treatment
- \$14 million to amend the current MRI of the liver item to include all cancer types that have potentially spread to the liver
- \$10.6 million to amend the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- \$6.6 million for abdominoplasty for the surgical repair of postpartum rectus diastasis (separation of the large abdominal muscles) following pregnancy
- \$2.7 million for six new items for the treatment of varicose veins to enable co-claiming with some other venography items
- \$400,000 for cryoablation for biopsy-confirmed renal cell carcinoma
- \$200,000 to enable cardiac MRI for myocarditis to continue for a further six months
- New items for neuromuscular disorders, including cascade testing for couples and family members to support family planning
- Reviewing and reprogramming of neurostimulators for chronic pain by videoconference
- Remote programming and monitoring new items for deep brain stimulation and cardiac internal loop recorders
- New items for TAVI low risk population and CEP embolic net insertion, and
- New and amended items for melanoma excision.

Additionally, \$3.9 million will help improve access to vital information for clinicians and patients regarding medicines, diagnostic tests, and possible harmful medication interactions through a redesign of Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program. This will consolidate responsibility for this program with the Australian Commission on Safety and Quality in Health Care from 1 January 2023.

Australia’s Primary Health Care 10 Year Plan

Our primary health care system is world class and has been the front line and first point of contact for many Australians, including during the COVID-19 pandemic.

Since committing to the release of Australia’s *Primary Health Care 10 Year Plan*, the Government has implemented \$1.1 billion in primary care measures, with an additional investment of \$632.8 million in this Budget. This brings the total investment in the *Primary Health Care 10 Year Plan* to \$1.7 billion, far in excess of the initial investment objective of \$448 million. Throughout the COVID-19 pandemic, we have committed almost \$4 billion through the COVID-19 primary care response.

This record and ongoing investment is ensuring primary health care can deliver the best contemporary health care, to meet the challenges of today and tomorrow.

The Government is also investing \$56 million to ensure Primary Health Networks (PHNs) can continue to plan, coordinate, support and commission population-based after-hours health care

services, providing an important alternative to access care without presenting to a hospital emergency department.

We are also continuing to provide solid foundations for the introduction of the myGP system, while also supporting the health system to address pressures brought on by the rapid spread of the Omicron variant of COVID-19. \$23.8 million is being committed in new programs including:

- \$15.4 million for the Practice and Workforce Incentive Programs (PIP and WIP) to retrospectively include COVID-19 telehealth items in the Standardised Whole Patient Equivalent (SWPE) calculation to ensure general practices are not disadvantaged because they needed to use telehealth services during pandemic lockdowns.
- \$4.9 million to support quality improvement in general practice, such as:
 - \$2 million for Australian Commission on Safety and Quality in Health Care to continue the National General Practice Accreditation Scheme
 - \$1.4 million for the PIP and WIP, allowing additional practices to become accredited and access these payments, and
 - \$1 million to implement the initial recommendations of the national general practice accreditation review.
- \$3 million for the Australian Digital Health Agency to build links between the myGP system and MyHealth Record.

Healthdirect has experienced increased demand during the pandemic and by 2025–26 the number of calls handled by Healthdirect is expected to increase to approximately 1.5 million calls annually. An additional \$12 million will further support Healthdirect's 24-hour phone service, providing accurate, trusted and quality health information and advice. This will allow for Victoria to join the jurisdictions who already access the service.

Dental and oral health is a key part of primary care and the Government is supporting the continuation of the Federation Funding Agreement (FFA) on Public Dental Services for Adults with \$107.8 million, for an additional 12 months, to 30 June 2023.

The Government is continuing its ongoing commitment to palliative care in Australia with an investment of \$7.5 million to trial models to strengthen palliative care services and to improve access to end of life care pathways. It is estimated that between 50 and 90% of the 160,000 people who die in Australia each year would benefit from access to palliative care. This funding for the *Palliative Care Service Navigation Pilot* will also help improve public understanding of palliative care services and increase the type of services which are available.

The Government continues to drive the implementation of a *Primary Health Care 10 Year Plan* as part of Australia's *Long Term National Health Plan*.

10-Year Stronger Rural Health Strategy

The Government is continuing its ongoing commitment to ensure that all Australians can access quality health care services and treatments, no matter where they live, including in regional, rural and remote communities.

We are building on the *10-Year Stronger Rural Health Strategy* within the *Primary Health Care 10 Year Plan*, to focus on improving health outcomes by ensuring there is quality health workforce distributed across the country according to community need.

The *10-Year Stronger Rural Health Strategy* was unveiled in 2018–19 and the Government originally invested \$550 million in the Strategy. This investment is built on through \$296.5 million in the 2022–23 Budget.

We are continuing to improve access to critical and life-saving diagnostic imaging in regional and rural areas, with a \$66 million investment through the deregulation of Medicare funded MRI services.

Removing the current MRI equipment eligibility requirements, which is also known as licencing for MMM 2–7 areas from 1 November 2022, will increase access to subsidised, clinically-necessary MRI services at any comprehensive diagnostic imaging facility that meets quality and safety requirements. It will help put downward pressure on out-of-pocket costs to consumers and reduce the need to travel for these diagnostic scans.

Our Government is continuing to deliver on this commitment through an investment of \$99.3 million, to build training and education opportunities in rural regions. The Government will increase by 80 the number of medical Commonwealth Supported Places available at rural campuses. This will give more rural Australians the opportunity to study and become a doctor in rural areas.

As part of our commitment to support medical training in regional, rural and remote Australia, we are investing \$36.2 million to establish two new University Departments of Rural Health (UDRH) in the South West (Edith Cowan University) and Goldfields (Curtin University) regions of Western Australia. We are also investing \$14.8 million to support Charles Sturt University to deliver a Rural Clinical School. We are also continuing support for the National Rural Health Students Network of Rural Health Clubs with \$2.1 million over four years.

This will further expand the Rural Health and Medical Training (RHMT) program, which currently has a national network of 19 Rural Clinical Schools, 17 UDRHs and 26 hubs. This expansion will see more than \$152.5 million invested in both medical and health education and training by our universities across regional Australia over the next four years.

The Government is also providing \$1 million as a matching co-contribution for the Bullwinkel Scholars, establishing 21 scholarships through the Australian College of Nursing, which will support nurses seeking to further their professional development in leadership.

We know that workforce pressures in aged care are felt strongly in regional and rural Australia, but senior Australians in our small towns and rural communities shouldn't be forced to leave their communities to find appropriate aged care.

The Government has committed \$14.3 million to expand the RHMT Program in aged care to an additional five locations in the Northern Territory, Victoria, New South Wales and remote Queensland, enhancing the quality of aged care services in rural and remote areas. This will create additional opportunities for nursing and allied health students and Aboriginal and Torres Strait Islander students to pursue a health workforce career and ease workforce pressure in the bush.

The Government will further improve access to GP workforce distribution programs and incentives following consideration of the recommendations of the Review of the DPA Classification System.

This will include a review of the Modified Monash Model, an update to GP catchment boundaries, and an annual recalibration of the DPA calculation to ensure it accurately reflects on-the-ground GP service access circumstances.

We are also investing a significant \$56.8 million for aeromedical services, which ensure people in rural and remote Australia can access health services, regardless of where they live. Aeromedical services provide critical health and medical services to millions of Australians, the iconic Royal Flying Doctor Service (RFDS) services approximately 6.5 million square kilometres or 85% of the nation's landmass, and many of the smaller outlying islands.

The RFDS is an integral and iconic part of Australia's rural and remote health landscape, and a new 10-year strategic agreement will further support the RFDS with \$33.3 million in additional funding for their ongoing work delivering services in rural and remote locations. This will take the Government's funding contribution to the RFDS to more than \$991.7 million over the next 10 years.

The Government is also investing \$18 million to guarantee rescue services and emergency aeromedical services through CareFlight. This funding will expand aeromedical support to remote Aboriginal and Torres Strait Islander communities in the Top End region of the Northern Territory. A funding arrangement with the Northern Territory Government will be required for the ongoing maintenance and operational costs of the aircraft.

In addition, \$4.1 million is being provided for Little Wings to deliver aeromedical transport services for seriously ill children across rural New South Wales, with a further expansion of services planned into the ACT and Queensland.

We are also supporting outreach health and medical services to regional, rural and remote areas of Queensland through a \$17.2 million investment in Heart of Australia. This will support five mobile clinics to continue to travel to 32 communities, delivering diagnostic, treatment and follow-up care services, including cardiology, endocrinology, sleep medicine, psychiatry, geriatric medicine, immunology, general medicine, neurology, gastroenterology and gynaecology. In 2022, Heart of Australia will also commence providing CT and x-ray services.

Improving access to medicines

Since 2013, the Coalition Government had approved more than 2,800 new or amended listings on the PBS. This represents an average of nearly one each day - at an overall investment by the Government of around \$15 billion to date.

New and amended listings to the PBS are recommended by the independent Pharmaceutical Benefits Advisory Committee and are informed by research and expert analysis to provide health and wellbeing improving and life-saving benefits to Australian patients.

We are investing \$2.4 billion for new and amended listings on the Pharmaceutical Benefits Scheme (PBS) including treatments for breast cancer, cystic fibrosis, severe eczema, asthma, human immunodeficiency virus (HIV) infection and heart failure.

This funding draws from the strength of the strategic agreements between the Government with Medicines Australia and the Generic and Biosimilar Medicines Association, and the commitment of the *New Medicines Funding Guarantee* in the 2020–21 Budget to meet the cost of future new and amended medicines listings.

New listings from April 2022 –

- Trikafta®, the combination product of elexacaftor/tezacaftor/ivacaftor and ivacaftor for the treatment of cystic fibrosis, helping an average 1,900 Australians reduce their out of pocket costs by around \$250,000 a year.

New listings from May 2022 –

- Zolgensma® (onasemnogene abeparvovec) for the treatment of spinal muscular atrophy in children less than nine-months old with type 1 SMA or pre-symptomatic patients with 1-2 copies of the SMN2 gene, which will save families of an average of 20 patients each year more than \$2.5 million per treatment.
- Trodelvy® (sacituzumab govitecan) for the treatment of triple negative breast cancer, which will save an average of 580 patients each year \$80,000 per course of treatment.
- Ofev® (nintedanib) for use in the treatment of progressive fibrosing interstitial lung disease, which will save more than 1,400 Australians around \$40,000 a year.

The Government has already listed the COVID-19 treatment molnupiravir (Lagevrio®) on the PBS, which is now available on prescription to help prevent vulnerable Australians from developing more severe COVID-19, preventing hospitalisations and saving lives.

As a cost of living measure, the Government is investing \$525.3 million to lower the PBS safety net thresholds from 1 July 2022 by the equivalent of 12 fully priced scripts for concession card holders and the equivalent of approximately two fully priced scripts for non-concessional patients. This is expected to benefit over 2.4 million people.

For concessional patients, the safety net threshold will be lowered by 25% from \$326.40 to \$244.80 - an \$81.60 reduction for concessional patients. This means when a concession card holder reaches the safety net threshold, after 36 full priced concessional scripts, they will receive PBS medicines at no charge for the rest of the year.

For general patients, the general safety net threshold will reduce from \$1,542.10 to \$1,457.10 - an \$85 reduction for non-concessional patients, which means that after the equivalent of about 34 full priced general co-payments, general patients pay only the concessional co-payment of \$6.80 per PBS script for the balance of the year.

We are also investing \$38.2 million to replace a range of medication stocks within the National Medical Stockpile (NMS) as they approach their expiry date. The NMS maintains critical supplies of medication, which can be deployed in the event of a natural disaster, accident, or terrorist attack. It will also allow the purchase of influenza treatments to ensure continued preparedness for the coming flu season.

Indigenous Health

The Government is investing more than \$4.6 billion to prioritise and improve health outcomes for Aboriginal and Torres Strait Islander people. This health investment and our Government's priority reforms follow the priorities and objectives of the *National Agreement on Closing the Gap*.

Aboriginal and Torres Strait Islander people, along with all Australians, will benefit from the Government's overall investment of \$537 billion across the entire Health portfolio. However, specific health initiatives and funding to benefit Aboriginal and Torres Strait Islander people include:

- \$13.9 million towards the Puggy Hunter Memorial Scholarship Scheme, which will support 300 Aboriginal and Torres Strait Islander undergraduate students in health-related disciplines with full time scholarships worth up to \$15,000 each per year and part time scholarships of up to \$7,500 each per year
- \$8.6 million to establish the *National Closing the Gap Policy Partnership on Social and Emotional Wellbeing* to maintain momentum in reducing the devastating impact of mental ill-health and suicide on Aboriginal and Torres Strait Islander people, families and communities

- \$5.9 million to support priority populations, in particular Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse background (CALD) communities, to catch up on missed health screening opportunities, and
- \$2.4 million, as part of the \$16.6 million to support local mental health services in response to the 2022 East Coast floods, for local Aboriginal Community Controlled Health Organisations to deliver culturally appropriate, locally-designed mental health services in impacted communities.

Digital Health

The Government is investing \$72 million to modernise Australia's health system, including delivering innovative new methods to provide care, and continuing the momentum for embracing new technologies through the Health Delivery Modernisation Program.

We are also investing \$64.5 million for the 2018–2022 *Intergovernmental Agreement on National Digital Health* (IGA). This ensures interoperability within Australia's national digital health infrastructure, to deliver improvements to health system quality and safety, accountability, transparency and patient-centred healthcare.

The Australian Institute of Health and Welfare (AIHW) will invest \$2.9 million to continue to safeguard national health data critical to informing the Government's *Long-Term National Health Plan* and improving the health and wellbeing of all Australians.

Supporting our hospitals

The Government continues to provide record investment into Australia's hospital system, including more than \$28.1 billion in the 2022–23 Budget, and an increase of \$9.8 billion since 2021–22 Budget.

When we came in to Government in 2013, hospital spending was just \$13.3 billion. The Coalition's contribution to hospital funding has grown to \$28.1 billion in 2022–23, and our investment will reach \$32.7 billion a year in 2025–26.

In partnership with the Western Australian Government, the Coalition Government is contributing \$375.6 million to establish a Western Australian Comprehensive Cancer Centre to improve access to world-class cancer care and ensure better health outcomes for West Australians with cancer.

The Coalition Government supports keeping private health insurance affordable and meeting the needs of patients. Landmark reforms to the Prostheses List have been secured through a multi-year Memorandum of Understanding with the Medical Technology Association of Australia. This is anticipated to deliver savings of around \$900 million for consumers and the private health insurance system, through significant reductions in prices for medical devices.

The most significant structural reforms in two decades continue to place significant downward pressure on premium changes for Australians. The 2022, premium change, a 2.7% average increase, is the lowest in more than 21 years and the eighth successive decline in premium changes since 2012–13.

This is benefiting the 14 million (or 54.8%) Australians who have private health insurance which is now at a record level, with almost 760,000 Australians having taken up some type of private health over the past six years, including more than 300,000 since January 2021.

To protect the health of thousands of Australians, we are also investing \$5.3 million to extend funding for Commonwealth clinical quality registries (CQRs) for implanted breast, cardiac, pelvic mesh, hip

fracture or shunt device, and for treatment for diabetes or traumatic injury. These registries provide Australia's Therapeutic Goods Administration with important track and trace capabilities.

Australia's Mental Health and Suicide Prevention Plan – Stage 2

The Government will continue to deliver structural reform and real change in mental health and suicide prevention by building on the \$2.3 billion *Mental Health and Suicide Prevention Plan*. With Stage 2 commitments to the Plan in the 2022–23 Budget worth \$648.6 million, the total investment has grown to nearly \$3 billion, including:

- \$336.3 million for prevention and early intervention
- \$344.7 million for suicide prevention
- \$1.8 billion for treatment
- \$149.8 million to support the vulnerable,
- \$290.9 million for workforce and governance

Our investment in the five pillars of the *Mental Health and Suicide Prevention Plan* is helping ensure all Australians have access to high quality, compassionate, person-centred care wherever and whenever it is required.

Prevention and Early Intervention

Our support for prevention and early intervention in mental health will deliver more than \$86.2 million including support for digital and telephone counselling services, which have seen a sharp increase in use by Australians during the pandemic. This includes \$63.6 million, to continue support for digital mental health services, including Lifeline's 13HELP Line.

In addition, the Government is investing \$22.6 million to support mental health and wellbeing in education and home environments, boost service capacity to meet demand, and support further research into youth mental health and suicide prevention. This investment includes:

- \$9.7 million for nationally consistent mechanisms to better manage mental health and wellbeing concerns in schools
- \$1.8 million for the Raising Children Network to support and further develop the Raising Healthy Minds app, which aims to improve the mental health literacy of Australian parents and carers to identify signs of social or emotional problems in their children
- \$3.9 million for evidence-based mental health and suicide prevention research activities and services delivered by the Thompson Institute at the University of the Sunshine Coast, and
- \$3.3 million for the Raise Foundation to deliver its best-practice, early intervention and prevention student mentoring program to vulnerable students for a further two years.

Suicide Prevention

As part of our commitment to work towards zero suicides, we are investing \$46.7 million to strengthen suicide prevention activities in local communities across the country, including:

- \$30.2 million to deploy regional and community-based suicide prevention systems across all PHNs nationally, ensuring that communities have the tools to identify and respond early to emerging issues
- \$10.4 million to fund a Suicide Prevention Regional Response Leader to coordinate early intervention and suicide prevention activities in each of Australia's 31 PHNs, and
- \$4 million to expand on the existing research into suicide prevention by providing a further two years of funding for the Suicide Prevention Research Fund, delivered by Suicide Prevention Australia.

Treatment

The Government is investing \$391.7 million to provide accessible and effective mental health treatment services as part of the *Mental Health and Suicide Prevention Plan – Stage 2*.

The mental health and wellbeing of young Australians is a priority for our Government. To ensure continuity of care for vulnerable young Australians experiencing, or at risk of, psychosis, a further \$206.5 million will be provided for the Early Psychosis Youth Services (EPYS) program, which is delivered by headspace. This includes expanding the program to the ACT and Tasmania, meaning the network will be able to help young people in every state and territory.

We're continuing to invest in improving the quality and coordination of mental health treatment, including by investing \$15.1 million to deliver multidisciplinary support through case conferencing for patients with a mental health or eating disorder. New MBS items will support linkages between a person's general practitioner (GP) or other medical practitioner (OMPs) and other clinicians involved in their care, such as a paediatrician, psychologist, psychiatrist, and allied health professionals. Up to four case conferencing sessions per calendar year will be available for patients with a referral under a Mental Health Treatment Plan, those already accessing MBS-subsidised care under the *Better Access to Psychiatrists, Psychologists and General Practitioners (Better Access) Initiative*, or with a diagnosed eating disorder.

We will also invest \$24.3 million to support critical new and existing treatment services for Australians with an eating disorder. This investment includes \$20 million for specialised treatment services to be delivered in local community settings, supporting innovative and evidence-based models of care tailored to address identified local need.

In addition, \$3.9 million will go towards existing eating disorder services:

- \$1.6 million for the National Eating Disorders Collaboration (NEDC) to develop clinical resources, implementing the National Eating Disorders Strategy, support for clinical workforce development, and providing independent expert advice to Government
- \$1.3 million to the Wandi Nerida residential recovery centre on the Sunshine Coast, and \$1.1 million for the Butterfly Foundation to implement the eating disorder peer workforce project, as well as continuing to advise state and territory governments, and supporting the establishment of community-based residential eating disorder treatment centres.

As part of the Coalition Government's commitment to enhance capacity within the health sector for victim-survivors of family, domestic and sexual violence (FDSV), the Government is investing:

- \$67.2 million (2022–23 to 2025–26) to pilot multidisciplinary care teams in six existing locations delivering trauma-informed mental health therapies designed to meet the needs of victim-survivors, and
- \$20 million (over four years from 2022–23; \$25 million over five years) to the Illawarra Women's Centre to support the establishment of a women's trauma recovery centre.

Other investments in treatments include:

- \$14.3 million to enhance the capacity of new and existing headspace services, particularly in rural and remote Australia, and
- \$1.6 million for YMCA Peninsula Youth Services towards its integrated multi-disciplinary mental health and wellbeing services to young people experiencing mental ill-health in the Southern Mornington Peninsula through the operation of Jimmy's Wellbeing Sanctuary.

The Government is also ensuring that mental health services and treatment are available to support to Australians impacted by natural disasters and other tragic events.

Our investment in helping Australians process these incidents include:

- \$31.2 million in mental health initiatives to support Australians impacted by the recent flood emergency in New South Wales and Queensland
- \$5 million to continue the Head to Health Pop Up clinics in NSW until 31 December 2022
- \$4 million to the Black Dog Institute to establish a new *National Mental Health Service for Emergency Service Workers and Volunteers*
- \$946,000 to extend the MBS items for Australians impacted by the bushfires for a further six months until 30 June 2022
- \$800,000 to provide for mental health support to Tasmania's Devonport community including families, children and first responders as a response to the 16 December 2021 Hillcrest Primary School tragedy, and
- \$500,000 to accelerate the provision of headspace services in the Hawkesbury region due to the impact of the recent floods.

Supporting the vulnerable

The Government is investing \$34.9 million to improve access to high quality mental health, suicide prevention, and social and emotional wellbeing services for indigenous and CALD communities.

- \$17.8 million will help deliver dedicated evidence-based mental health support to CALD communities in Australia, this includes:
 - \$10 million in top-up funding for the 26-year *Program of Assistance for Survivors of Torture and Trauma* (PASTT), to continue to meet forecast demand for support to humanitarian entrants and survivors of torture and trauma, and
 - \$7.8 million to ensure Translating and Interpreting Services are available through Primary Health Network-commissioned mental health services, removing a significant barrier to accessing these services for CALD Australians.
- \$8.6 million will help establish the *National Closing the Gap Policy Partnership on Social and Emotional Wellbeing* to maintain momentum in reducing the devastating impact of mental ill-health and suicide on Aboriginal and Torres Strait Islander people, families and communities. The partnership will be co-designed with Aboriginal and Torres Strait Islander people and state and territory governments.
- \$8.5 million will be invested in the Red Dust Program to support culturally appropriate mental health care in remote Northern Territory communities, focused on social and emotional wellbeing, sexual health, relationships, alcohol and other drugs, and Foetal Alcohol Spectrum Disorder (FASD).

Workforce and Governance

The Government is investing \$89.2 million in bolstering the mental health workforce.

To implement the *10-Year National Mental Health Workforce Strategy*, our Government is investing \$60.7 million to build a sustainable, skilled, supported and equitably distributed workforce to deliver mental health care to meet Australia's current and future needs. This includes:

- \$28.6 million to sustain growth in the psychiatry workforce, including support of up to 30 additional training posts and supervisors from 2023 to 2026, with a salary contribution similar to the funding through the Specialist Training Program
- \$18.3 million to optimise the existing workforce through developing and piloting the National Mental Health Pathways to Practice Program
- \$6 million to enhance workforce capabilities, including a free national support line for GPs to access clinical advice and support from psychiatrists
- \$2.2 million to support the mental health of the health workforce, including the Hand-in-Hand program and the Black Dog Institute's The Essential Network

- \$904,000 to establish a mental health workforce strategic coordination and distribution mechanism to coordinate activity between governments, industry and across sectors, and
- \$725,000 for data, planning, monitoring and evaluation and to address gaps in mental health workforce data, and
- \$409,000 to reduce stigmatising attitudes and behaviours towards people with mental ill-health and promote mental health workforce for secondary and tertiary students

The Government is also providing \$4.2 million to support headspace centres in regional, rural and remote areas to attract and employ GPs, enabling headspace services to deliver the complete model of enhanced primary care.

Preventive health

Preventive health is critically important to ensuring Australians are healthy, reversing the increase of preventable chronic conditions, strengthening our response to infectious diseases, and helping children with chronic conditions transition to adulthood and lead their best lives.

The *National Preventive Health Strategy 2021–2030* is key to achieving a healthier Australia by 2030 through more physical activity, better nutrition, and reducing the use of alcohol and other harmful drugs. Our Government is providing \$30.1 million to continue delivering the Strategy, with a focus on increasing physical activity and improving nutrition.

The next steps in implementing the Strategy include:

- establishing evidence for a preventive health program connecting patients from primary health care to local, community-based services
- continuing the Royal Australian College of General Practitioners (RACGP) Healthy Habits program, assisting GPs to support patients taking positive lifestyle changes
- continue core activities under the 5 National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies 2018–2022, to eliminate HIV, viral hepatitis and STIs as public health threats by 2030
- continuing the Asthma Management Program
- enabling the Heart Foundation to build on their successful walking initiatives to increase physical activity and participation among at-risk groups
- update the *Australian Physical Activity Guidelines* to integrate 24-hour movement behaviours including physical activity, sedentary behaviour and sleep
- develop a whole-of-government *National Nutrition Policy Framework* to identify, prioritise, drive and monitor healthy eating in Australia, and
- supporting a feasibility study to examine unhealthy food and drink advertising to children.

The Government will also provide a grant worth \$5 million to the Jreissati Family Pancreatic Centre at Epworth and complements investments in pancreatic cancer through the Pancreatic Cancer Roadmap and the MRFF. The funding will support efforts to seek ways to detect pancreatic cancer early and to improve treatment options. It will also help foster national and global collaborations and sharing of expertise and resources in the understanding and treatment of pancreatic cancer.

The Government is providing \$28.1 million to commence work to establish Genomics Australia to support the implementation of genomics as a standard of healthcare in Australia.

Genomics Australia will lead the integration of genomics into our health system, to capitalise on the fundamental improvements it can make to the diagnosis of a range of illnesses, from cancer and diabetes to rare diseases. It is also the foundation of personalised medicine, allowing clinicians to

tailor treatment to the patient to use medicines, which genetic analysis shows are going to be more effective or efficient forms of treatment.

The Government is also increasing the focus on allergies and anaphylaxis with an investment of \$26.9 million to improve prevention, diagnosis, treatment and management of allergic diseases, as well as support and advice for sufferers and their families.

Health and safety for Australia's women and girls

We are investing more than \$333 million to ensure that women and girls in Australia can continue to thrive – physically, mentally, socially and economically.

The funding will strengthen health services available to women and girls, through a range of new and continuing initiatives, including a focus on endometriosis, cancer screening and treatment, and sexual, maternal and reproductive health:

- \$58 million to support women experiencing endometriosis, a painful and debilitating condition which affects around one in nine Australian women
- \$1.6 million to establish a National Women's Health Advisory Council to have responsibility for the monitoring and reporting on implementation of the *National Women's Health Strategy 2020–2030*, and
- \$500,000 towards the Her Heart Hub and cardiovascular health conference to address rising rates of cardio-vascular disease risk among women.

The Government is prioritising women's safety with a range of measures as part of the *National Plan to End Violence against Women and Children 2022–2032*. Women and girls who have experienced intimate partner violence and/or sexual violence have poorer health and mental health, our Government has committed \$137.6 million for targeted measures to address these health outcomes and support women's recovery, including:

- \$67.2 million for the Trauma-informed Recovery Care pilot program, to trial a national model of care through PHNs to improve coordination and access to specialised, multidisciplinary recovery services
- \$48.7 million to support people who have experienced family, domestic and sexual violence to navigate the health system and access services. This will enhance and expand primary care models in all states and territories and to extend six existing pilot sites in Brisbane South, Central and Eastern Sydney, Nepean Blue Mountains, North Western Melbourne, Hunter New England and Central Coast, and Western Victoria for two years
- \$25 million over five years to support the Illawarra Women's Health Centre to establish a women's trauma recovery centre, and
- \$1.7 million to address the impacts of female genital mutilation/cutting (FGM/C), including a competitive grant opportunity for community-led approaches for the prevention of FGM/C and support for the Multicultural Centre for Women's Health to establish a Community of Practice, mapping the health workforce supporting survivors of FGM/C across the nation.

The Government is also investing \$1 million to address the core issues impacting the lives and livelihood of men, as part of our commitment to improving the long-term health outcomes for all Australian men and boys, including:

- \$700,000 for clinical guidelines to promote early detection and treatment of prostate cancer, and
- \$300,000 for a gap analysis to better inform future investment needs and priorities for male health.

Post-COVID-19 Preventive Health

As we move to living with COVID-19, it is important that Australians refocus on their overall health. We are investing \$55.7 million to encourage Australians to resume having their regular health checks, diagnostic screening, and other preventive health activities. This investment includes:

- \$10.2 million for a cervical cancer screening campaign promoting the rollout of self-collect tests
- \$10.2 million for a colonoscopy triage nurse pilot to help improve colonoscopy access
- \$9.7 million for short term surge capacity for BreastScreen Australia
- \$5.9 million for rapid cervical screening testing and follow-up, including Aboriginal Torres Strait Islander communities, and
- \$4.1 million for a pilot of non-medical healthcare provider delivery of cervical screening.

Part of this funding will also remind Australians to refocus on their overall health with a new \$15 million communication campaign encouraging people to stay up to date with their health checks and to encourage continued uptake of telehealth.

CALD communities played an important role during the COVID-19 pandemic, ensuring their communities received relevant health messaging and encouraging them to get vaccinated. The Government is investing \$10.6 million to establish a CALD Health Advisory Group, which will leverage engagement with CALD communities into important health messaging.

Addressing alcohol and other drugs

To ensure the *National Ice Action Strategy* (NIAS) can continue to provide ongoing support to Australians in need, we are investing \$343.6 million in the NIAS alongside the delivery of critical drug and alcohol treatment services, prevention programs and research activities.

We are also expanding the national Take Home Naloxone (THN) program through a \$19.6 million investment which is making the opioid overdose-reversing medication available at no cost and without a prescription, in all Australian states and territories. This will remove any barrier from securing this life saving medication for anyone who may suffer, or witness, an opioid overdose.

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 Government will invest \$9.2 million to help build safe and healthy communities by reducing the impact of drug and alcohol misuse. This includes providing certainty of funding through an extension of four alcohol and other drug (AOD) treatment services:

- Alcohol and Drug Foundation (ADF) - Good Sports program
- ADF – Reducing harm from illicit drugs through support for families
- Hello Sunday Morning (HSM) – Daybreak program, and
- SMART Recovery – online platform.

Sport

Consistent investment in sport under the Australian Government's National Sport Plan, *Sport 2030*, promotes a strong economy and healthy communities. The social connections provided by sport brings Australians together, contributing to improved health and wellbeing outcomes in line with the *Long Term National Health Plan*.

Sport will be a particular focus for our nation over the coming ‘green and gold decade’ as together we race towards the Olympic and Paralympic Games in Brisbane in 2032. The Government is ensuring its support will help grow our reputation as the pre-eminent sporting host nation in the world.

Our Government is committed to supporting the delivery of the Rugby World Cup 2027 and Women’s Rugby World Cup 2029, which Australia is bidding to host. If successful, this will add rugby alongside top flight road cycling, basketball, football, cricket and netball events we will host in the next 10 years.

Similarly, the Government has also offered support for staging the Commonwealth Games in Victoria in 2026. The bid is currently underway to bring the Games to Australia for a sixth time and the second time in eight years, following the successful 2018 Commonwealth Games in the Gold Coast, Queensland.

The Government is investing \$10.7 million to maximise social, economic and sporting outcomes from the green and gold decade of major sporting events, and leveraging significant legacy initiatives.

- \$10.5 million for legacy programs to drive increased community engagement, gender equality and physical activity participation through upcoming major sporting events, including:
 - \$4.4 million for ICC T20 Men’s World Cup 2022 legacy measures
 - \$3.1 million for FIFA Women’s Football World Cup 2023 legacy measures, and
 - \$2.6 million for FIBA Women’s Basketball World Cup 2022 legacy measures, and
 - \$400,000 for the World Transplant Games 2023.

Our Government will also provide funding support, worth \$10.6 million to Paralympics Australia to prepare and support the Australian Paralympic Team for the Paris 2024 Paralympic Games.

We are also investing \$10.3 million to promote and create leadership, safety, and long term employment opportunities for women and girls in sport to increase workforce diversity across the sector and reduce female underrepresentation in sport. The measures supporting these outcomes are:

- \$6.3 million to fund an expanded Women Coaches Program to identify, develop and empower more than 200 women coaches per year from grassroots to elite, and
- \$4.1 million for Community Sport Leaders, to implement women’s leadership programs at the community level.

The Government is investing \$79.6 million in the extension of the Sporting Schools program for an additional two calendar years, to support children, young people, and their parents to reconnect with sport in a safe and healthy way. The program reaches around 2.2 million students per year.

Australia is a sport loving nation, and our Government is supporting proven and successful sports participation programs delivered by the Australian Sports Commission (ASC), including:

- \$10.3 million for national sport participation programs targeted at populations currently physically inactive or individuals who have ‘dropped out’ of sport
- \$3.4 million to continue the AusPlay survey, tracking the sport and physical activity behaviours of all Australians, and
- \$2.8 million for the ongoing development of the National Sport Injury Database.

To ensure Australian sport maintains its renowned status as fair and clean, we are investing \$27.2 million per year in funding sport integrity measures including:

- \$19.7 million to allow to enable Sport Integrity Australia to continue ensuring sport in Australia is both safe and fair with a focus on the National Integrity Framework, anti-doping measures, match fixing regulations and education of sport participants, and

- \$7.5 million to enable the Australian Sports Drug Testing Laboratory to conduct expert analysis of samples collected through Sport Integrity Australia's anti-doping authority.

Life-saving and job-creating medical research

The Government is investing \$6.8 billion in medical research to drive world-leading research, which will improve health outcomes, as well as creating jobs and economic growth.

This investment is being provided through three funding sources:

- \$3.7 billion for the National Health and Medical Research Council (NHMRC)
- \$2.6 billion for the Medical Research Future Fund (MRFF)
- \$500 million for the Biomedical Translation Fund (BTF)

The MRFF 10-year investment plan

Our \$20 billion MRFF is underpinned by a 10-year investment plan and our Government will continue to build on our unprecedented support for health and medical research by investing \$6.3 billion from 2022–23 to 2032–33 in the update of the *Medical Research Future Fund 10-year investment plan*.

This long-term commitment will include new funding of \$384.2 million to support Australia's upcoming early to mid-career researchers, to keep them engaged with the sector and working on our greatest health challenges.

This initiative will particularly assist women in research, who are often the most disadvantaged, especially those who also have primary caregiving responsibilities. Other areas of investment focus include a further:

- \$478 million for preventive and public health research
- \$374.4 million for clinical trials
- \$240 million for medical research commercialisation, and
- \$70 million for primary health care research.

The Government is providing \$303.5 million in new MFF grants and funding opportunities to assist researchers around the country to tackle health problems including dementia, the wellbeing of Indigenous mothers and their babies, and cancer.

The Government is also extending the period in which the BTF can make initial investments until 30 June 2026. The BTF assists projects with the commercialisation of new health and medical technologies, taking discoveries and delivering real-world applications.

Unveiling a new biotechnology strategic plan

The Government is also announcing the *Biotechnology in Australia – Strategic Plan for Health and Medicine* to support the development of a vibrant and thriving biotechnology sector in Australia.

Biotechnology, or technology based on biology, is one of the most promising developments of our times. Modern biotechnology is contributing to many areas of society, and in health it is creating medicines and technologies that can combat debilitating and rare diseases.

Ageing and Aged Care: Respect, Care and Dignity

The Government has completed the first year of reforms in response to the Aged Care Royal Commission, as called for by the Coalition, and is now entering the second of the 5-year reform program, across the five pillars of home care, residential aged care services and sustainability,

residential aged care quality and safety, workforce, and governance. Ultimately aged care will be delivered with respect and care, ensuring the dignity of our senior Australians.

The 2022–23 Budget includes an additional \$522 million in aged care to further the work, bringing the total investment to \$18.8 billion.

Since 2012–13, the investment in aged care has grown by 161%, from \$13.3 billion reaching a record \$34.7 billion in 2025–26.

In the 12 month since our Response to the Royal Commission, more than 50,000 senior Australians received a Home Care Package for the first time, growing the number of people accessing a package to almost 218,000. In 2022–23 another 40,000 new Home Care Packages will be released, while the waiting time for a package has reduced by 25% in the year to September 2021.

An additional \$5.4 million will allow consultation and development of the new Support at Home program, enabling the design of a fit-for-purpose regulatory framework for the program, in consultation with the sector.

We are investing \$20.1 million to ensure our aged care funding and pricing model enables providers to prioritise care and support for senior Australians living in RACFs. This funding will support the transition from the current funding model, the Aged Care Funding Instrument (ACFI), to the new AN-ACC model in October this year.

\$22.1 million will deliver a Multidisciplinary Outreach Services trial, which will offer hospital-led access to specialists and other health practitioners for residents of RACFs. The funding will also help establish the way for a national rollout, and support greater involvement of the states and territories in providing these services.

The Morrison Government will improve medication management and safety for aged care residents by investing \$345.7 million for on-site pharmacists and community pharmacy services in government-funded residential aged care facilities (RACFs).

To support a surge workforce for the Aged Care Quality and Safety Commission, \$21.6 million will be provided to ensure services adhere to the Aged Care Quality Standards. This will assist the Commission to undertake residential aged care audits, increasing quality and safety assessments.

Our Government is investing \$10.8 million in the Cross-Agency Taskforce on Regulatory Alignment to progress alignment of regulation across the care and support sector – aged care, disability supports, and veterans' care. This will improve the quality and safety of care and support services, reduce duplication of obligations, and enable providers and workers to operate more seamlessly across the sector.

We are committed to continuing to improve the workforce and delivery of quality care across the aged care, disability and veterans' care sectors. An investment of \$32.8 million will also ensure:

- barriers to clinical placements in the care and support sector are addressed, attracting 5,250 more nurses, and
- The RHMT Program is expanded to create strong links and collaborations with rural and remote aged care facilities and communities, including a focus on greater opportunities for Aboriginal and Torres Strait Islander students to pursue a career in aged care.

More than 15,000 additional low fee and free training places will be made available in aged care courses from 1 January 2023 with a \$48.5 million investment over two years as part of the JobTrainer Aged Care Boost.

Our Government is also providing \$6.9 million for a staged rollout of the national Co-operative and Mutual Enterprises (CME) Support Program, increasing the number of CMEs across the Australian social care sector, including the aged, mental health, disability and veterans' care sector. This will:

- develop sustainable and coordinated approaches in growing a skilled workforce
- support the start-up of 6-7 CMEs that will delivery care services in areas of need, and
- deliver up to six additional projects to help grow existing CMEs.

An investment of \$6.1 million will continue the initial rollout a regional stewardship model of governance for aged care, to ensure local providers, seniors and workers all have an accessible pathway to raise issues and needs during policy development.

COVID-19 response

As Australia transitions to living with COVID-19, our Government continues to invest strategically in vaccines, medicines, equipment, and health services to protect Australians from the worst impacts of COVID-19.

Since the pandemic began in 2020, we have invested more than \$45 billion to protect Australians, to prevent the spread of the virus, and to care for those affected by it.

In response to the continuing impacts COVID-19 and in preparing for winter with the additional expected impact of influenza, the Government is extending the health response to the pandemic, with an investment of more than \$4.2 billion.

The largest proportion of the \$4.2 billion investment will go to supporting the states and territories as their frontline health and hospital systems respond to the ongoing challenges COVID-19 presents.

Through the standing *National Partnership on COVID-19 Response*, we are providing \$1 billion to continue supporting the health system, including public hospitals and allow for catch-up elective surgery. Through this Partnership the Commonwealth is contributing:

- 50% of costs to test, diagnose and treat people with COVID-19
- 50% of the costs for each COVID-19 vaccine dose
- 50% for additional costs to set up state and territory vaccination sites, and
- Aged Care Response – 100% of costs incurred from 1 July 2020 to support states and territories to deliver infection prevention and control training for COVID-19 preparedness in RACFs.

More than \$1.1 billion will go to securing additional personal protective equipment (PPE) for the NMS. Supplies of facemasks, face shields, gloves, gowns and goggles have been secured to assist in outbreak management, particularly at RACFs and other frontline health service sites.

COVID-19 vaccines

Vaccination against COVID-19 remains the most effective way to prevent severe disease, hospitalisation and death.

To date, more than 56 million COVID-19 vaccine doses have been administered around Australia and more than 95% of our population over the age of 16 (more than 19.9 million) have had at least one dose.

The Government is investing more than \$1 billion over two years to ensure continued access to safe and effective vaccines for all eligible people.

An investment of \$690.4 million will see the vaccination program continue until the end of 2022, and ensure we are well prepared should medical advice recommend additional population groups be vaccinated, such as children aged zero to four-years.

COVID-19 Treatments

The Government continues to ensure that people with COVID-19 and their treating physicians have effective and proven treatments available.

Supplies of sotrovimab (XEVDY®), RONAPREVE®, PAXLOVID®, and molnupiravir (Lagevrio®), EVUSHELD®, and remdesivir (VEKLURY®) have and will be added to the NMS and are already being distributed to help with COVID-19 treatment, and prophylaxis prevention in severely immunocompromised people.

Responding to COVID-19 in aged care

Protecting vulnerable Australians from the COVID-19 pandemic remains a critical priority for the Government. We are providing \$436.1 million to continue the significant support for our aged care system to address COVID-19. This includes:

- \$215.3 million to provide eligible aged care workers with bonus payments worth up to \$800, in recognition of their commitment and hard work during the COVID-19 pandemic
 - This support includes those delivering home care and residential direct care, food or cleaning services and brings the total Aged Care bonus payments throughout COVID to \$657.5 million.
- \$124.9 million to extend the Aged Care Preparedness Measure assisting providers to manage COVID-19 if they experience an outbreak, and those providers affected by the east coast floods, and
- \$37.6 million to support more aged care nurses to access infection prevention and control (IPC) leadership training, ensuring our nurses remain a strong foundation for response to COVID-19 outbreaks in RACFs.

Our Government is also helping ensure that RACFs are better placed to distribute vaccinations, such as the seasonal influenza jab or COVID-19 vaccine, with an investment of \$50.4 million. This will provide 4,000 training places for Registered Nurses (RNs) in RACFs to become Authorised Nurse Immunisers.

COVID-19 Testing

As Australians live with COVID-19 it is increasingly important that we are able to identify cases in our communities, our homes, workplaces, schools and other social settings. Early identification of a COVID-19 case means individuals can take steps to prevent further spread.

COVID-19 testing continues to inform the Australian response to the pandemic and underpins much of our public health response through positive case isolation. Our Government is continuing its investment in COVID-19 pathology testing with a further \$546 million for MBS items to conduct polymerase chain reaction (PCR) tests.

Rapid antigen tests (RATs) play an important role in detecting the virus, managing public health and safety, protecting vulnerable Australians and minimising disruptions to daily life, particularly as we live with COVID-19.

Our Government is ensuring equitable access to rapid antigen tests (RATs), increasing number of free RATs for concession card holders to a maximum of 20, from participating community pharmacies.

We are also securing additional supplies of RATs for RACFs, Aboriginal Community Controlled Health Services (ACCHS), general practice-led respiratory clinics (GPRCs), and Supported Independent Living (SIL) residential disability care. This funding also helps secure RAT supplies for a strategic reserve within the NMS.

To support testing access for our school kids, we are providing free RATs for children in government and non-government schools and Early Childhood Education and Care. The program provides two RATs per week over four weeks for COVID-19 surveillance testing of students, teachers and staff and is funded through a 50/50 split by federal, state and territory governments.

COVID-19 Primary Care Response

The Government is investing \$13.6 million to provide access to pulse oximeters and extended distribution arrangements for PPE from the NMS to general practice, community pharmacy and other primary health care settings to support the safe management COVID-positive people, with a particular emphasis on strengthening the supply chain for rural and remote practices.

Additionally, over \$500,000 will be invested to support GPs to continue to provide face to face care to COVID-19 patients in the community where additional PPE may be required.

An investment of \$248.1 million will extend the operational timeframe for the GPRC Program, and network of up to 150 GPRCs across Australia until 30 September 2022. These GPRCs will continue to provide assessment and management of respiratory symptoms for patients, including those that are COVID-positive. To date, GPRCs have serviced 2,497 postcodes nationally, covering 99.8% of the population.

A further \$43.3 million will go to support the Remote and Indigenous Response to COVID-19 and continue the transition to living with COVID-19.

The COVID-19 Primary Care response continues to be underpinned by universal access to telehealth, which was made permanent by the Government in the 2021–22 Mid-Year Economic and Fiscal Outlook.

STATEMENT ENDS

Guaranteeing Medicare and Access to Medicines

Permanent Universal Telehealth - \$512 million to date

- ▶ Over 100 million services to date since March 2020

Primary Health Care 10 Year Plan - \$1.7 billion total, \$632.8 million new

- PHN After Hours Services extension (\$56m)
- Healthdirect Australia – increased support (\$12m)
- Improving Access to Allied Health Services (\$3.9m)
- Adult Public Dental NPA and National Child Oral Health Study (\$108.5m)
- ▶ 10 Year Stronger Rural Health Strategy (\$296.5m)
 - Deregulation of MRI MBS Services for Australians in Regional, Rural and Remote areas (\$66m)
 - Improving access to Maternity Services in rural and regional Australia (\$1.2m)
 - Expansion of funding for University Departments of Rural Health and a Rural Clinical Charles Sturt University (\$53.1m)
 - More rural medical Commonwealth Supported Places (\$99.3m)
 - Aeromedical and outreach funding (\$74m), including guaranteeing funding for the Royal Flying Doctor Service 10 Year Strategic Agreement (\$33.3m)

Guaranteeing Medicare – \$133 billion

- ▶ MBS New and Amended Listings (\$170.6 m)
 - Making Mackenzie's Mission a permanent part of our health system with carrier screening for cystic fibrosis, spinal muscular atrophy, and fragile X syndrome (\$81.2m)
- ▶ Intergovernmental Agreement – Digital Health (\$64.5m)
- ▶ Health Delivery Modernisation (\$72m)
- ▶ MBS continuous review mechanism (\$7.5m)

Improving Access to Medicines – \$45.5 billion investment over 4 years

- ▶ \$2.4 billion additional new and amended PBS listings in this Budget including:
 - Zolgensma® for spinal muscular atrophy (average 20 patients per year, \$2.5m savings for the treatment)
 - Ofev® for progressive fibrosing interstitial lung disease (1,400 patients, saving \$40,000 a year)
 - Trikafta® for cystic fibrosis (1,900 patients per year, saving \$250,000 per person)
 - Trodelvy® for triple negative breast cancer (580 patients per year, \$80,000 savings per course of treatment)
- ▶ \$525.3 million to reduce out of pocket costs by lowering the PBS Safety Net eligibility thresholds for concessional and non-concessional patients
- ▶ National Medical Stockpile, including for vaccines and medicines (\$38.2m)

Prioritising Aboriginal and Torres Strait Islander Health – \$133.5 million over 4 years

- ▶ CareFlight - improved aeromedical services for the Northern Territory (\$18m)
- ▶ Closing the Gap Partnership on Social and Emotional Wellbeing (\$8.6m)
- ▶ Growing the Aboriginal and Torres Strait Islander Care Workforce – Puggy Hunter scholarships (\$13.9m)

Life saving and job creating medical research

10 Year Medical Research Future Fund Investment Plan – \$6.3 billion

- ▶ \$20b Medical Research Future Fund (MRFF) endowment fully established in July 2020
- ▶ Updated MRFF 10 Year investment plan, including Early-to-Mid Career research mission

Ground-breaking medical research and clinical trials – \$6.8 billion over 4 years for MRFF, NHRMC and BTF

- ▶ \$303.5m in MRFF grant and new program openings in 2022
- ▶ \$67.8m in clinical trials for MS, international collaborations and pancreatic cancer

Centres and Networks

- ▶ Establishing Genomics Australia (\$28.1m)
- ▶ Pancreatic cancer, including the Research Centre at Epworth (\$5m)

Research Initiatives

- ▶ Operational costs for Clinical Quality Registries (\$5.3m)
- ▶ AIHW ICT and Data Security (\$2.9m)
- ▶ Biotechnology in Australia – Strategic Plan for Health and Medicine

2022–23 Federal Budget: Health portfolio

Long Term National Health Plan

\$132 billion in 2022–23 for health, aged care and sport

\$537 billion funding for health, aged care and sport over 4 years from 2022–23 to 2025–26

\$34 billion increase in Health portfolio spending over 4 years

- ▶ \$7.3 billion increase in Medicare investment
- ▶ \$9.8 billion increase in Hospitals investment
- ▶ \$10.1 billion increase in Aged Care investment

\$1.7 billion for the Primary Health Care 10 Year Plan

- ▶ \$512 million for Making Universal Telehealth Permanent

\$296.5 million for the 10 Year Stronger Rural Health Strategy

- ▶ Deregulation of Magnetic Resonance Imaging (MRI) (\$66m)

\$6.3 billion for the 10 Year Medical Research Future Fund Investment Plan

\$3 billion for the National Mental Health and Suicide Prevention Plan – Stages 1 and 2

\$333 million for Improving Health Outcomes for Women and Girls

- ▶ Supporting women experiencing endometriosis (\$58m)
- ▶ Investing in women's safety health-related measures (\$137.6m)
- ▶ Making Mackenzie's Mission for carrier cancer screening permanent (\$81.2m)

Emergency Support for Natural Disasters

- ▶ Primary care and mental health for the East Coast floods (\$35.9m)

Ageing and Aged Care

Continuing our response to the Royal Commission into Aged Care Quality and Safety – \$18.8 billion over 4 years

- ▶ 215,289 additional Home Care packages since 2013
 - 163,105 since 2018, which includes 40,000 additional Home Care packages in 2022–23.
- ▶ Improved administration of Medication Management in Residential Aged Care through on site pharmacists and community pharmacy services (\$345.7m)
- ▶ Growing the workforce through training including an additional 15,000 low fee and free training places supported by the JobTrainer Fund (\$48.5m)
- ▶ Strengthening providers through better quality monitoring (\$21.6m)
- ▶ Residential Aged Care Services Sustainability Transition Fund (\$20.1m)
- ▶ Regional Stewardship governance model extension (\$6.1m)
- ▶ Multidisciplinary Outreach Service (\$22.1m)

COVID-19 support for aged care – \$1.4 billion

- ▶ Aged Care Workforce Bonus Payments (\$215.3m in 2022–23, and \$657.5m since March 2020)
- ▶ Extension of the Aged Care Preparedness Grant (\$124.9m)
- ▶ Pathology testing in aged care (\$22.1m)
- ▶ Infection prevention and control (\$37.6m)
- ▶ Training nurses to immunise in aged care (\$50.4m)
- ▶ Ensuring aged care has appropriate personal protective equipment (\$1.09b)

Prioritising Mental Health, Preventive Health and Sport

National Mental Health and Suicide Prevention Plan Stages 1 and 2 – \$3 billion

Prevention and Early Intervention

- ▶ Lifeline support and other digital mental health services (\$63.6m)
- ▶ Development of a national measure of student well-being (\$9.7m)

Suicide Prevention

- ▶ Targeted regional initiatives for suicide prevention (\$42.7m)
- ▶ Additional funding for the National Suicide Prevention Research Fund (\$4m)

Treatment

- ▶ Ensuring continued access to mental health supports for young people with severe mental illness through Early Psychosis Youth Services (EPYS) (\$206.5m)
- ▶ Protecting the mental health of young Australians, including through headspace (\$16.2m)
- ▶ Community-based eating disorder treatment services (\$24.3m)
- ▶ Multidisciplinary coordinated mental health care (\$15.1m)
- ▶ Providing mental health support for Australians impacted by natural disaster and other emergency responses (\$32.9m)
- ▶ Trauma-informed Recovery Care – pilot program (\$67.2m)

Supporting Vulnerable Australians

- ▶ Supporting the mental health of multicultural communities (\$17.8m)
- ▶ Closing the Gap on social and emotional wellbeing policy partnership (\$8.6m)
- ▶ Investing in the Red Dust program (\$8.5m)

Workforce and Governance

- ▶ Implementing the 10 Year National Mental Health Workforce Strategy (\$60.7m)
- ▶ Public sector mental health and suicide prevention capability (\$3.5m)

Preventive Health

- ▶ National Preventive Health Strategy (\$30.1m)
- ▶ Response to the Standing Committee into Allergies and Anaphylaxis (\$26.9m)
- ▶ Prioritising preventive health post-COVID (\$55.7m)
- ▶ Health communications campaign for CALD communities (\$10.6m)
- ▶ Expanding the National Ice Action Strategy (\$343.6m)
- ▶ Reducing Harm from Alcohol and Other Drugs (\$9.2m)
- ▶ Take Home Naloxone National Program roll-out (\$19.6m)

Improving Health Outcomes for Women and Girls – \$333 million over 4 years

Improving Health outcomes for Women and Girls including targeted treatment for:

- ▶ Endometriosis; including Endometriosis and Pelvic Pain GP Clinics (\$58m)
- ▶ Ongoing reporting against the Women's Health Strategy (\$1.6m)
- ▶ Measures to increase stillbirth autopsies or address stillbirth (\$13.7m)
- ▶ Women's Safety – strengthening health system responses (\$137.6m)

Sport and physical activity

- ▶ Major Sporting Events and legacy programs to increase sport participation (\$10.5m)
- ▶ Continuing Sporting Schools for 2 years (\$79.6m)
- ▶ Investing in the integrity of sport in Australia (\$27.2m)

Supporting our hospitals

Ensuring hospital capacity through COVID-19 National Partnership Agreement– \$9.9 billion investment since March 2020

National Health Reform Funding – \$149.8 billion over 5 years

- ▶ The Australian Government is continuing its record level investment in public hospitals with total investment of \$149.8 billion over 5 years
- ▶ Up from \$13.3b in 2012–13 to \$28.1b in 2022–23 and \$32.7b in 2025–26

Building the Western Australian Comprehensive Cancer Centre (\$375.6m)

Private Hospitals and Devices Agreement to further reduce the costs of Private Health Insurance

- ▶ Lowest change in PHI premiums over the past 21 years
- ▶ 6 consecutive quarters of growth in PHI uptake as a percentage of population



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How the 2022–23 Budget is investing in the Primary Health Care 10 Year Plan

This Budget delivers the *Primary Health Care 10 Year Plan* along with an investment in the 2022–23 Budget of \$632.8 million over four years from 2022–23. Since work began on the *Primary Health Care 10 Year Plan* and our intent to provide \$448 million towards it, the Australian Government has implemented \$1.1 billion in primary care measures, placing the total value of investment in primary care reforms to date at \$1.7 billion.

Throughout the COVID-19 pandemic, we have also committed nearly \$4 billion to the COVID-19 primary care response, to keep Australians and our primary care providers safe during this unprecedented global pandemic.

Included in this commitment is total investment to date of \$512 million to make access to telehealth a permanent part of the primary care landscape for all Australians. Since March 2020, around 17 million Australians have utilised over 100 million telehealth consultations.

Primary health care is the front line and first point of contact with the health care system for most Australians. In all geographic areas across Australia and through every stage of life, primary care is central to keeping Australians healthy and well.

The Australian Government's *Primary Health Care 10 Year Plan* provides a strong foundation and framework for strategic reform and investment in patient-centred care, and long term commitment to holistic health care and a future-focused health system.

The Australian Government has an unwavering commitment to continuing to improve our primary health care system, whether care is provided through general practices, Aboriginal Community Controlled Health Services (ACCHS), community pharmacies, allied health services, mental health services, community health and nursing services, or dental and oral health services.

The 2022–23 Budget investment of \$632.8 million includes primary care spending in the following areas:

- Quality improvement in general practice - \$23.8 million
- Access to allied health services - \$3.9 million

- Improved access to primary healthcare services, including After Hours services - \$71 million
- Building on the 10 Year Stronger Rural Health Strategy - \$291 million
- Improving health of women and families - \$74.4 million
- Dental care for adult concession card holders - \$107.8 million
- Supporting our ageing population through primary care - \$28.7 million
- Medical research grants to support clinicians - \$32 million

In addition, the 2022–23 Budget invests in:

- Affordable access to essential health care through Medicare - \$170.6 million
- Prioritising improved care for people with dust-related diseases - \$11 million
- Primary health investment in response to COVID-19 and natural disasters - \$395.2 million

Permanent Universal Access to Telehealth

The COVID-19 pandemic prompted one of the most fundamental changes to Medicare in a generation, through the rapid rollout and phenomenal uptake of telehealth.

The Australian Government is supporting telehealth as a permanent part of Australia's universal health system, through the pandemic and beyond.

More than 100 million telehealth services, worth more than \$5 billion in Medicare rebates, have been delivered since the outbreak of the COVID-19 pandemic in 2020. These services include:

- 84 million general practitioner services
- 7.7 million mental health services, and
- more than 10.9 million specialist consultations and services.

Support is also being provided through emergency telehealth services for Australians in flood-impacted areas of the east coast.

Quality improvement in general practice - \$23.8 million

The Australian Government is committed to investing in quality improvement in general practice. In the 2022–23 Budget this investment includes:

- \$15.4 million of additional funding in 2022–23 for the Practice and Workforce Incentive Programs (PIP and WIP) to include the COVID-19 MBS telehealth items in the Standardised Whole Patient Equivalent (SWPE) calculation from 1 January 2022. This recognises the ongoing commitment from general practice to provide primary care services to their communities during COVID-19, and recognises that telehealth is now a permanent feature of primary care under Medicare.
- \$4.9 million over 4 years from 2022–23 to support quality improvement through general practice accreditation.
- \$3 million in 2022–23 for the Australian Digital Health Agency to build linkages between My Health Record and the myGP system currently being developed by Services Australia.
- \$500,000 over 4 years from 2022–23 to establish and maintain a governance and advisory group for the implementation of the Primary Health Care 10 Year Plan.

Improving access to allied health - \$3.9 million

The Australian Government is investing \$3.9 million over 4 years from 2022–23 to improve access to allied health services in the next tranche of allied health reform activities under the *Primary Health Care 10 Year Plan*.

This includes:

- \$2 million to ensure that privately employed allied health care providers can access the Australian Government's Free Interpreting Services (FIS) to support services to patients with low English proficiency.
- \$0.6 million to fund a scoping study into the supply and demand for Auslan and spoken language interpreter services for people who are deaf.
- \$0.5 million to ensure the future allied health workforce can meet the needs of the community by understanding the barriers to greater adoption of digital health tools, such as My Health Record (MHR) and Secure Messaging.

We know that access to allied health care supports better health and economic outcomes. For allied health care professionals, access to interpreting services, whether into languages other than English or Auslan, can improve the quality of care provided to people from a CALD background or who have a hearing difficulty.

Improved access to primary healthcare services, including After Hours services - \$71 million

The Australian Government is strengthening its commitment to ensure all Australians can access the primary healthcare services they need, when they need them.

This includes:

- \$56 million in 2022–23 to continue support for PHNs to plan, coordinate, support and commission population-based after hours health care services. After hours services provide an important alternative to access care without presenting to a hospital emergency department. The PHNs' role is to commission after hours primary care services where there are gaps, and improve service integration in communities.
- \$12 million additional funding over 2 years from 2023-24 to Healthdirect Australia for its 24-hour phone service, providing accurate, trusted and quality health information and advice. Healthdirect has experienced increased demand during the pandemic and with Victoria joining the service. By 2025–26 the number of calls handled by Healthdirect is expected to increase to 1.5 million calls annually.
- \$3 million in 2022–23 to assist Street Side Medics to continue to provide primary care services to disadvantaged populations and to expand their services to new regions.

Building on the 10 Year Stronger Rural Health Strategy - \$296.5 million

The Australian Government is delivering the 10 Year Stronger Rural Health Strategy and supporting primary health care in regional, rural and remote Australia.

- \$66 million over 4 years to deregulate and expand access to Medicare funded magnetic resonance imaging (MRI) services in regional, rural and remote areas (Modified Monash Model (MMM) 2–7 areas) from 1 November 2022, providing greater access to critical diagnostic imaging services for more regional and rural Australians
- \$99.3 million investment in rural medical education and training, including 80 additional Commonwealth supported places, to allow medical training schools to offer more students, especially those in regional and rural Australia the opportunity to take up medical school education and training

- \$36.2 million investment in two new University Departments of Rural Health, in the South West (Edith Cowan University) and Goldfields (Curtin University) regions of Western Australia. This will deliver 3,000 additional placement weeks per year for up to 500 more health students
- \$14.8 million under the Rural Health Multidisciplinary Training (RHMT) program to Charles Sturt University (CSU) to deliver a Rural Clinical School
- \$2.1 million for National Rural Health Students Network of Rural Health Clubs in universities with a RHMT program
- \$55.5 million for aeromedical services which ensure people in rural and remote Australia can access health services, including primary care and dental clinics, regardless of their distance from other medical services, including:
 - \$33.3 million over 4 years from 2022–23, for the Royal Flying Doctor Service (RFDS) in addition to their current funding of \$84 million per year, to establish a new 10 Year Strategic Agreement and address immediate cost pressures
 - \$18 million over 5 years from 2022–23, to guarantee rescue services and emergency aeromedical services in the Northern Territory through CareFlight, and
 - \$4.1 million for Little Wings to provide aeromedical transport services to sick children and their families.
- \$17.2 million for Heart of Australia to provide 5 mobile clinics travelling across 34 communities in regional, rural and remote Queensland. These services will deliver diagnostic, treatment and follow-up care, including cardiology, endocrinology, sleep medicine, psychiatry, geriatric medicine, immunology, general medicine, neurology, gastroenterology and gynaecology, and in 2022 will commence providing CT and x-ray services.

Improving health for women and families - \$74.4 million

- \$48.7 million over 4 years from 2022–23 to support victims and survivors of family, domestic and sexual violence and child sex abuse to connect to the right care in the health system. This funding will expand the existing Family and Domestic Violence Primary Health Network pilot and establish a pilot in each state and territory to prevent and respond to child sex abuse. The pilots will provide increased support to primary care providers to assist in the early identification and intervention of family, domestic and sexual violence and child sex abuse, and coordinated referrals to support services.
- \$16.4 million over 4 years from 2022–23 to establish 16 endometriosis and pelvic pain GP clinics in primary care settings, improving access to diagnostic, treatment and other support services for women with endometriosis and other conditions resulting in pelvic pain.
- \$5.1 million over 3 years from 2022–23 to develop an Endometriosis Management Plan to support patients in primary care.
- \$4.2 million over 4 years from 2022–23 to continue the Hospital to Home program to provide women and their families who experience stillbirth with intensive individualised support commencing in the hospital and continuing as they transition into the community.

Access to dental care for adult concession card holders - \$107.8 million

- \$107.8 million in 2022–23 to continue support for adult concession card holders to access public dental services. This extension of the *Federation Funding Agreement on Public Dental Services for Adults* ensures that the states and territories provide

additional dental services to public patients. It's estimated this investment will provide services to an additional 180,000 adult dental patients a year.

Supporting our ageing population through primary care - \$29.6 million

Australia has an ageing population and the Australian Government is investing in measures to help us age well and to protect the health of senior Australians, particularly those living in Residential Aged Care Facilities (RACFs).

The 2022–23 Budget includes funding of \$22.1 million for Multidisciplinary Outreach Service trials in RACFs to provide more comprehensive health care with hospital-led access to specialists, allied health professionals, geriatricians and palliative care specialists. This will involve cost share arrangements between the Commonwealth and the states and territories.

The 2022–23 Budget also includes funding of \$7.5 million over 3 years to implement a palliative care patient navigator and care coordinator pilot to strengthen access to palliative care and end-of-life care service pathways and improve understanding of the palliative health care system and the services that are available to patients.

Medical research grants to support clinicians - \$32 million

The Australian Government is providing \$32 million across 14 new grants to assist clinician researchers around the country to tackle health problems identified by clinicians at the coalface of primary care.

The grant funding, awarded through the *2020 Clinician Researchers: Applied Research in Health Grant Opportunity*, comes from the Medical Research Future Fund. Funding includes:

- \$3 million to the University of Melbourne for a project to strengthen the care available for rural children, who currently have limited access to specialist paediatric care. In this project paediatricians and GPs will work together to assess and manage young patients.
- Other funded projects support research on a range of topics including cultural safety in GP consultations for Indigenous Australians, new treatment development for gonorrhoea, intensive physiotherapy following hip fracture to improve patient outcomes, and improving outcomes for preterm infants.

Ensuring affordable access to essential health care through Medicare - \$170.6 million

\$170.6 million is being invested to include new services and amendments to the MBS for a range of new genetic screening, treatments and services for a variety of conditions, including:

- genetic testing to determine carrier status for cystic fibrosis, spinal muscular atrophy and fragile X syndrome (FXS) in people who are planning pregnancy and their reproductive partners, making Mackenzie's Mission for genetic carrier screening universal and permanent.
- new MBS item for pelvic MRI for investigation of infertility, including patients with endometriosis
- reprogramming of neurostimulators for chronic pain
- initial positron emission tomography staging for patients diagnosed with rare and uncommon cancers
- expanded MBS item for MRI of the liver to include all cancer types that have potentially spread to the liver
- abdominoplasty for surgical repair of postpartum rectus diastasis (separation of the large abdominal muscles) following pregnancy
- expanding the MRI age limit to 60-years for patients at high risk of developing breast cancer, and

- obstetrics and gynaecology - including 6 new ultrasound items.

For further information, refer to the relevant fact sheets.

Prioritising improved care for people with dust-related diseases - \$11 million

The Australian Government is investing \$11 million over 4 years, to improve the awareness, diagnosis, and treatment of dust diseases, such as silicosis.

The Australian Government has responded to the *Final Report from the National Dust Disease Taskforce* with the following measures:

- targeted education and communication activities to raise awareness of the risks of working in dust generating industries
- a silicosis care management plan for health professionals and a single centralised hub to provide affected workers and their families with information, support and expert advice
- training for medical professionals to effectively diagnose and manage the treatment of individuals affected by dust diseases, and
- support for the National Occupational Respiratory Disease Registry providing a strategic approach to research into prevention, diagnosis and treatment of dust diseases, and for national monitoring processes.

Primary Health investment in response to COVID-19 and natural disasters - \$395.2 million

The COVID-19 pandemic has been the most significant challenge to Australia's health system in living memory, and primary health care has been central to the response and keeping Australians safe.

The Australian Government has invested nearly \$4 billion in COVID-19 related primary care measures since the pandemic outbreak in March 2020. The 2022–23 Budget includes \$384.4 million for a range of COVID-19 related primary care measures, including:

- \$55 million for the purchase and continued provision of essential Personal Protective Equipment for GPs and pharmacists
- \$23.5 million to extend the National Triage, Assessment and Referral Service provided through Healthdirect
- \$248.1 million to extend the operational timeframe of GP-led respiratory clinics throughout winter and to allow for consideration of longer term arrangements for pandemic response capabilities and management of respiratory diseases in primary care.
- \$7.9 million for Primary Health Networks (PHNs) to deploy medical deputising services, nurse practitioners and practice nurses to conduct home visits to COVID-19 positive patients in RACFs
- \$590,000 to support GPs to continue to provide health care for COVID-19 patients in the community, where additional personal protective equipment (PPE) may be required
- \$6 million to extend the support for Primary Health Networks (PHNs) to coordinate the care for COVID-19 patients in the community
- \$43.3 million to support the remote and indigenous response to COVID-19 and the transition to living with COVID, which includes:
 - \$22.3 million for the Royal Flying Doctor Service's Remote Community Preparedness and Retrieval measure in response to outbreaks and vaccination delivery

- \$10.9 million for critical support for access to COVID-19 services including testing and vaccination supported by Aboriginal Community Controlled Health Services
- \$9.3 million for the Remote Point of Care Testing Program which operates in 150 rural and remote communities.

The Australian Government is also continuing to provide safe and effective COVID-19 vaccines through the Whole of Government COVID Vaccine Administration Partners Program (VAPP) channel and Primary Care Vaccination channels. This includes additional investment of \$6.1 million in 2022–23 to extend two COVID-19 practice incentives.

In addition to these COVID-19 response measures, the Australian Government has provided \$4.7 million to Primary Health Networks to coordinate the primary healthcare response to the recent flood disaster in New South Wales and Queensland.

Why is this important?

Informed by the *Primary Health Care 10 Year Plan*, the Australian Government's investments continue to enhance primary care to deliver the highest quality, best practice health care to all Australians.

The COVID-19 pandemic has tested the capacity and effectiveness of Australia's health systems and despite the challenges, primary care remains a world-class performer for trust, reliability, quality, and affordability. Our 10 year plan is helping to deliver better services, improved access, and treatments and medicines to protect Australians lives, to keep them healthier for longer and to ensure our health care workforce is equipped to meet the challenges of the pandemic head on.

Telehealth continues to deliver some of the most significant improvements in access to and affordability of primary health care. Our Government's investment in digital technology is enabling access to services, particularly in regional and rural areas, where it would previously no be available.

The PHN after hours program is important in filling the gap in delivering primary care outside of regular business hours. This provides care to people when they need it, and reduces the pressure on hospital emergency departments.

Healthdirect and its 24 hour public health information service is a vital part of primary health in Australia. The importance of clear, accurate and trusted health information has been highlighted during the COVID-19 pandemic.

The expansion of Healthdirect to Victorians ensures more people can access reliable, quality-assured health advice at any time of the day or night.

Primary care providers play a significant role in supporting the unique health and wellbeing needs of women, particularly during pregnancy, childbirth and the postnatal period. The Government's continued investment in best practice clinical guidance for maternal health and to implement *the National Stillbirth Action and Implementation Plan* will ensure Australia remains a world leader for positive birthing outcomes.

Family, domestic and sexual violence (FDSV) is the greatest risk factor for the health of women in their reproductive years (18-44 years). It contributes more to the burden of disease (illness, disability and premature death) than any other risk factor including smoking, alcohol and obesity. GPs play an important part in addressing FDSV. They are often the first and preferred point of contact for victims and survivors of FDSV, and can provide a mechanism for early identification and intervention, and a gateway to other support services.

Australia's lower income households have a higher incidence of poor oral health, which can have a significant impact on their overall health and wellbeing, and can contribute to more

significant health problems. We know that the percentage of people who avoid or delay dental care due to the cost has increased over the last decade.

Continuing to invest in the Federation Funding Agreement on Public Dental Services for Adults will ensure that more low income families can access essential oral health care. Public dental service wait times have been reduced from an average of 20 months to 12 months over the span of the FFA.

Our Government has made significant investment in rural health and is building on the 10 Year *Stronger Rural Health Strategy*.

This will be strengthened by reforming the licencing requirements for MRI machines which will encourage diagnostic imaging providers in non-metropolitan areas to invest in new and additional equipment, improving the availability of MRI scans. This will reduce travel and waiting times for diagnostic scans for people in regional, rural and remote areas.

The Australian Government's commitment to aeromedical services like the RFDS through a new 10 year strategic agreement, builds on its existing, ongoing annual investment of \$84 million. It ensures the RFDS remains sustainable and continues to deliver essential health care to Australians in rural, regional and remote communities.

Funding for CareFlight will address the critical needs for rescue capability in the Northern Territory, critical care and trauma capabilities during crisis events, and increased delivery of culturally appropriate care for Aboriginal and Torres Strait Islander communities.

Dust diseases impact workers from a wide range of industries including tunnelling, mining and quarrying, and the engineered stone industry. It is estimated that around 25% of engineered stone workers who have been in the industry since before 2018 are suffering from silicosis or other silica dust related diseases.

Primary care is also vitally important in keeping senior Australians healthy, especially those in RACFs. The Australian Government is supporting access to primary care for those in RACFs with a COVID-19 outbreak, and trialing new ways to provide multidisciplinary care into the future.

Allied health care is an important part of Australia's primary care system, ensuring that people can access supportive care to maintain their health or recover from ill-health.

Migrant and Refugee Health Partnership and Allied Health Professions Australia found that 25% of all interpreting services provided to patients were not by a qualified interpreter. Deferring or avoiding necessary allied health care because of language barriers leads to poorer health and economic outcomes, especially in areas of high migrant and/or CALD settlement.

Allied health professionals have also been found to have relatively low uptake of digital health tools, which are useful for sharing clinical health information.

Primary care has been central to Australia's successful handling of the COVID-19 pandemic, including high rates of vaccination which are the envy of the world.

Australia's GPs, ACCHOs, and community pharmacies have been on the frontline of responding to the pandemic. Continued support from the Australian Government including access to PPE ensure they can continue to do their job safely.

Providing ongoing access to MBS subsidies for COVID-19 vaccinations also means primary health care providers can continue to offer COVID-19 vaccines to everyone free of charge.

Who will benefit?

Everyone benefits from access to best-practice, affordable and trusted primary health care. It is a fundamental part of our universal health system – Medicare. The Australian Government is delivering on the *Primary Health Care 10 Year Plan* to improve the health and wellbeing of all Australians.

More than 100 million telehealth services have already been delivered since the Australian Government introduced extensive telehealth measures in response to the outbreak of the COVID-19 pandemic. Telehealth continues to benefit all Australians by providing an easy to access and affordable alternative to traditional in-person primary health care.

It is estimated that the PHN After Hours Program deploys around 430,000 after hours services a year, which includes a mix of patient consultations and support to GP clinics, after hours providers and other community service organisations.

After hours programs also support a range of clinicians in different circumstances who may be unable to work regular hours, such as those with education or caring responsibilities.

Healthdirect's Health Information and Advisory Service continues to experience increasing demand. It is expected to handle over 1.2 million calls in 2021–22. The expansion to Victoria means that in the coming year, the number of calls may exceed 1.5 million. Without Healthdirect's service, many of these people seeking assistance would either go to a hospital emergency department, or might not seek out care at all.

Alongside permanent access to telehealth, the Australian Government is committed to ensuring health services such as MRIs are available in regional, rural and remote Australia.

Nearly 300,000 women give birth each year in Australia with high rates of antenatal care. While Australia is considered a safe country to give birth, six babies are stillborn every day. The *National Stillbirth Action and Implementation Plan* includes a goal to reduce the stillbirth rate by 25% by 2025.

Expanding the existing Family and Domestic Violence Primary Health Network pilot and establishing a pilot in each state and territory to prevent and respond to child sex abuse will provide increased support to primary care providers to assist in the early identification of and intervention in family, domestic and sexual violence and child sex abuse, and coordinated referrals to support services.

Approximately 230 people develop lung disease each year in Australia due to past exposure to silica dust at work, and this number is rising. Measures to improve the awareness, diagnosis and treatment of dust diseases will improve their health and lead to better long term health outcomes.

Senior Australians, including people in RACFs rely on their primary care providers for many of the services needed to keep them healthy. The Australian Government is supporting new ways for primary care providers to engage with residents in aged care particularly as we continue to deal with the COVID-19 pandemic.

People from CALD backgrounds, with low English proficiency and people who are deaf or hearing impaired will benefit from increased access for allied health providers to the Government Free Interpreter Service and a better understanding of the demand for Auslan interpreter services within the sector.

Allied health professionals will benefit from work to enable them to use digital health tools at the same rates of other health care providers. This investment will help capitalise on the benefits of a fully connected health care system for health providers and patients.

How much will this cost?

The Australian Government will invest \$632.8 million in the Primary Health Care 10 Year Plan over 4 years, from 2022–23 to 2025-26.

Primary Care Measures	Investment \$m
2020 July Economic and Fiscal Update	119.0
Guaranteeing Medicare and access to medicines - extend the National Partnership Agreement on Adult Public Dental Services for one year	107.8
Strengthening Primary Care - continuing the Office of the National Rural Health Commissioner	11.2
2020-21 Budget	21.9
COVID-19 Response Package - guaranteeing Medicare and access to medicines - extension - to progress ICT systems to support quality assurance for MBS telehealth services	18.6
Strengthening Primary Care -extend proof-of-concept pilots into innovative primary care models in rural areas	3.3
2020-21 MYEFO	4.0
Strengthening Primary Care - integrated primary care trials	4.0
2021-22 Budget	772.7
Aged Care - Government response to the Royal Commission into Aged Care Quality and Safety - residential aged care quality and safety - Improve access to primary care for senior Australians, including those living in residential aged care	365.7
Guaranteeing Medicare - strengthening the rural health workforce - community supported rural healthcare trials	1.8
Guaranteeing Medicare - strengthening the rural health workforce - continue development of the Bonded Return of Service System	3.8
Guaranteeing Medicare - strengthening the rural health workforce - expand the Allied Health Rural Generalist Pathway	9.6
Guaranteeing Medicare - strengthening the rural health workforce - increase bulk billing incentive for rural and remote medical practice	65.8
Primary Care - Allied health case conferencing	14.2
Primary Care - Extend the PHN After Hours Program	71.9
Primary Care - Improving health services for people with an intellectual disability	12.7
Primary Care - Indigenous Health PIP	22.6
Primary Care - MyGP System Build	50.7
Primary Care - Victoria to join Healthdirect	5.5
Guaranteeing Medicare - changes to the Medicare Benefits Schedule - Ambulatory Blood Pressure Monitoring	40.5
Guaranteeing Medicare - dental health services - National Partnership Agreement on Adult Public Dental services	107.9

Primary Care Measures	Investment \$m
2021-22 MYEFO	170.1
Guaranteeing Medicare - Medicare Benefits Schedule new and amended listings - improve access to primary health care services delivered by allied health professionals for Aboriginal and Torres Strait Islander people and children and young adults accessing complex health services	20.8
Guaranteeing Medicare - strengthening primary care - investigate potential options for a wound consumables scheme	2.1
Guaranteeing Medicare - strengthening primary care - ongoing MBS Telehealth	106.0
Medical Workforce - expanding Distribution Priority Area classification and incentivising doctors and nurse practitioners into work in rural and regional Australia	5.9
Medical Workforce - to support GPs through streamlining training payments and to examine the viability of an employment entitlements portability scheme	15.4
Medical Workforce - waive HELP debts for eligible medical or nurse practitioners in rural and remote areas	19.9
2022-23 Budget	632.8
Primary Care - Inclusion of temporary Telehealth items in SWPE calculation for WIP and PIP	15.4
Primary Care - Quality Improvement in GP Accreditation	4.9
Primary Care - Linking VPR system with MyHealth Record	3.0
Primary Care - 10 Year Plan governance	0.5
Primary Care - Improving access to allied health services	3.9
Primary Care - PHN After Hours Program extension	56.0
Primary Care - Increased funding for Healthdirect	12.0
Street Side Medics – primary care outreach for disadvantaged communities	3.0
MRI Deregulation in Rural and Remote areas	66.0
Build on the Government's Investment in Rural Medical Training	99.3
Rural Health Multidisciplinary Training program - New University Departments of Rural Health and Regional Training Hubs	36.2
Rural Health Multidisciplinary Training program - Charles Sturt University to deliver a Rural Clinical School	14.8
National Rural Health Students Network of Rural Health Club in universities with a RHMT program	2.1
Aeromedical support for rural and remote access	55.5
Heart of Australia – primary care outreach in regional, rural and remote Queensland	17.2

Primary Care Measures	Investment \$m
Support Headspace centres in regional, rural and remote areas to attract and employ GPs	4.2
Federation Funding agreement on Public Dental Services for Adults	107.8
Aged Care - Multidisciplinary outreach service trials	22.1
Palliative Care Service Navigation Pilot	7.5
National Plan to End Violence Against Women and Children - Health System Navigation for Victims and Survivors of Sexual Violence	48.7
Strengthening Women's Health - Establishment of Endometriosis and Pelvic Pain GP Clinics	16.4
Strengthening Women's Health - Endometriosis Management Plan	5.1
Strengthening Women's Health - Hospital to Home	4.2
MRFF Clinician Grant outcomes	32.0
Primary Care Measures Total	1,720.5



How the 2022–23 Budget is building upon the Stronger Rural Health Strategy

The Australian Government is investing \$296.5 million in regional, rural and remote health in 2022–23, to ensure all Australians benefit from quality health services no matter where they live.

The health and wellbeing of Australians living in regional, rural, remote and very remote Australia is a priority for the Australian Government.

The 2022–23 Budget includes rural health spending in these areas:

- Improved Access to Diagnostic Imaging - \$66 million
- Increased opportunities for rural health and medical training - \$152.5 million
- Aeromedical and health outreach services - \$56.8 million
- Appointment of a Senior Midwifery Advisor - \$1.2 million

Rural health workforce

Helping our regional, rural 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 and its investment in rural health is driven by the *Stronger Rural Health Strategy*.

Over the past decade, there have been significant developments in delivering improvements to rural health. Under the Strategy, GP full-time equivalent (FTE) in regional rural and remote areas of Australia has grown by 3.2% compound annual growth, more than twice the rate of population growth:

- between 2016–17 and 2020–21, 1300 extra GPs working in regional, rural and remote areas
- between 2016–17 and 2020–21, 1200 extra nurses working in regional, rural and remote areas, and
- between 2016–17 and 2020–21, 2500 extra allied health professionals working in regional, rural and remote areas.

The Australian Government's 2022–23 Budget includes support for primary care, mental health, health and medical training across regional, rural and remote Australia.

Improved Access to Diagnostic Imaging

- \$66 million over four years, to deregulate and expand Medicare funded magnetic resonance imaging (MRI) services in regional, rural and remote areas (Modified Monash Model (MMM) 2–7 areas) from 1 November 2022, improving access to critical diagnostic imaging services to more regional and rural Australians.
- MRI services are critical for the diagnosis of many soft-tissue illnesses and disease, including cancer. Improving access to MRI, through this deregulation measure, will reduce pressure on out of pocket costs for many patients and may reduce the need to travel to access these services.

Increased opportunities for rural health and medical training

- \$36.2 million to establish two new University Departments of Rural Health, in the South West (Edith Cowan University) and Goldfields (Curtin University) regions of Western Australia. This will deliver 3,000 additional placement weeks per year for up to 500 more students as part of our commitment to build a stronger health workforce in rural, regional and remote communities:
 - UDRHs provide training to students across a range of health disciplines and settings, including aged care, disability and rehabilitation services, childcare, schools, community facilities, and Aboriginal Community Controlled Health Organisations.
- \$99.3 million towards rural medical education and training, including 80 additional Commonwealth supported places, to allow medical schools to offer more students, especially those in regional and rural Australia, the opportunity to take up medical school education and training.
- \$14.8 million under the Rural Health Multidisciplinary Training (RHMT) program to Charles Sturt University (CSU) to deliver a Rural Clinical School.
- \$2.1 million over four years for the continuation of the National Rural Health Students Network of Rural Health Clubs in universities which have a RHMT program, encouraging students from the program to establish and grow their networks among fellow students.

Aeromedical and health outreach services

- \$56.8 million for aeromedical services which ensure people in rural and remote Australia can access health services, including primary care and dental clinics, regardless of their distance from other medical services, including:
 - \$33.3 million over four years from 2022–23, for the Royal Flying Doctor Service (RFDS) in addition to their current funding of \$84 million per year, to establish a new 10 Year Strategic Agreement and address immediate cost pressures
 - \$18 million to guarantee rescue services and emergency aeromedical services in the Northern Territory through CareFlight, and
 - \$4.1 million for Little Wings to provide aeromedical support for seriously ill children across NSW, ACT and Queensland.
- \$17.2 million for Heart of Australia, to provide 5 mobile clinics travelling across 34 communities in regional, rural and remote Queensland. These services will deliver diagnostic, treatment and follow-up care, including cardiology, endocrinology, sleep medicine, psychiatry, geriatric medicine, immunology, general medicine, neurology, gastroenterology and gynaecology, and in 2022 will commence providing CT and x-ray services.

Mental Health in regional, rural and remote areas

The Australian Government is also investing in delivery of mental health, wellbeing and suicide prevention services in regional, rural and remote communities, including:

- \$8.5 million to continue investment in the successful Red Dust Program to provide culturally appropriate support in remote Northern Territory communities, focused on social and emotional wellbeing, sexual health, relationships, alcohol and other drugs, and Foetal Alcohol Spectrum Disorder.
- \$42.7 million to establish specialised regional initiatives for suicide prevention through primary health networks, strengthening the capacity for communities to implement system-wide responses to reduce risk of suicide in their region.
- \$8.6 million to establish the *National Closing the Gap Policy Partnership on Social and Emotional Wellbeing (Mental Health)* to maintain momentum in reducing the devastating and disproportionate impact of mental ill-health and suicide on Aboriginal and Torres Strait Islander people, families and communities.
- \$14.3 million for programs delivered by headspace to provide services to support young Australians in need, including
 - the Schools Suicide Prevention Activities Program
 - headspace Digital Work and Study Program, and
 - Flying headspace Program.
- \$1.8 million towards the Raising Children Network, to maintain the Raising Healthy Minds app, improving the mental health literacy of Australian parents and carers to identify the signs of social or emotional problems in their child

Appointment of a Senior Midwifery Advisor

- \$1.2 million to appoint Senior Midwifery Advisor to improve the quality of policies and programs implementing the *Woman-Centred Care: Strategic Directions for Australian Maternity Services* and to work with the Rural Health Commissioner, as part of the Government's commitment to improving access to maternity services in rural and remote communities

These investments complement efforts across government to promote regionalisation by providing additional supports to regional communities and, consequently, reducing the gap in mental healthcare and suicide prevention services compared with metropolitan centres.

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 people, 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 commitment to regional, rural and remote health includes broad-based and targeted measures to improve health for a wide range of groups in rural communities who have diverse and specific health needs, including women, multicultural communities, Aboriginal and Torres Strait Islanders, and senior Australians.

The Australian Government's continued commitment to invest in rural and regional health will help people experiencing mental health issues and/or suicidal distress, and means all Australians can benefit from quality health services no matter where they live.

How much will this cost?

Combined, the Australian Government is investing around \$296.5 million in programs and initiatives that will improve the health of Australians in regional, rural and remote locations.



How the 2022–23 Budget is investing in the health of women and girls

The Australian Government is investing more than \$333 million to strengthen health services and support available to women and girls, through a range of new and continuing initiatives, including a focus on endometriosis, cancer screening, prevention and maternal, sexual and reproductive health, and women's safety.

These initiatives align with the priorities of the *National Women's Health Strategy 2020–2030*, and are part of the Australian Government's commitment to addressing the health issues that most affect women and girls throughout their lives.

The 2022–23 Budget includes spending on women's and girls' health in these areas:

- Support for women living with endometriosis - \$58.1 million
- Maternal, sexual and reproductive health - \$103.7 million
- Supporting families who have experienced the loss of a baby - \$23 million
- Commitment to women's safety and recovery from violence - \$142.6 million
- Investing in priority populations of women - \$4.2 million
- Addressing cancer screening, prevention, and health awareness - \$24.9 million
- Guiding and understanding improvements in women's health - \$3.1 million
- Growing women's sport through major sporting events and legacy programs - \$16 million

Support for women living with endometriosis

The Australian Government is investing \$58.1 million to support women experiencing endometriosis, a painful and debilitating condition which affects around one in 9 Australian women with potentially major impacts on health, education and employment, and yet is frequently under-diagnosed.

- \$16.4 million over four years to establish endometriosis and pelvic pain GP clinics in primary care settings, improving access to diagnostic, treatment and other support services for women with endometriosis and other conditions resulting in pelvic pain.
- \$5.1 million over three years to develop an Endometriosis Management Plan to support patients in primary care.
- \$5.1 million over four years towards the National Endometriosis Clinical and Scientific Trials Network to continue growing research capacity and address research gaps in the *Australian Clinical Practice Guideline for the Diagnosis and Management of Endometriosis*.

- \$2 million over two years for the Endometriosis Living Guideline to support new and ongoing research into the diagnosis and management of endometriosis.
- \$2 million over four years to the Australian Coalition for Endometriosis for activities including increasing awareness of endometriosis amongst priority populations, implementing a Mentor Program to support those newly diagnosed with endometriosis and implementing a Workplace Assistance Program to support employees and employers navigate discussions in the workplace.
- \$1.4 million over three years for the EndoZone digital platform, providing consumer access to evidence-based information.
- \$500,000 over two years for promotion of the *Australian Clinical Practice Guideline for the Diagnosis and Management of Endometriosis*.
- \$300,000 over two years to promote access to the suite of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) items for diagnosis, and treatment of endometriosis.
- \$25.2 million for a new MBS item for pelvic MRI for investigation of infertility from 1 November 2022.

Maternal, sexual and reproductive health

- \$14.8 million for new and amended items for obstetrics and gynaecology – amending one item and introducing six new ultrasound items to help improve the health outcomes of pregnant women and help ensure the birth of healthy babies at term.
- \$81.2 million for universal genetic testing to determine carrier status of cystic fibrosis, spinal muscular atrophy and fragile X syndrome (FXS) in people who are planning pregnancy or who are already pregnant and their reproductive partners, embedding Mackenzie's Mission within our health system.
- \$1.2 million for a Senior Midwifery Advisor to improve the quality of policies and programs implementing the *Woman-Centred Care: Strategic Directions for Australian Maternity Services*, as part of the Government's commitment to improving access to maternity services in rural and remote communities.
- \$6.6 million for abdominoplasty for surgical repair of postpartum rectus diastasis (separation of the large abdominal muscles) following pregnancy.

Supporting families who have experienced the loss of a baby

- \$23 million in maternal health and bereavement support for women and families which have experienced the tragic loss of a child to stillbirth or miscarriage in line with the *National Stillbirth Action and Implementation Plan*.
 - \$5.1 million over four years for new grants for stillbirth and miscarriage front line services to offer bereavement support for vulnerable and high risk families.
 - \$4.2 million over four years for the Hospital to Home (H2H) program through Red Nose Australia, offering targeted support to assist in ensuring healthy grieving, reducing isolation and validating the impact of grief, while supporting healthy relationships within and around bereaved families.
 - \$13.7 million over three years to increase the numbers of autopsies and investigations undertaken following stillbirth, by supporting transport and accommodation costs for families, as well as addressing workforce shortages in perinatal pathologists through a Perinatal Pathologist scholarship and establishing a dedicated Perinatal Pathologist in each state and territory.

Commitment to women's safety and recovery from violence

The Australian Government is prioritising women's safety with a range of measures as part of the *National Plan to End Violence against Women and Children 2022–2032*. In addressing the poorer health and mental health outcomes for women who have experienced intimate partner violence and/or sexual violence, our Government has committed \$142.6 million for health-related measures.

- \$48.7 million over four years, to support victims and survivors of family, domestic and sexual violence and child sex abuse to navigate the health system. This funding will expand the existing Family and Domestic Violence Primary Health Network (PHN) pilot and establish a pilot in each state and territory to prevent and respond to child sex abuse; to provide increased support to primary care providers to assist in the early identification and intervention of family, domestic and sexual violence and child sex abuse, and ensure coordinated referrals to support services
- \$67.2 million over four years for the Trauma-informed Recovery Care - pilot program, to pilot multidisciplinary care teams and a model of care through PHNs in six locations delivering trauma-informed mental health therapies designed to meet the needs of victim-survivors.
- \$25 million over five years, to support the Illawarra Women's Centre to establish a women's trauma recovery centre.
- \$1.7 million to address the impacts of female genital mutilation/cutting (FGM/C) which primarily affects migrant women in Australia, including a competitive grant opportunity for community-led approaches for the prevention of FGM/C and support for the Multicultural Centre for Women's Health to establish a number of initiatives across the nation, and develop and delivery community training to increase the health workforce's ability to address the health impacts of FGM/C.

Investing in priority populations of women

- \$4.2 million over four years for the priority populations health promotions grant opportunity, which aims to improve health outcomes for groups including, Aboriginal and Torres Strait Islander women, migrant and refugee women, ageing women and women with disabilities.

Addressing cancer screening, prevention, and health awareness

- \$9.7 million for surge capacity for BreastScreen Australia, to screen women who missed or delayed breast cancer screening as a result of COVID-19.
- \$4.1 million for allowing nurses and other providers to deliver cervical screening through providing funding to laboratories to process tests.
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60.
- \$500,000 over three years towards the Her Heart Hub to improve education and treatment of cardio-vascular disease risk in women.

Guiding and understanding improvements in women's health

- \$1.6 million over four years to support the establishment of a National Women's Health Advisory Council to lead on monitoring and reporting on the implementation of the Strategy.
- \$1.6 million over three years for the *Australian Longitudinal Study on Women's Health's Mothers and their Children's Health* survey to provide significant insights such as the adolescent experience of COVID-19, and the intergenerational impact of maternal abuse and family violence.

Growing women's sport through major sporting events and legacy programs

The Australian Government is investing \$10.3 million to promote and create leadership, safety, and long term employment opportunities for women and girls in sport, including:

- \$6.3 million over three years for an expanded Women Coaches Program to identify, develop and empower more than 200 women coaches per year from grassroots to elite, and
- \$4.1 million over four years for Community Sport Leaders, to implement women's leadership programs at the community level

The Australian Government has also pledged to support the delivery of the Women's Rugby World Cup 2029, should the current hosting bid be successful. This support will extend to the related legacy programs that will be leveraged to promote sport for women and girls in both Australia and the Pacific region.

\$5.7 million will be invested in legacy programs to drive increased community engagement, gender equality and physical activity participation through major sporting events such as the FIFA Women's Football World Cup 2023.

Why is this important?

Women and girls make up more than half of the Australian population and their health is critical to their overall wellbeing and ability to participate in society.

We know that women, in particular, have been negatively impacted by the COVID-19 pandemic. This investment will ensure women and girls in Australia can thrive – physically, mentally, socially and economically.

The Government's *National Women's Health Strategy 2020–2030* outlines Australia's national approach to improving health outcomes for all women and girls, particularly those at greatest risk of poor health.

Maternal, sexual and reproductive health is a priority for the Australian Government. Pregnant women and their children are identified priority populations in the Strategy.

Violence against women is recognised as a serious and widespread problem in Australia, with enormous individual and community impacts, including significant health impacts. Women who experience intimate partner violence and/or sexual violence are more likely to report poorer mental health, physical function and general health as well as higher levels of bodily pain.

Women and girls who experience violence and/or abuse are also priority population of the Strategy.

The Strategy recognises that investment in primary and secondary prevention and early intervention can lead to better health outcomes across the course of people's lives. The pandemic saw delays and disruptions to routine health checks, screening and services, with the Australian Longitudinal Study on Women's Health finding that 46% of women surveyed had delayed access to at least one health service since COVID-19 began.

Who will benefit?

The approximately 12.8 million women and girls in Australia will benefit from the additional investment in measures to improve their health and wellbeing.

The Australian Government's national approach to support the goals and outcomes of the Strategy maintains a sustained, strong focus on addressing the health issues that affect women and girls throughout their lives.

Priority populations will benefit from targeted investment, including women and girls who are:

- Aboriginal and Torres Strait Islander people
- pregnant or who have miscarried or experienced a stillbirth
- from rural and remote areas
- from low socio-economic backgrounds
- living with disability, and their carers
- veterans
- culturally and linguistically diverse
- from LGBTIQ+ communities
- survivors of violence, and
- affected by the criminal justice system.

How much will this cost?

The Australian Government is investing \$333 million over five years, 2022–23 to 2026–27.



How the 2022–23 Budget is investing in the health and care workforce

The Australian Government is investing \$306.1 million to ensure we have a skilled and professional health and care workforce, to deliver Australia's *Long Term National Health Plan*.

The Government's investments in the 2022–23 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 Aboriginal and Torres Strait Islander health, aged care, mental health and suicide prevention, and rural and regional health.

The 2022–23 Budget includes health and care workforce spending in these areas:

- Growing the Regional, Rural and Remote Health Care Workforce - \$152.5 million
- Growing the Aboriginal and Torres Strait Islander Care Workforce - \$13.9 million
- Implementing the 10 year Mental Health Workforce Strategy - \$89.2 million
- Support for Clinical Placements and Training including the Aged Care and Mental Health Sectors \$32.8 million
- Investing \$6.9 million for a staged rollout of the national Co-operative and Mutual Enterprises (CME) Support Program
- Care and Support Sector Regulatory Alignment Next Steps - \$10.8 million

Growing the Regional, Rural and Remote Health Care Workforce

The Government continues to invest in the regional, rural and remote health care workforce, including:

- \$36.2 million to establish two new University Departments of Rural Health (UDRH) in the South West and Goldfields regions of Western Australia, as part of our support for allied health, nursing and medical training in the bush
- \$99.3 million for 80 new rural medical Commonwealth supported places (CSPs) in up to 8 medical schools, for a greater spread of training that will deliver full regional medical school education and training in more remote locations, and
- \$14.8 million to extend the Rural Health Multidisciplinary Training (RHMT) program rural clinical school funding to Charles Sturt University (CSU), enabling the university to deliver high quality rural clinical training to medical students beyond its existing campus in the Orange region.

- \$2.1 million over four years for the continuation of the National Rural Health Students Network of Rural Health Clubs in universities which have a RHMT program, encouraging students from the program to establish and grow their networks among fellow students.

Growing the Aboriginal and Torres Strait Islander Care Workforce

The Government is investing \$13.9 million over two years from 2022–23 to deliver a total 150 additional scholarships each year under the Puggy Hunter Memorial scholarships Scheme.

The scholarships support Aboriginal and Torres Strait Islander students to gain care and support qualifications and entering the health workforce.

Over two years supports 300 students in health related disciplines for full time scholarships worth up to \$15,000 each per year and part time scholarships of up to \$7,500 each per year.

Implementing the 10 year Mental Health Workforce Strategy

The Australian Government is investing \$89.2 million to implement key priorities of the *10 year National Mental Health Workforce Strategy*, and strengthen, grow and retain the mental health workforce. It builds on the \$77.3 million investment in the mental health workforce in the 2021–22 Budget.

Measures include:

- \$18.3 million to build a contemporary workforce and optimise the existing workforce through developing and piloting the National Mental Health Pathways to Practice Program. This includes:
 - \$10.8 million for the Allied Health and Nursing Stream providing up to 660 supervised nursing and allied health student mental health placements across rural, remote and metropolitan areas over three years
 - \$6.6 million over three years for the Psychology Stream, which will provide 75 internships for provisional psychologists in a range of settings, support the safe use of the provisional psychologist workforce to deliver services, provide 150 free Psychology Board of Australia endorsed supervisor training sessions, and identify and address barriers to psychology registration, and
 - \$917,000 for evaluation of the program.
- \$28.6 million to sustain growth in the psychiatry workforce and build on 2021–22 Budget investments, by continuing to support:
 - up to 30 additional training posts and supervisors per training year from 2023 to 2026
 - development of a rural and remote psychiatry training pathway and network, and
 - activities to encourage more medical graduates to pursue psychiatry through the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Psychiatry Interest Forum.
- \$4.2 million to support headspace centres in regional, rural and remote areas to attract and employ GPs, enabling headspace services to deliver the complete model of enhanced primary care.
- \$6 million to optimise the existing workforce by enhancing workforce capabilities and allow them to work to the top of their scope, including:
 - trialing a free national support line service for GPs to access clinical advice and support from psychiatrists, and
 - building the capacity of the mental health workforce to respond to co-occurring substance use and mental health conditions.

- \$2.2 million to further support the mental health of the health workforce, through the *Hand-n-Hand* program to provide peer support to the healthcare sector, and the extension of the the Black Dog Institute's *The Essential Network (TEN)*
- \$409,000 for stigma reduction and career promotion activities to encourage students to choose a career in mental health
- \$904,000 to establish a mental health workforce strategic coordination and distribution mechanism with an appropriate mix of expertise in health, employment and education policy, to facilitate coordinated activity between governments and industry, and across sectors, and
- \$725,000 for more effective workforce planning by enhancing workforce data and tools.

Support for Clinical Placements and Training including the Aged Care and Mental Health Sectors

As part of the Royal Commission into Aged Care Quality and Safety response, the Australian Government committed \$802.1 million to workforce aged care reforms. The 2022–23 Budget further invests \$99 million in this area, with the total aged care commitment growing to \$129.9 billion over the next four years. The Government is continuing to support the workforce and delivery of quality care across the aged care, disability and veterans' care sectors.

The Australian Government will invest \$32.8 million to further grow and support the care and support and mental health sectors including:

- \$14.9 million to increase clinical placements for nurses in the care and support sector -
 - working with higher education providers and care and support providers to facilitate new, quality clinical placements for up to 5,250 students, with a target of 2.86% Aboriginal and/or Torres Strait Islander students, and
 - providing access to a nursing clinical facilitator to care and support sector providers, where they are unable to provide one.
- \$14.3 million to expand the Rural Health Multidisciplinary Training Program to an additional five locations in the Northern Territory, Victoria, New South Wales and remote Queensland, to:
 - enhance the quality of aged care services in rural and remote areas
 - create opportunities for 150 nursing and allied health students, and Indigenous students to experience clinical placements in the care and support sector each year, and
 - highlight the benefits of working outside metropolitan locations.
- resources to support students undertaking clinical placements - developing critical resources for Bachelor of Nursing students and allied health students undertaking clinical placements in the care and support sectors

The Australian Government is also providing \$1 million as a matching co-contribution for the Bullwinkel Scholars, establishing 21 scholarships through the Australian College of Nursing which will support nurses seeking to further their professional development in leadership.

The Government is also investing \$6.9 million for a staged rollout of the national Co-operative and Mutual Enterprises (CME) Support Program, to:

- develop sustainable and coordinated approaches in growing a skilled workforce
- support the start-up of 6-7 CMEs that will delivery care services in areas of need, and
- delivery up to six additional projects to help grow existing CMEs.

Care and Support Sector Regulatory Alignment Next Steps

The Government is investing \$10.8 million in the Cross-Agency Taskforce on Regulatory Alignment to progress alignment of regulation across the care and support sector – aged care, disability supports, and veterans' care.

Alignment will improve the quality and safety of care and support services, reduce duplication of obligations, and enable providers and workers to operate more seamlessly across the sector.

A roadmap for regulatory alignment will be developed through detailed analysis and further consultation, with early activities to include:

- improved information sharing between regulators
- opportunities for streamlined reporting processes, and
- developing options for alignment of standards and auditing or assessment.

Why is this important?

The Australian Government is committed to creating jobs for Aboriginal and Torres Strait Islander people at all levels of the care and support workforce, to address current and future needs, and contribute to equitable outcomes. Workforce initiatives such as the Puggy Hunter scholarships address the 2020 National Agreement on Closing the Gap and its 17 national socio-economic targets, across key areas that impact on life outcomes for Aboriginal and Torres Strait Islander people.

Around Australia, demand for mental health support and treatment has steadily increased over time and outstrips the available supply. Compounding this shortage, mental health providers experienced substantial increases in demand throughout the COVID-19 pandemic.

The Government's *10 Year Mental Health Workforce Strategy* seeks to ensure the delivery of mental health treatment, care and support that meets the current and future population needs. The Government will partner with jurisdictions, industry, peak bodies and professional colleges to ensure investment in the mental health workforce is coordinated and remains a long-term priority area of reform.

The final report of the Royal Commission into Aged Care Quality and Safety found inadequate staffing levels, skill mix and training were principal causes of substandard care in aged care. Many of the issues, such as lack of investment in staff training and limited career progression, are shared with the broader care workforce. Workforce growth is expected to remain a challenge as the demand for services increases.

The Australian Government recognises the need to increase the skilled nursing workforce, particularly in aged care. Clinical placements support engagement between young health professionals and the care sector, highlighting the benefits of the sector early in the careers of student nurses.

CMEs are organisations that are owned and run by consumers, employees, users or residents. The member-driven model of CMEs means workers are engaged in decision-making and motivated to align services with consumer needs, leading to better care outcomes. A lack of awareness of CME models is a key barrier to their adoption in markets such as aged care and disability services.

In the 2019–20 financial year, about one-third of aged care providers were also operating in the NDIS and/or provide veterans' care services, and one third of veterans' care providers were operating across all three care and support programs. The overlapping of regulatory frameworks can cause inconsistency in quality and safety for consumers, and significant administrative costs to cross-sector providers.

Who will benefit?

Aboriginal and Torres Strait Islander people, the Aboriginal and Torres Strait Islander caring and support and mental health workforces, rural communities and the broader health workforce and providers of care will benefit from the health and care workforce initiatives.

All Australians will benefit from a growing and strengthened mental health workforce that can provide mental health support when and where they need it.

For women, who represent the majority of the health, care and support workforce, these initiatives will provide an opportunity to increase workforce participation, earning potential and work conditions.

Approximately 5,250 nursing students will have the opportunity to experience care and support sector clinical placement, and see the unique benefits of working in these sectors.

How much will this cost?

The Australian Government will invest \$306.1 million over four years from 2022–23 to 2025–26.



How the 2022–23 Budget is investing in the health of Aboriginal and Torres Strait Islander peoples

The Australian Government is investing \$133.5 million in the 2022–23 Federal Budget to prioritise Aboriginal and Torres Strait Islander health and ageing outcomes.

This investment builds on over \$1 billion of recent investment for Aboriginal and Torres Strait Islander Health and ageing, which includes significant funding for improved aged care, mental health services, as well as infrastructure for Aboriginal Community Controlled health services (ACCHS).

The Government continues to work in partnership with Aboriginal and Torres Strait Islander health experts, in line with the commitments in *the National Agreement on Closing the Gap* and the new *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, released in December 2021.

The 2022–23 Budget includes the following measures that are specially targeted at delivering better health and ageing outcomes for Aboriginal and Torres Strait Islander people throughout their lives:

Building the Aboriginal and Torres Strait Islander workforce and access to culturally safe healthcare

- \$13.9m to Puggy Hunter Memorial Scholarship Scheme places in 2022–23 and 2023–24 to increase the number of Aboriginal and Torres Strait Islander people graduating with care and support focused qualifications through targeted support and mentoring for students during their studies and transition into the workforce.
- \$8.6m over three years for the National Closing the Gap Policy Partnership on Social and Emotional Wellbeing (Mental Health). This Partnership will maintain momentum in reducing the devastating and disproportionate impact of mental ill-health and suicide on Aboriginal and Torres Strait Islander people, families and communities.
- \$8.5m over three years to expand the Red Dust Program, which delivers culturally appropriate programs in remote Northern Territory communities focused on social and emotional wellbeing, sexual health, relationships, alcohol and other drugs, and Foetal Spectrum disorder. The program also provides employment and professional training, which will continue to build a skilled Indigenous mental health workforce in remote communities, and promote mental health pathways and careers.
- \$2.4m as part of the \$16.6m to support local mental health services in response to the 2022 East Coast floods, for local ACCHS to deliver culturally appropriate, locally-designed mental health services in impacted communities.

Other initiatives that will contribute towards building the Aboriginal and Torres Strait Islander health workforce and access to care include:

- \$18 million to guarantee rescues services and emergency aeromedical services through CareFlight which supports population health in the Northern Territory, in particular in largely Aboriginal and Torres Strait Islander communities in the Top End
- \$47 million over four years to protect the mental health of young Australians, including increasing access to culturally safe mental health care for Aboriginal and Torres Strait Islander young people through targeted resources and supports, and through specific programs such as Flying headspace which will provide access to headspace services in very remote communities in South Australia. This will also support Aboriginal and Torres Strait Islander allied health students and graduates to pursue careers in headspace, and
- \$60.7 million over four years for the implementation of the 10 Year Mental Health Workforce Strategy including an emphasis on building the Aboriginal and Torres Strait Islander mental health workforce through first preference access to training positions.

Ongoing responses to communicable diseases

- \$43.3 million in 2022–23 to continue key elements of the COVID-19 response, and the transition to living with COVID for Aboriginal and Torres Strait Islander people and remote communities. This includes:
 - the Royal Flying Doctor Service's Remote Community Preparedness and Retrieval measure in response to outbreaks and vaccination delivery
 - critical support for access to COVID-19 services including testing and vaccination supported by Aboriginal Community Controlled Health Service
 - the Remote Point of Care Testing Program which operates in 150 rural and remote communities
 - targeted communications about COVID-19, vaccinations and boosters, and
 - support to rural and remote Aboriginal and Torres Strait Islander communities to shift focus from responding to COVID-19 only to also include broader infectious disease health risks.
- \$5 million in 2022–23 to implement key activities under the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategy 2018–2022, to improve health outcomes for Aboriginal and Torres Strait Islander people living with, or at risk of BBV and STI.

Improving the support, experience and care of older Aboriginal and Torres Strait Islander people

- \$6.1 million to continue the Government's Strengthening Regional Stewardship of Aged Care initiative to enhance engagement and links between Government, aged care providers and local workforces to improve aged care and health outcomes for those living in regional and remote locations, including Aboriginal and Torres Strait Islander people.
- \$20.1 million in additional funding to support the transition to the Australian National Aged Care Classification (AN-ACC) as the new funding model for residential aged care from 1 October 2022. The AN-ACC better funds remote and very remote specialist Aboriginal and Torres Strait Islander residential aged care facilities which will improve the support, experience and care of older Aboriginal and Torres Strait Islander people in these areas.

Other initiatives that will contribute to improving support, experience and care of older Aboriginal and Torres Strait Islander people include:

- \$50.4 million to deliver Authorised Nurse Immuniser Training to support all aged care providers across Australia, including Aboriginal and Torres Strait Islander Flexible Aged Care Providers. This measure will assist in upskilling the Aboriginal and Torres Strait Islander health workforce, and ensuring that Aboriginal and Torres Strait Islander aged care residents have access to a sustainable, place-based model for ongoing vaccinations
- \$37.6 million to deliver the Aged Care Infection Prevention and Control Training Measure to enhance capability at all aged care providers across Australia, including Aboriginal and Torres Strait Islander Flexible Aged Care Providers, and
- \$32.8 million for clinical placements and targeted training in the care and support, and mental health sectors. This investment includes increasing clinical placements for Aboriginal and Torres Strait Islander nurses in the care and support sector, targeted training for Aboriginal and Torres Strait Islander disability support workers, and partnering with Aboriginal and Torres Strait Islander organisations and communities to expand the Rural Health Multidisciplinary Training (RHMT) in Aged Care Services.

Aboriginal and Torres Strait Islander health and wellbeing

The 2022–23 Budget also includes initiatives that will contribute to improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander women and families, including:

- \$4.2 million to continue Red Nose's Hospital to Home program to provide intensive support for women and families experiencing stillbirth. Improving access to this service for Aboriginal and Torres Strait Islander women and families will be a key focus, and
- \$5.1 million to provide intensive, individualised support for women and families experiencing miscarriage or stillbirth. Funding will be prioritised for services that focus on providing culturally safe care and link to other services for women who are pregnant with an Aboriginal or Torres Strait Islander baby.

Support for the Rugby World Cup 2027 and the Women's Rugby World Cup 2029 will also provide benefits to Aboriginal and Torres Strait Islander people, including legacy support partnerships with Aboriginal and Torres Strait Islander communities to implement mentor programs and provide access to specialist nutrition, medical and health services and Rugby Australia's high-performance programs.

Why is this important?

This investment is the next step toward the delivery of commitments and targets in the National Agreement on Closing the Gap, ensuring better access to culturally safe and responsive care across the health and aged care systems.

Who will benefit?

These measures will improve access to culturally safe and appropriate health and ageing services for Aboriginal and Torres Strait Islander people.

This Budget also provides increased education and employment opportunities for the Aboriginal and Torres Strait Islander health and ageing workforce.

Aboriginal and Torres Strait Islander people will have increased social and emotional wellbeing supports, which will likely result in better mental health and wellbeing outcomes.

How much will it cost?

The Australian Government is investing \$133.5 million to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in this Budget.

This is in addition to significant recent investment in Aboriginal and Torres Strait Islander Health:

- \$781.1 million invested in Aboriginal and Torres Strait Islander health through the 2021–22 Budget to improve aged care, mental health, trachoma and Rheumatic Heart Disease outcomes; and
- \$4.3 billion provided through the Indigenous Australians' Health Programme over four years, including the following recent announcements:
 - \$187 million commitment to extend the Tackling Indigenous Smoking Program for an additional four years;
 - \$54.7 million to bring forward funding increases for ACCHS, introduce longer term four year rolling funding agreements and a 3% annual increase (including indexation) in funding to the ACCHS sector; and
 - \$336 million announced with the release of the Closing the Gap Implementation Plan in July 2021 to improve infrastructure in Aboriginal Community Controlled Health Services, and improve healthy birthweight outcomes.



How the 2022–23 Budget is investing in digital health

The Australian Government is investing \$107.2 million to modernise our health care system, to deliver Australia's *Long Term National Health Plan*.

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 online or over the phone.

The Health Delivery Modernisation Program centres on strengthening primary health care through digital enablement, delivering new digital health services and modernising the critical Services Australia health payments system for all Australians.

The Government's continued digital health investment includes \$72 million over four years to support Phase Three of the Program to build on the successful delivery of earlier program phases, by commencing the transformation of health payments and services toward a more streamlined, digital model.

In this phase, a focus for the majority of investment is on improving interactions with Medicare for healthcare organisations, providers and consumers. Government will also be able to better target health policy by being able to form a single view of health organisations and their providers. This will include:

- New Digital Services:
 - Track and Manage Medicare Complex Care Plans Digitally
 - Modernise Medicare Provider Number Registration Process
 - Enhance Digital Service Offer for Pharmaceutical Benefits Scheme (PBS) Written Authorities
 - Digitise Medicare Enrolment and Re-Enrolment
 - Streamline Medicare Entitlement Statement (MES) Application, and
 - Enable Digital Claiming for Continence Aids Payment Scheme (CAPS).

- New Health Transformation Capabilities:
 - Block Payment Capability into the Organisation Register
 - Reform of the Healthcare Identifiers Legislative Framework
 - Cross-Agency ‘One Stop Shop’ for Health Care Organisations, and
 - Health Assessment and Payment Capabilities - Business Rule Definition and Design Validation.

We are also committing \$32.3 million of continued funding under a 12-month extension to the *2018–2022 Intergovernmental Agreement on National Digital Health* (IGA). An extended IGA would also see \$32.3 million contributed by states and territories. 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.

In delivering the highest quality health care for Australians, the Government is also investing \$2.9 million towards Australian Institute of Health and Welfare (AIHW) to safeguard national health data critical to informing the Government’s Long-Term National Health Plan and improving the health and wellbeing of all Australians.

Why is this important?

The Australian Government is delivering digital modernisation of health services for all Australians, 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.

The Government’s continued delivery of the Program and investment in telehealth ensures that we are delivering critical health transformation capabilities to enable primary health care reform and whole of economy benefits for all Australians.

Completion of Phase Three of the Program will mean that Australians will no longer have to visit service centres, and health consumers and health care providers will no longer have to make telephone calls or undertake manual processes for certain transactions with Government.

Australians have enthusiastically taken up telehealth in response to the COVID-19 pandemic and it is now a permanent part of Australia’s health system, greatly improving access to care. The Australian Government’s ongoing investment and refinement to the telehealth system will continue to deliver improvements to service and efficiency for patients and clinicians.

Who will benefit?

All Australians who access Medicare, PBS and other health services will benefit from the continued modernisation of the healthcare system and the Australian Government’s investment in digital technologies.

Stronger connections between health care providers, businesses who deliver Medicare, PBS and other health services, regulators and government will also lead to increased efficiencies in service delivery. Health systems and services will also be better positioned to deliver future health policies and reforms.

The Program will place health consumers, health care providers and health care organisations at the centre of health services and systems, while developing core business and technology capabilities that can support effective delivery across Programs.

The Government's approach to telehealth will benefit all Australians and their health practitioners and ensure that healthcare is affordable and accessible for Australians enrolled in Medicare.

How much will this cost?

The Australian Government will invest around \$107.2 million in digital programs and innovations to modernise our health care system.



How the 2022-23 Budget is investing in health post-COVID

The Australian Government is investing \$4.2 billion in health measures to assist the transition into a living with COVID environment, resuming important health initiatives, and enhancing how we access and deliver health care.

The impact of the COVID-19 pandemic on Australia has been mitigated by necessary public health measures, international travel restrictions and quarantining, and the very high rates of vaccination.

The focus of Australians and Australia's health system on addressing the pandemic has meant delays in addressing other health concerns. In particular, there has been a decline in the regular screening and check-ups that are so important to detecting serious diseases before symptoms develop. As we learn to live with COVID-19, it is important that people continue to access important health services.

Permanent Universal Telehealth

The most prominent reform to our health system brought forward by the COVID-19 pandemic has been the rapid uptake of telehealth around the country. More than 100 million telehealth services, worth more than \$5 billion have been delivered since the outbreak of the COVID-19 pandemic. The Australian Government is supporting telehealth as a permanent part of Australia's health system, through the pandemic and beyond.

Increasing the focus on cancer screening post-COVID

The Australian Government is investing \$40.7 million to support Australians to actively manage their health, and help reverse the decline in screening and early detection and treatment of cancer which occurred during the height of the COVID-19 pandemic.

This investment includes:

- \$9.7 million for short term surge capacity for BreastScreen Australia
- \$5.9 million for rapid cervical screening testing and follow-up, including Aboriginal Torres Strait Islander communities
- \$10.2 million for a cervical cancer screening campaign promoting the roll out of self-collect tests
- \$4.1 million for a pilot of non-medical healthcare provider delivery of cervical screening, and
- \$10.2 million for a colonoscopy triage nurse pilot to help improve colonoscopy access.

During the COVID-19 pandemic many Australians have delayed vital cancer screening, routine health checks and diagnostic tests. The delay in diagnosis and preventive care may have a significant economic and social impact on our health system and community well beyond the end of COVID-19.

Returning to sport post-COVID

The Australian Government is investing \$13.7 million over four years to fund proven Australian Sports Commission participation programs to increase participation in sport.

Since the outbreak of COVID-19 many Australians have dropped out of sport, by choice to avoid exposure to the virus, or because of restrictions on gatherings or activities which stopped their chosen competition.

This investment includes:

- \$10.3 million to continue the delivery of national sport participation programs targeted at populations currently physically inactive or individuals who have 'dropped out' of sport, and
- \$3.4 million to boost AusPlay, Australia's national population survey, which tracks the sport and physical activity behaviours of all Australians, and identifies emerging trends such as the impact of COVID-19 on participation in sport and physical activity.

An additional \$79.6 million will be invested in the continuation of the Sporting Schools program for the 2023 and 2024 calendar years, to support children, young people, and their parents to reconnect with sport in a safe and healthy way. The program will also build confidence and a more widespread return to community sport following COVID-19 restrictions.

More information about these measures is available in the relevant factsheets.

COVID and influenza winter preparedness Plan

The Government will invest \$2.1 billion to support the health response and further build the resilience of Australia's healthcare systems – including by extending the COVID-19 National Partnership Agreement (NPA).

The Australian Government has already delivered more than \$9.9 billion through the COVID-19 NPA to date, including significant funding to allow state and territory hospital systems to process their backlogged elective surgeries.

The investment to support Australia's winter preparedness includes:

- \$1.2 billion to protect the residential aged care and disability care sectors
- \$356 million to protect other vulnerable population groups, and
- \$578 million for COVID-19 vaccination delivery and administration.

The Australian Government remains focused on protecting Australians from illness and infectious disease in the wake of the pandemic, knowing that seasonal influenza cases will rise as we enter the winter months.

Our Government spends more than \$450 million annually on the National Immunisation Program (NIP), more than \$100 million goes towards the annual influenza vaccinations, and more than \$35 million for Pneumococcal vaccinations.

Populations vulnerable to the flu include, children under five years, pregnant women, people 65 years and over, Aboriginal and Torres Strait Islander people and people with medical conditions. These groups are supported to receive their influenza vaccine free of charge through the NIP.

More than 9.5 million government influenza doses will be available for the 2022 season – around 100,000 doses more than in the previous two years – and more than 600,000 Pneumococcal vaccine doses which are utilised throughout the year, but peak during the influenza season.

Why is this important?

The Australian Government is investing in health post-COVID in line with the objectives of the *Primary Health Care 10 Year Plan*, the *National Preventative Health Strategy 2021–2030* and the *National Agreement on Closing the Gap*.

These investments are helping Australian patients to achieve better health outcomes, while also supporting our health system to return to pre-COVID priorities.

The Government is prepared for the coming winter flu season with increased supplies of influenza vaccine and stocks of pneumococcal vaccine to protect those most vulnerable to these seasonal illnesses, including young children, senior Australians, Aboriginal and Torres Strait Islander people and those with compromised immune systems.

The Australian Government is also investing in measures to refocus all Australians on their broader health needs, including routine health checks, early diagnostic screening and physical activity and sport.

The pandemic led to many Australians delaying vital cancer screening, routine health checks and diagnostic tests, and extended lockdowns and health system preparations for COVID-19 management, reduced availability of many screening services.

Resuming these early detection and screening programs will help more Australians to identify significant health risks and diseases early, to enable effective and life-saving treatment.

Investing in sports programs to re-encourage participation post-COVID will help increase physical activity levels among people who may have stopped playing sport during the pandemic.

Additional investment in school sport will also encourage increased participation rates in young Australians, a critical time for physical activity and social development.

Who will benefit?

Australians who are at particular risk of winter diseases, like influenza and pneumococcal, benefit from the Australian Government's annual investment in the National Immunisation Program (NIP), providing access to free flu shots to vulnerable populations.

All Australians will benefit from the investment in health post-COVID, with a range of measures to increase elective surgery, diagnostic screening and tests, and participation in sport.

BreastScreen programs will boost the capacity of states and territories to screen between 110,000 and 300,000 additional women through extended opening hours. It will enable services to catch up on delayed appointments and missed screening during the COVID-19 pandemic.

The promotion of cervical screening self-collection will benefit under-screened priority population groups, including Aboriginal and Torres Strait Islander people, people of culturally and linguistically diverse (CALD) background, people with disability and people living in remote and rural areas.

The investment in the Sporting Schools program benefits 2.2 million students in the program every year.

The program also benefits teachers, principals and around 7,000 community-level coaches.

How much will this cost?

The Australian Government will invest \$4.2 billion over four years, from 2022–23 to 2025–26.



How the 2022–23 Budget is investing in cancer prevention, diagnosis and treatment

The Australian Government is investing \$893.5 million in services that will improve the health outcomes and survival rates of Australians from a range of life-threatening cancers, by building state-of-the-art cancer treatment centres and ensuring Australians catch up on testing, screening and treatment of cancers impacted through the COVID-19 pandemic.

Early detection and intervention is a critical step in improving cancer survival rates, enabling earlier, more effective and less invasive treatments, and reducing long term costs on the health system.

Since 2013–14, the Australian Government's commitment to addressing the impact of cancer has increased by 122%, growing from \$2.2 billion to more than \$4.9 billion in 2020-21.

Over the past decade, significant developments in preventing and treating cancer include expanding Australia's population based screening programs for breast, cervical and bowel cancer, increasing access to publicly funded cancer diagnostic and treatment services through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and investing in cancer research through the Medical Research Future Fund.

Through the 2022–23 Budget, the Australian Government will invest:

- \$375.6 million over four years to contribute to the establishment of a Western Australian Comprehensive Cancer Centre in Perth through a joint funding partnership with the Western Australian Government. The Centre will improve access to our world-class cancer care and ensure better cancer outcomes for Western Australians. The Centre will co-locate a state-of-the-art treatment facility, including intensive care and emergency department facilities with dedicated research and clinical trial resources
- \$32.6 million to introduce a new positron emission tomography (PET) scan for initial staging of patients with rare and uncommon cancers

- \$40.7 million to increase the availability of testing and screening services for a range of cancers to catch up on COVID-19 related delays, and facilitate appropriate referrals, early diagnosis and intervention, including:
 - \$9.7 million for breast cancer screening
 - \$20.2 million for cervical cancer screening and associated promotion, and
 - \$10.2 million for colonoscopy triage.
- \$66 million over four years, to deregulate and expand access to Medicare funded magnetic resonance imaging (MRI) services in regional, rural and remote areas (Modified Monash Model (MMM) 2–7 areas) from 1 November 2022, providing critical diagnostic imaging services to more regional and rural Australians
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- \$28.1 million over three years for the establishment of Genomics Australia to drive the integration of genomics-led diagnostics and medicine into health care, which will deliver more sensitive screening for cancer and more effective, personalised medicine
- \$5.9 million to support priority populations, in particular Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse background (CALD) communities, to catch up on missed health screening opportunities
- \$700,000 for updated Prostate Specific Antigen (PSA) Testing and Early Management of Test-Detected Prostate Cancer clinical guidelines, to promote early detection and treatment of prostate cancer, as identified in the *National Men's Health Strategy 2020–2030*, and improve the health outcomes for Australian men.
- \$329.4 million to include new cancer medication on the PBS including:
 - Trodelvy® (sacituzumab govitecan) for the treatment of triple negative breast cancer, which will save an average of 580 patients each year \$80,000 per course of treatment, from May 2022
 - Lynparza® (olaparib) for the treatment of metastatic castration-resistant prostate cancer, which means around 200 patients will no longer pay more than \$78,000 per course of treatment, from April 2022
 - Mylotarg® (gemtuzumab ozogamicin) for patients with acute myeloid leukaemia, which means they will no longer need to pay \$18,000 per course of treatment, from March 2022

- Calquence® (acalabrutinib), for the treatment of approximately 350 patients with mantle cell lymphoma, which means they will no longer have costs of \$8,200 per script, from February 2022, and
- Braftovi® (encorafenib) in combination with PBS-listed cetuximab, for which around 340 patients battling colorectal cancer (bowel cancer), they will no longer have costs of more than \$33,600 per course of treatment, from January 2022.
- \$20 million to improve outcomes and survival for people with pancreatic cancer, including:
 - \$15 million (\$12 million from the Medical Research Future Fund) over five years to implement the National Pancreatic Cancer Roadmap with Cancer Australia, and
 - \$5 million to support the Pancreatic Centre at Epworth in Victoria.

This approach will encourage all Australians to return to screening and health checks, temporarily increase the availability of cancer screening to make up for COVID-19 related delays, and support priority populations to access screening and treatment services.

Why is this important?

Cancer is the leading cause of death by disease in adults and children in Australia, exceeding ischaemic heart disease, dementia and cerebral vascular disease. According to Australian Institute of Health and Welfare statistics, in 2020:

- over 145,000 Australians were diagnosed with cancer and cancer accounted for nearly 50,000 deaths, and
- three in every 10 deaths was due to cancer.

Australia has some of the best cancer survival rates in the world, driven by our excellent research and clinical care. The Australian Government has invested almost \$27 billion on cancer care, research and treatment since 2013–14.

The burden of disease from cancer in Australia is forecast to grow, with one in every two Australians forecast to be diagnosed with cancer by the age of 85 years.

During the COVID-19 pandemic, many Australians have delayed vital cancer screening, routine health checks and diagnostic tests. During extended lockdowns and health system preparations for COVID-19 management, many screening services were closed and Australians avoided routine check-ups for fear of potential exposure to COVID-19. In addition to a drop off in preventive health MBS claims, uptake of items for cancer diagnosis and treatment also fell, with more than 150,000 fewer BreastScreen Australia mammograms completed in 2020.

Every year almost 20,000 Australian men are diagnosed and 3,300 men die with prostate cancer. Prostate cancer is the second most common cause of male cancer deaths in Australia and the fourth most common cause of male deaths overall. Updating the *PSA Testing and Early Management of Test-Detected Prostate Cancer Guidelines* will ensure that up-to-date

evidence and clinical guidance on best practice care can be incorporated to assist with optimised treatment and management of prostate cancer patients.

The establishment of a WA Comprehensive Cancer Centre will see cancer patients in WA, including rural and remote communities, receive more comprehensive, integrated care for all types of cancers.

The PBS remains one of the most important pillars of Australia's Medicare system, supporting millions of Australians every year to access subsidised medication for a wide range of illnesses, including cancer.

Pancreatic cancer is anticipated to be the third leading cause of cancer death in Australia. Its five-year relative survival has only increased from 3% to 11.5% over the past 30 years, reinforcing the importance of the Roadmap.

Who will benefit?

The Australian Government's investment will positively impact the health of all Australians by enhancing access to routine health care for routine health matters, including screening, to help prevent, detect and manage cancer, and subsidised access to important medications.

Priority populations, including those experiencing socio-economic disadvantage, Aboriginal and Torres Strait Islander people, people living in rural and remote communities, people with a disability and those from CALD backgrounds, will be key beneficiaries of the investment.

How much will this cost?

The Australian Government is investing \$893.5 million over five years, from 2021–22 to 2025–26.



Primary Health Care 10 Year Plan – New and amended Medicare Benefits Schedule Listings

The Australian Government is committed to ensuring all Australians are able to access timely and affordable, high quality healthcare by funding medical services that are proven to be clinically effective, safe and cost effective.

The 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.

Since 2012–13, the Australian Government's commitment to the MBS has increased by 61%, growing from \$19.5 billion to more than \$31.3 billion in the 2022–23 Budget.

Over the past decade, significant developments in delivering a sustainable and clinically-relevant MBS include removing barriers to accessing health care through telehealth, investment in genomic tests to support personalised medicine and MBS reviews leading to improvements across all clinical areas covered by the MBS.

In response to recommendations from the independent Medical Services Advisory Committee (MSAC), the Government is investing \$170.6 million to introduce the following new services and amendments to the MBS:

- \$81.2 million for genetic testing to determine carrier status of cystic fibrosis (CF), spinal muscular atrophy (SMA) and fragile X syndrome (FXS) in people who are planning pregnancy or who are already pregnant and their reproductive partners
- \$32.6 million for positron emission tomography (PET) for initial staging for patients diagnosed with rare and uncommon cancers
- \$14.8 million for new and amended items for obstetrics and gynaecology – amending one magnetic resonance imaging (MRI) item and introducing one new MRI item and six new ultrasound items to help improve the health outcomes of pregnant women and help ensure the birth of healthy babies at term
- \$14 million for an amendment to the current MRI of the liver item to include all cancer types that have potentially spread to the liver

- \$6.6 million for abdominoplasty for surgical repair of rectus diastasis (separation of the large abdominal muscles) following pregnancy
- \$400,000 for cryoablation for biopsy-confirmed renal cell carcinoma
- review and reprogramming of neurostimulators for chronic pain by videoconference
- supporting patient access to PET services during radiopharmaceutical supply disruptions, ensuring continuity of treatment
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- New items for remote programming and monitoring for deep brain stimulation and cardiac internal loop recorders
- \$2.7 million for vascular services – varicose veins minor amendments - six amended items for the treatment of varicose veins to enable co-claiming with some other venography items
- cardiac services – new items for Transcatheter Aortic Valve Implantation (TAVI) in low risk populations and CEP embolic net insertion, and
- new and amended items for melanoma excision – seven new items to remove confusion around the claims for melanoma excision and support consistent Medicare rebates.

In response to recommendations of the clinician-led MBS Review Taskforce, MBS item amendments include:

- otolaryngology, head and neck surgery - changes that benefit providers, with an MBS claiming system that better describes surgeons' practice and reflects clinical evidence; and patients, through new MBS items for a complete medical service rather than variable combinations, ensuring consistent Medicare rebates
- paediatric surgery – including increased fees for items that repair inguinal hernias in children less than 12 months old, to reflect the complexity of these procedures
- thoracic surgery – changes that restrict inappropriate co-claiming and create new MBS items
- acupuncture – changes that ensure acupuncture items align with contemporary clinical practice and prevent inappropriate claims, and

- cleft and craniofacial services - removing the age limit of 22 for the Cleft Lip and Cleft Palate Scheme, opening the scheme up to all patients with hereditary cleft and craniofacial conditions so they can access treatment all their life.

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 Medical Services Advisory Committee is responsible for assessing the safety, effectiveness and value-for-money of medical services and technologies proposed for public funding.

The Australian Government introduced a continuous review mechanism in 2021 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 Government is committed to achieving appropriate use of the MBS to optimise its role within Australia's healthcare system.

Who will benefit?

Australian women will benefit from these changes to the MBS, including those over 50 who are at high risk of developing breast cancer, women who experience separation of the large abdominal muscles following pregnancy, and around 8,600 women each year who have difficult pregnancies.

The additions and changes to the MBS will benefit many thousands of Australians who live with a wide variety of health issues, including cleft lips and cleft palates, varicose veins, kidney cancer, and all cancers that have spread to the liver.

Many of the amendments will combine and revise items where they form part of a single complete medical service, reducing the 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 will invest \$170.6 million over four years, 2022–23 to 2025–26.



Improving access to medicines – New medicines added to the Pharmaceutical Benefits Scheme

The Australian Government is investing \$2.4 billion in new and amended listings for the Pharmaceutical Benefits Scheme (PBS), including treatments for cancer, cystic fibrosis, severe eczema, asthma, Human Immunodeficiency Virus (HIV) infection and heart failure.

These listings demonstrate the strength of the strategic agreements between the Australian Government with Medicines Australia and the Generic and Biosimilar Medicines Association and the commitment of the *New Medicines Funding Guarantee* in the 2020–21 Budget to meet the cost of future new and amended medicines listings.

Since 2013, the Australian Government has approved more than 2,800 new or amended listings on the PBS. This represents an average of around 30 listings or amendments per month - or one each day - at an overall investment by the Government of around \$15 billion from 2013–14 to 2022–23.

Over the past decade significant developments in delivering access to important medicines through the PBS include:

- More than \$1 billion for listing new antiviral medicines to treat and cure hepatitis C in 2016
- Over \$200 million for the listing of immuno-oncology medicines to treat patients with malignant mesothelioma (nivolumab and ipilimumab) in 2021, and
- Over \$180 million for the listing of evolocumab in 2020 to treat patients with high risk cardiovascular disease caused by high cholesterol.

The Government has rapidly approved and funded important new medicine listings for the PBS which have been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC).

For the first time, from May 2022 –

- Ofev® (nintedanib) will be included on the PBS for use in the treatment of progressive fibrosing interstitial lung disease, which will save more than 1,400 Australian patients \$40,000 a year.
- Zolgensma® (onasemnogene abeparvovec) will also be listed for the treatment of spinal muscular atrophy, which, each year, will save around 20 patient families more than \$2.5 million for the treatment.
- Trodelvy® (sacituzumab govitecan) will be included for the treatment of triple negative breast cancer, which will save an average of 580 patients each year \$80,000 per course of treatment.

From April 2022 –

- Trikafta®, the combination product of elexacaftor/tezacaftor/ivacaftor and ivacaftor will be listed on the PBS for the treatment of cystic fibrosis, helping an average of 1,900 patients reduce their out of pocket costs by around \$250,000 a year.

Instead of paying thousands of dollars to access these treatments, Australians will pay a reduced \$42.50 per script, or as little as \$6.80 with a concession card.

Other new and amended PBS listings include:

From March 2022 –

- Lagevrio® (molnupiravir) will be available until 31 January 2024 in line with the provisional registration by the Therapeutic Goods Administration for Australians with mild-moderate COVID-19 who have a high risk for developing severe disease, reducing the need for admission to hospital. This includes adults aged 65 or older, with two other risk factors for severe disease, people identifying as of Aboriginal or Torres Strait Islander origin, who are 50 years of age or older with two other risk factors for severe disease, or the moderately to severely immunocompromised.
- Uvadex® (methoxsalen) for the treatment of chronic graft versus host disease, and for around 180 patients would otherwise cost \$9,200 per course of treatment.
- Mylotarg® (gemtuzumab ozogamicin) to help patients with acute myeloid leukaemia, which means they will no longer need to pay \$18,000 per course of treatment.
- Ultomiris® (ravulizumab) to benefit people with paroxysmal nocturnal haemoglobinuria (PNH), saving 160 Australians a year from paying \$550,000 per year for treatment.
- Soliris® (eculizumab), also used for the treatment of paroxysmal nocturnal haemoglobinuria (PNH), previously available through the Life Savings Drug Program, and would otherwise cost each patient \$440,000 per year of treatment.

From February 2022 –

- Calquence® (acalabrutinib), for the treatment of approximately 350 patients with mantle cell lymphoma, which means they will no longer have costs of \$8,200 per script.
- Rinvoq® (upadacitinib) to assist people with severe atopic dermatitis, saving around 3,600 patients a year from facing an out of pocket bill of \$27,000 per year for their medication.

From January 2022 –

- Braftovi® (encorafenib) in combination with PBS-listed cetuximab, for which around 340 patients battling colorectal cancer (bowel cancer), they will no longer have costs of more than \$33,600 per course of treatment.
- An expanded listing of Forxiga® (dapagliflozin) for the treatment of symptomatic heart failure, which for around 75,000 patients would otherwise cost \$630 per year.

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 through the PBS.

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 adding new medicines to the PBS will be done quickly and will be protected from funding pressures.

The listing of new medications means the Australian Government will subsidise the cost of more life-saving medicines for patients.

Alongside these listings, the Government has continued 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 the Australian tax payer.

How much will this cost?

The Australian Government is investing \$2.4 billion over five years, from 2021–22 to 2025–26.



Improving access to medicines – Pharmaceutical Benefits Scheme Safety Net

The Australian Government is investing \$525.3 million over four years to reduce the out of pocket costs for Australians who rely on Pharmaceutical Benefits Scheme (PBS) subsidised medicines, by reducing the eligibility threshold to meet the PBS Safety Net.

This is part of the Government's commitment to providing affordable and accessible medicines for all Australians.

From 1 July 2022, the PBS Safety Net threshold in each calendar year will be lowered by the equivalent of 12 fully priced scripts for concession card holders and the equivalent of two fully priced scripts for non-concessional (general) patients.

- For concessional patients, the safety net threshold will be lowered from \$326.40 to \$244.80 a saving of up to \$81.60.
 - When concession card holders reach the safety net threshold, after 36 full priced concessional scripts, they will receive PBS medicines at no charge for the balance of the year.
- For general patients, the general safety net threshold will reduce from \$1,542.10 to \$1,457.10 a saving of up to \$85.00.
 - This means that after the equivalent of about 34 full priced general co-payments, general patients pay only the concessional co-payment of \$6.80 per PBS script for the balance of the year.

Last year, 1.8 million Australians qualified for free or discounted medicines through the PBS Safety Net scheme. Guaranteeing more funding will ensure that even more Australians can access cheaper medicines. It is estimated that 2.4 million Australians in total will benefit from reducing the concessional and general PBS Safety Net thresholds.

Patient co-payment amounts and safety net thresholds will continue to be adjusted on 1 January each year with respect to movements in the Consumer Price Index (CPI).

Why is this important?

This measure will provide concessional and general patients with earlier access to free or significantly cheaper PBS medicines. This continues to drive more affordable and accessible medicines for all Australians through the PBS.

The PBS Safety Net changes are related to lowering cost of living pressures, ensuring people can access the medicines they need.

Who will benefit?

Both concessional and general patients will be more likely to reach their safety net, or reach it earlier in the calendar year, increasing the number of people who may benefit, or gain an increased benefit, from the scheme.

Families, pensioners and chronically ill patients requiring multiple medicines will benefit most from this measure.

How much will this cost?

The Australian Government is investing \$525.3 million over four years from 2022–23 to 2025–26.



Primary Health Care 10 Year Plan – Stronger Rural Health Strategy – Medical Education and Training

The Australian Government is investing \$152.5 million as part of our commitment to build a stronger health workforce in rural, regional and remote communities.

This funding continues the important work under the \$550 million *Stronger Rural Health Strategy* and builds on previous investment in training doctors and other medical professionals in rural areas, through the Rural Health Multidisciplinary Training (RHMT) program.

University Departments of Rural Health

The Government is investing \$36.2 million to establish two new University Departments of Rural Health (UDRH) in the South West (Edith Cowan University) and Goldfields (Curtin University) regions of Western Australia, as part of our support for allied health, nursing and medical training in the bush.

This initiative funds the expansion of the RHMT program, which currently has a national network of 19 Rural Clinical Schools, 17 UDRHs and 26 hubs.

UDRHs provide training to students across a range of health disciplines and settings, including aged care, disability and rehabilitation services, childcare, schools, community facilities, and Aboriginal Community Controlled Health Organisations.

Rural Medical Education and Training places

\$114.2 million will build training and education opportunities in rural regions. This will build a sustainable, high-quality health workforce and establish a Rural Clinical School at Charles Sturt University.

Vivian Bullwinkel Nursing Scholarships

As a related measure, the Australian Government is providing \$1 million as a matching co-contribution for the Bullwinkel Scholars, establishing 21 scholarships through the Australian College of Nursing which will support nurses seeking to further their professional development in leadership.

Why is this important?

UDRHs provide multidisciplinary health services and improved health outcomes to their local communities while students complete supervised clinical training placements.

The RHMT program supports teaching and training in rural, regional and remote areas to at least as high a standard as in the cities. The program has been evaluated and shown to deliver more health graduates working in rural, regional and remote areas.

Who will benefit?

The expansion of the RHMT program through two new UDRHs will encourage more graduating health professionals to practice in the South West and Goldfields regions of WA.

How much will this cost?

The Australian Government is investing \$152.5 million over four years from 2022–23 to 2025–26.



Primary Health Care 10 Year Plan – Stronger Rural Health Strategy - Improving rural access to magnetic resonance imaging (MRI) diagnostics

The Australian Government is investing \$66 million to deregulate and expand access to Medicare funded magnetic resonance imaging (MRI) services and provide critical diagnostic imaging services to more regional and rural Australians.

This reform will deregulate the current MRI Medicare equipment eligibility requirements, known as licencing, from all MRI machines in regional, rural and remote areas (Modified Monash Model (MMM) 2–7 areas) from 1 November 2022.

Reforming the licencing requirements will mean regional and rural Australians can find the most appropriate quality diagnostic scan in a timely and affordable manner closer to home. Currently, over 50% of rural and remote patients travel significant distances to receive their Medicare funded MRI.

This will also help reduce the pressure on out-of-pocket costs and improve disease detection and management for regional, rural and remote patients.

Why is this important?

An MRI scan can diagnose a range of conditions that other diagnostic scans cannot. It is particularly useful for soft-tissue scans and is important for the planning and management of cancer treatments.

Improved access to Medicare eligible MRI in these communities is expected to reduce travel time and out-pocket expenses for patients, ensuring that people can access MRIs regardless of where they live across Australia, and making the process easier for both patients and providers.

Who will benefit?

There will be significant benefit to patients, particularly to some of the most vulnerable patients in rural and regional Australia, including people affected by cancer.

Increased funding will ensure optimal access to MRI services for people who need it most, wherever they live. This includes a wide range of regional and rural patients such as women with endometriosis and infertility issues, and people who require access to breast cancer, cancer diagnosis and staging services, who reside in regional areas.

How much will this cost?

The Australian Government will invest \$66 million over four years, from 2022–23 to 2025–26.

Primary Health Care 10 Year Plan – Stronger Rural Health Strategy - Improving rural access to magnetic resonance imaging (MRI) diagnostics



Primary Health Care 10 Year Plan – Stronger Rural Health Strategy – Royal Flying Doctor Service, CareFlight, Little Wings, and Heart of Australia

The Australian Government will provide \$72.6 million funding for aeromedical and outreach health services which ensure people in rural and remote Australia can access emergency evacuation services and other health services, including primary care and dental clinics, regardless of their distance from other medical services.

Aeromedical services are iconic and vitally important across rural and remote Australia, the Royal Flying Doctor Service (RFDS) alone covers approximately 6.5 million square kilometres, or 85% of Australia for primary care and emergency care.

Royal Flying Doctor Service (RFDS)

The Australian Government is investing \$33.3 million over four years in additional funding to establish a 10 Year Strategic Agreement with the RFDS. This builds on the existing, ongoing funding of \$84 million per year provided to the RFDS. Over the coming decade of the Strategic Agreement this additional funding will amount to \$81.1 million, bringing the total Australian Government investment to \$991.7 million.

Funding certainty for the RFDS will assist in delivering better overall health management and preventative health care to tens of thousands of Australians in rural and remote Australia.

CareFlight

The Australian Government is also investing \$18 million in 2022–23, to guarantee rescue services and emergency aeromedical services through CareFlight.

This investment complements the work of the RFDS, which delivers primary aeromedical evacuations, GP and nursing clinics from the Northern Territory/South Australian border up to Tennant Creek.

This funding will expand aeromedical support to remote Aboriginal and Torres Strait Islander communities in the Top End region.

CareFlight funding will be contingent on an agreement with the Northern Territory Government to meet the ongoing maintenance and operational costs of the funded aircraft.

Little Wings

\$4.1 million over four years to support Little Wings to continue providing critical aeromedical and ground transport for seriously ill children, in rural regions of New South Wales, the Australian Capital Territory (ACT) and Queensland.

This funding includes \$2.5 million in 2022–23 to enable Little Wings to secure a fourth aircraft increasing its capacity from 550 flights per year, to approximately 800 flights. Ongoing funding will continue to support these services.

Heart of Australia

The Australian Government is investing \$17.2 million to Heart of Australia to enable the continuation of five mobile health clinics to provide clinical services and other health services to regional, rural and remote Queensland.

Heart of Australia operates five mobile clinics which provide outreach services to 32 communities, including specialist medical consultations in cardiology, endocrinology, sleep medicine, psychiatry, geriatric medicine, immunology, general medicine, neurology, gastroenterology and gynaecology.

In 2022, Heart of Australia will also commence providing access to CT and x-ray services.

Why is this important?

The Australian Government is committed to taking action to improve access to emergency health care and primary care, and address workforce issues in rural and remote communities.

The Government continues to make significant investment in rural health through the *Stronger Rural Health Strategy*, as it addresses the range and availability of services to many communities.

The additional funding will support the RFDS to remain sustainable and to continue to deliver essential health care, including critical emergency evacuations to Australians in rural, regional and remote communities.

Funding for CareFlight will address the following critical needs:

- rescue capability in the Northern Territory. The Territory currently has only one rescue helicopter
- rapid deployment of critical care and trauma capabilities during crisis events, including bushfires and COVID-19, and
- increased delivery of culturally appropriate and clinically safe care for Aboriginal and Torres Strait Islander communities.

Little Wings is a non-profit organisation that provides free, professional and safe flight and ground transport services for seriously ill children. Support for Little Wings is critical as the population of the 55 regions of NSW, ACT and Queensland it services has grown, and Little Wings has experienced a 60% growth in demand for its aeromedical transport services in the past 12 months.

Heart of Australia will both improve health and medical service availability in regional, rural and remote Queensland, whether that is emergency response, aeromedical transport, or access to specialist medical outreach services.

Who will benefit?

Patients in rural and remote areas will benefit through improved access to primary care, mental health, and dental services through the RFDS, emergency services through CareFlight, children's aeromedical transport through Little Wings, and specialist medical services through the Heart of Australia.

The RFDS supports very remote regions to receive regular care, noting the extreme difficulties in maintaining long term in community care services in very remote areas with low serviceable populations.

Continued investment in CareFlight will ensure that patients in the Top End region of the Northern Territory who would otherwise be unable to access or facing delayed access to health services due to their remoteness will be able to receive emergency aeromedical services through CareFlight. People requiring rescue will also have better access to the help they need in hard to reach locations.

Little Wings will continue to operate its aeromedical transport services for seriously ill children and their families in rural NSW, ACT and Queensland.

Heart of Australia will improve services to regional, rural and remote Queenslanders, improving access to a range of care, whether emergency response, primary care or preventive health.

How much will this cost?

The Australian Government is investing \$72.6 million over four years from 2022–23 to 2025–26.



Guaranteeing Medicare and Access to Medicines – Improving Access to Medical Equipment, Treatment and Diagnostics

The Australian Government is investing more than \$60.5 million over five years from 2021–22 to continue its work improving and protecting the health of all Australians through its commitment to Medicare and improved access to medicines.

Since 2012–13, the Australian Government’s commitment to Australia’s universal health care system, including the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), has increased by 65.6%, growing to more than \$43 billion in the 2022–23 Budget, and to \$46.8 billion in 2025–26.

Since 2012–13, significant developments in delivering Medicare include removing barriers to accessing health care through telehealth, investment in genomic tests to support personalised medicine, MBS reviews leading to improvements across all clinical areas covered by the MBS, and significant additional investments in public hospital services and the PBS.

The 2022–23 Budget includes a range of important measures, such as:

- \$38.2 million investment to ensure important medicines held within the National Medical Stockpile (NMS) are re-stocked, as the medication reaches its natural expiry.

The NMS protects lives and livelihoods by ensuring a supply of key emergency treatments such as pharmaceuticals which can be deployed in a public health emergency.

This investment will also purchase stocks of influenza treatments to ensure continued preparedness for the coming influenza season whilst the COVID-19 pandemic continues.

- \$11 million over four years to improve the awareness, diagnosis, and treatment of dust diseases, such as silicosis, in response to the Final Report from the National Dust Disease Taskforce.

The Australian Government is investing in awareness and education of the risks of working in dust generating industries, training for medical professionals

on the diagnosis and treatment of dust diseases, and the development of a silicosis care management plan for health professionals.

It also provides a single centralised hub to provide affected workers and their families with information, support and expert advice and supports the National Occupational Respiratory Disease Registry.

- \$5.3 million to extend funding for Commonwealth clinical quality registries (CQRs), which support improved health outcomes for patients with implanted breast, cardiac, pelvic mesh, hip fracture or shunt device, and for treatment for diabetes or traumatic injury, for one year from 2022–23.

This investment will replace these CQRs' paper repositories with more efficient, digitised, and interoperable systems that will drive improvements in healthcare and leverage future developments in digital health systems.

CQRs support the use of the Therapeutic Goods Association's unique device identifier, so that for the first time implanted medical devices such as breast implants can be tracked and traced.

- \$2.1 million is being invested in activities aimed at early detection and better treatment of sepsis, a life-threatening and time-critical blood infection.

This investment addresses recommendations under the *National Action Plan for Sepsis*, including building capacity and ensuring appropriate care for sepsis survivors, and will deliver a comprehensive national sepsis awareness campaign.

The initiative includes targeted training for undergraduate health programs and health professionals, and the development and publication of data collection tools to drive improvements to sepsis care.

- \$3.9 million is being invested to redesign the existing Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program to deliver targeted, responsive and efficient activities that ensure public confidence and knowledge about using medicines and diagnostics tests safely and effectively.

The QUDTP Program's reach will be expanded to all healthcare settings by consolidating quality use of medicines and diagnostics (QUM) activities within the Australian Commission on Safety and Quality in Health Care (ACSQHC) from 1 January 2023.

Why is this important?

The Australian Government continues to guarantee Medicare and access to medicines, as a foundational part of our universal access health care system. Ongoing and record investment in Medicare is a key driver for Australia's health systems to be one of the best in the world.

The NMS is an essential part of the critical infrastructure for national health protection in Australia. It provides strategic reserves of pharmaceuticals including chemical, biological, radioactive and nuclear (CBRN) and antivirals ready to be deployed in response to a natural, accidental or terrorist related public health emergency, such as the COVID-19 pandemic. Stocks must continually be maintained and replenished for maximum preparedness.

The rates of dust diseases like silicosis continue to rise, particularly among Australians who have worked in dust generating industries, like mining, quarrying, and the engineered stone industry. The National Dust Disease Taskforce has worked to develop a national approach to the prevention, early identification, control and management of these debilitating and potentially fatal occupational dust diseases in Australia.

CQRs continue to support improved health care and patient outcomes for people with: implanted breast, cardiac, pelvic mesh, hip fracture or shunt devices; and people undergoing treatment for diabetes or traumatic injury. Device registries ensure all patients and surgeons can be contacted quickly in the event of a TGA recall or issue with a particular device.

Sepsis is a life-threatening, time-critical condition that arises when the body's response to an infection damages its own tissues and organs, it can lead to death if not recognised and treated promptly. Sepsis is estimated to cost the Australian healthcare system up to \$4.8 billion annually. Sepsis also disproportionately affects Aboriginal and Torres Strait Islander people.

Medicines are the most common treatment used in health care, with more than nine million Australians taking a prescribed medicine each day. Medicines can be harmful if prescribed inappropriately, a risk compounded by growth in the use of multiple medicines.

The QUDTP Program will deliver all healthcare settings access to consolidated QUM activities.

Who will benefit?

The COVID-19 pandemic has shown that the NMS is a crucial tool for Government to support the health response during a crisis. All Australians, especially vulnerable and at risk groups, need access to essential medical supplies including medicines and antidotes.

It is estimated that around 25% of Australia's engineered stone workers who have been in the industry since before 2018 are suffering from silicosis or other silica dust related diseases. These measures will assist clinicians to better diagnose and treat dust diseases, as well as improving the support and information available to sufferers and their families.

Clinicians, hospitals, health care system managers, industry, and the TGA would benefit from real world data in clinical quality registries (CQRs) that support improvements in health care, including the ability to quickly contact all people with implantable medical devices. In turn, people with such devices can respond more quickly.

Around 55,000 Australians annually are diagnosed with sepsis and up to 8,700 die each year. Improving the speed of diagnosis and treatment will reduce deaths and the impact on families.

Health professionals and consumers will continue to benefit from up-to-date education and information on the optimal and safe use of medicines from the ACSQHC. The consolidation of quality activities within the ACSQHC leverages the Commission's expertise and system-wide reach, including inter-jurisdictional clinical committees. This change reduce the duplication of services provided by the National Prescribing Service.

The health care campaign will positively impact the health of all Australians by enhancing access to routine health care for routine health matters, to help prevent, detect and manage chronic conditions. Priority populations, including Aboriginal and Torres Strait Islander people and people in rural and remote communities, will be key beneficiaries.

How much will this cost?

The Australian Government will invest \$60.5 million over five years, from 2021–22 to 2025–26.



Primary Health Care 10 Year Plan – Supporting access to dental care

The Australian Government will invest more than \$107.8 million towards adult public dental patient services for concession card holders.

Since 2013, the Australian Government has committed over \$1 billion to support adult dental care for concession card holders with an additional \$107.8 million in the 2022–23 Budget.

Over the past nine years, the Australian Government's commitment to supporting public dental services for adults has delivered an additional 1.8 million dental services.

Through three National Partnership Agreements and the Federation Funding Agreement (FFA), public dental service wait times have been reduced from an average of 20 months to 12 months over the span of these agreements, which means more Australians can access critical dental services more quickly.

This funding supports the Australian Government's commitment to improving access to public dental services for concession card holders, and ensuring the best evidence base is available to guide delivery of appropriate dental services to eligible Australian children to improve their oral health.

Why is this important?

Australia's lower income households have a higher incidence of poor oral health, which can have a significant impact on their overall health and wellbeing, and can contribute to more significant health problems.

We know that the percentage of people who avoid or delay dental care due to the cost has increased over the last decade.

Continuing to invest in the FFA on Public Dental Services for Adults will ensure that more low income families can access essential oral health care. It also enables work to progress towards sustainable longer-term funding arrangements with the states and territories.

Who will benefit?

Australians on low and limited income, with concession cards, will benefit from continued dental support services, providing services to an additional 180,000 adult public dental patients per year.

This includes people in receipt of pensioner concession cards and health care cards, and in particular older Australians, people with disabilities, and Aboriginal and Torres Strait Islander Australians.

How much will this cost?

The Australian Government is investing more than \$107.8 million in 2022–23.



Guaranteeing Medicare – Response to 2022 East Coast Floods

The Australian Government will invest more than \$35.9 million to support Australians impacted by the recent flood emergency in New South Wales and Queensland, with critical mental health and primary care services.

This emergency investment supports the Government's approximately \$1 billion flood response, which has been led by the Australian Government National Recovery and Resilience Agency. It will ensure immediate and longer-term services are available for individuals, families, and communities impacted by the disaster and to support communities as they recover and build resilience for the future.

Residents in disaster hit areas, such as the NSW and Queensland coastal regions experiencing flooding in March 2022, will have unrestricted access to GP telehealth to minimise the disruption to their essential care.

This has been put in place through changes to Medical Benefits Schedule (MBS) telehealth arrangements, enabling any GP or Other Medical Practitioner (OMPs) to provide healthcare to patients affected by natural disasters.

More than \$4.7 million over two years will ensure continuity of primary health care services for flood-affected Australians. This will guarantee the delivery of primary care services on the ground immediately in disaster affected areas and are engaged in locally-focused emergency preparedness, response and coordination.

The Australian Government's primary health care investment also includes:

- \$2.4 million over two years for primary health care emergency response teams in 8 Primary Health Networks (PHNs) in the flood-impacted regions to ensure urgent access to health services
- \$730,000 over six months to employ locums in the Lismore region to provide relief for local GPs and ensure ongoing access to primary health care, creating a temporary surge workforce to meet the current emergency need, and a longer term capacity if local practices remain closed for an extended period
- \$1.5 million to immediately establish shared temporary business premises in or near Lismore for displaced local primary health care providers, including

general practitioners, pharmacists, allied health providers, mental health service providers and dentists, for timely emergency medical assistance, and

The Australian Government's is also providing \$31.2 million towards mental health services and support in flood impacted areas including:

- \$16.6 million to support local mental health services to ensure immediate psychological needs of communities can be met, including:
 - \$13.5 million to fund psychological therapies delivered by local service providers to meet current demand
 - \$2.4 million for local Aboriginal community controlled health organisations to deliver culturally appropriate, locally-designed mental health services in impacted communities
 - \$200,000 to support the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) to boost psychological support for current clients impacted by the floods, and
 - \$500,000 to ensure the Australian Psychological Society can continue to deploy its Disaster Response Network of over 500 trauma-trained psychologists.
- \$9 million to support the mental health of children and young people, including:
 - \$4.5 million to fund headspace services currently impacted by the floods, including funding to rebuild or relocate headspace Lismore and provide outreach services to Ballina and surrounding regions, and
 - \$4.5 million to provide dedicated services to impacted children and young people, with a focus on working through school communities, provided by Royal Far West.
- \$1.2 million to accelerate the establishment of a Head to Health centre in Lismore, with a particular focus on trauma recovery and PTSD treatment
- \$3 million towards Wellbeing and Resilience Grants that allow communities the opportunity to design their own response to address the losses, anxiety and distress they have experienced, and actively participate in their recovery.

Where appropriate, services will be commissioned through local PHNs to ensure services meet local needs.

This investment will maximise recovery and resilience through community-led activities, identify those whose mental health is a risk and encourage them to seek help when they need it. They will be connected with the full range of mental health support available through targeted communications and local supports.

Why is this important?

It is critical that we deliver a coordinated primary health care response to national emergencies, to reduce pressure on the acute sector and ensure an organised and effective response.

Amendments to MBS telehealth items for disaster affected regions will ensure that essential care can continue even in the event of a natural disaster, such as the east coast floods of March 2022. This will mean any GP or OMP can provide healthcare to patients affected by natural disasters, when their regular clinician may be unavailable because of the disaster.

The Government's plan for dedicated localised emergency preparedness teams and other disaster support will safeguard communities impacted by disasters, with a strong on-the-ground presence, a principle of data-driven local-led recovery and delivering initiatives to lessen the flow-on impacts of future emergencies. This will better integrate the primary care into national emergencies, and strengthen the resilience of communities during and post a public health emergency.

We know that the mental health effects of natural disasters can present themselves over a long period of time, and the people impacted by these floods in NSW and QLD have a long road to recovery ahead.

The Government is ensuring that individuals, families and communities directly impacted by the floods will be able to access immediate and ongoing support to reduce the distress and trauma experienced in the face of these floods.

This commitment aligns with recommendations from the *Royal Commission into National Natural Disasters* to boost mental health supports during and after a disaster, and with the draft *National Disaster Mental Health and Wellbeing Framework*, to guide how all governments can support people's mental health before, during and after natural disasters.

Who will benefit?

The Government's investment in mental health support will benefit individuals, families and communities in NSW and QLD directly affected by the flood disaster of 2022.

Improving how Australia's permanent telehealth system works for patients living in a disaster zone will ensure the continuity of their care when disaster strikes. Knowing that they can access telehealth with a GP or OMP, when their regular clinician may be unavailable is a tangible benefit and also provides peace-of-mind for people needing ongoing care.

Emergency primary health care funding for flood impacted regions will support all Australians living at risk of being impacted by a disaster or emergency event, flood impacted Primary Health Networks, and all levels of government (Commonwealth, state and territory, local).

How much will this cost?

The Australian Government is investing \$35.9 million over two years, 2021–22 and 2022–23.



Guaranteeing Medicare – Response to Japanese Encephalitis Virus

The Australian Government is investing \$59 million in the response to the outbreak of Japanese Encephalitis Virus (JEV) to protect at risk Australians from the virus.

Japanese encephalitis virus, which is transmitted by mosquitos, has been detected in piggeries across different states, and a number of cases have now been confirmed in humans. The JEV outbreak has been declared a Communicable Disease Incident of National Significance.

The funding will provide:

- \$28.2 million to purchase 130,000 additional JEV vaccines – to be available from late March and into April
- \$17.5 million to support jurisdictions with mosquito surveillance and control activities
- \$5 million for public health communication to ensure people are aware of risk and how to prevent infection
- \$3.5 million for essential supplies to ensure sustained laboratory capacity and capability to test for JEV in humans, and
- \$4 million to support surveillance activities, such as modelling, geospatial analysis and conducting a serosurvey to better understand and map areas with higher risk of a JEV outbreak.

Why is this important?

Japanese encephalitis is a virus that is transmitted from infected animals, particularly pigs, to people through the bite of an infected mosquito. Infection in humans is most commonly asymptomatic, but in rare cases it can result in severe disease, and even death.

The virus, which does not normally occur in Australia, has been detected in piggeries across multiple states. A number of human cases of Japanese encephalitis have now been confirmed. People can protect themselves against the virus through simple measures such as insect repellants and clothing that helps prevent mosquito bites, and through vaccination.

The Australian Government's Department of Agriculture, Water and the Environment and the Department of Health have been collaborating closely, together with state and territory counterparts, in response to the JEV outbreak. The management of zoonotic diseases such as JEV is primarily the responsibility of states or territories.

Who will benefit?

The investment in vaccines and their targeted distribution will ensure that Australians most at risk of acquiring JEV, such as people working or living at, or visiting piggeries, as well as people who work with mosquito surveillance and control, and laboratory workers who may be exposed to JEV, have ready access to the vaccine to protect from infection.

Boosting surveillance and mosquito control activities will help authorities monitor any new sites of infection and help control the spread of the virus.

A communication strategy is vital to ensure key stakeholders - such as piggery operators, horse owners, and people living near areas of higher risk of JEV - are fully informed on how best to limit spread of the virus and protect against transmission.

How much will this cost?

The Australian Government will invest \$59 million in 2022–23.



Supporting Our Hospitals – Western Australian Comprehensive Cancer Centre

The Australian Government is investing \$375.6 million to establish a Western Australian (WA) Comprehensive Cancer Centre to improve access to world-class cancer care and ensure better health outcomes for Western Australians with cancer.

The Centre is planned to include 10 operating theatres, an emergency department and intensive care unit. It will include 140 overnight and inpatient beds, plus 110 chemotherapy, medical and same-day beds and chairs, along with 20 intensive care beds.

It is expected to deliver on-site services including imaging, pharmacy, chemotherapy, medical oncology, haematology and radiation oncology, palliative care, linear clinical trials, day medical services, CAR-T cell therapy suite, cancer laboratories, community wellness centre, and exercise physiology.

The Australian Government is co-contributing \$375.6 million to the estimated \$750 million total infrastructure cost, with the Western Australian Government to provide the remainder of the funding support.

The WA Comprehensive Cancer Centre delivers on a proposal from the Harry Perkins Institute of Medical Research, following a similar model to the Peter MacCallum Cancer Centre in Melbourne and the Chris O'Brien Lifecare facility in Sydney.

Why is this important?

Australia has some of the best cancer survival rates in the world, driven by our excellent research and clinical care, but cancer remains the leading cause of death by disease in adults and children in Australia.

WA faces challenges in cancer care due to the significant distance from the resources, services and care available in metropolitan centres on the east coast, coupled with the remoteness of major population centres outside Perth.

The establishment of a major comprehensive care centre will make a significant difference for WA based patients. The Western Australian Comprehensive Cancer Centre will establish a world-leading, comprehensive cancer service, integrating research, clinical trials and education.

There is good evidence from Australia and around the world of the benefits of concentrating cancer care within high quality institutions, which capitalise on efficiencies by focusing entirely on cancer services, and establishing close links to clinical trials and research.

Who will benefit?

The establishment of a WA Comprehensive Cancer Centre will see cancer patients in WA, including outreach to rural and remote communities, receive more comprehensive, integrated care for all types of cancers.

This will result in improved patient outcomes, such as increased survival, enhanced quality of life, bespoke treatment journeys, fewer side-effects, and fewer days in hospital and off work.

The Centre will also improve outreach programs and care for WA's rural and remote communities and most vulnerable groups, including Aboriginal and Torres Strait Islander people.

Clinicians, especially cancer specialists in WA, will benefit from having a world-class cancer centre in their state, providing opportunities to practice and for career-progression without having to relocate to another state.

It's estimated the Centre will create at least 500 new ongoing jobs for WA, and apart from those created during construction, many of these ongoing jobs will be in the medical and research space.

How much will this cost?

The Australian Government is investing \$375.6 million over four years, from 2022–23 to 2025–26.



Prioritising Mental Health and Suicide Prevention – Prevention and Early Intervention (Pillar 1)

The Australian Government is investing \$86.2 million in the Prevention and Early Intervention pillar as part of the *National Mental Health and Suicide Prevention Plan – Stage 2*.

This investment builds on the \$2.3 billion initial phase of the Plan, announced in the 2021–22 Budget. Together with other mental health and suicide prevention commitments worth \$648.6 million in the 2022–23 Budget, it takes the total value of the plan to nearly \$3 billion.

Since 2012–13, the Australian Government's investment through the Health portfolio in mental health and suicide prevention has more than doubled (106% increase), growing from \$3.3 billion to an estimated \$6.8 billion in 2022–23.

Since 2012–13, the Australian Government has driven significant developments in prevention and early intervention including:

- boosting digital mental health and suicide prevention supports, including through Lifeline, Beyond Blue, and Kids Helpline, and establishing dedicated services in response to natural disasters and the COVID-19 pandemic, including Beyond Blue's COVID-19 Mental Health and Wellbeing phone line and Lifeline's 13HELP Bushfire crisis line
- launching the world's first *National Children's Mental Health and Wellbeing Strategy* focused on the mental health and wellbeing needs of children from birth through to 12 years of age, and
- implementing the Individual Placement and Support program in 50 headspace locations nationally to improve the educational and employment outcomes of young people aged up to 25 with mental illness.

Our Government is committed to delivering services which provide appropriate care as early as possible.

2022–23 Budget measures for mental ill health prevention and early intervention include:

- \$63.6 million over four years to continue support for digital mental health services in response to the ongoing pandemic pressure, including Lifeline's 13HELP Line, and increased demand for crisis support and suicide prevention

- \$9.7 million to help teachers and school leaders to better understand and respond to the mental health and wellbeing of Australian school students
- \$3.9 million to contribute to evidence-based mental health and suicide prevention research activities and services delivered by the Thompson Institute at the University of the Sunshine Coast
- \$3.3 million to support the Raise Foundation to deliver its best-practice, early intervention and prevention student mentoring program to vulnerable students for a further two years, and
- \$1.8 million for the Raising Children Network to support and further develop the *Raising Healthy Minds app*, which aims to improve the mental health literacy of Australian parents and carers to identify signs of social or emotional problems in their children.

Why is this important?

Almost one in four Australians experience some form of mental ill health in any given year, while almost one in two Australians will experience mental ill health in their lifetime.

Mental illness significantly increases the risk of suicide, the leading cause of death of people aged 15–44.

The personal toll on the lives of individuals, their families and carers is immense, and it also has a profound effect on our society, health and social systems, and economy.

Prevention and early intervention programs and services are an effective way to keep more Australians mentally well, and to ensure those experiencing the early stages of mental ill-health can access support tailored to their needs.

Our Government is investing in digital services, youth programs and infrastructure to increase access to services for people with limited access to face-to-face services, including those in regional and remote areas.

Telephone counselling services and apps deliver low-cost prevention, early intervention, and treatment to large numbers of people.

Who will benefit?

These investments will benefit all Australians to help them proactively manage their mental health and to link them with early intervention services if required.

These measures will particularly benefit children and young people experiencing mental health challenges and their families and carers; mental health service providers; state and territory governments; schools and teachers; Primary Health Networks (PHNs); lead agencies; and health professionals.

How much will this cost?

The Australian Government is investing \$86.2 million over five years, from 2021–22 to 2025–26.



Prioritising Mental Health and Suicide Prevention – Suicide Prevention (Pillar 2)

The Australian Government is committed to working towards zero suicides and is investing \$46.7 million in suicide prevention programs and research as part of the *Mental Health and Suicide Prevention Plan - Stage 2*.

This investment builds on the \$2.3 billion initial phase of the Plan, announced in the 2021–22 Budget. Together with other mental health and suicide prevention commitments worth \$648.6 million in the 2022–23 Budget, it takes the total value of the plan to nearly \$3 billion.

Since 2012–13, the Australian Government's investment through the Health portfolio in mental health and suicide prevention has more than doubled (106% increase), growing from \$3.3 billion to an estimated \$6.8 billion in the 2022–23 Budget.

Since 2012–13, the Australian Government has driven significant developments in suicide prevention including:

- establishing the National Suicide Prevention Office in the National Mental Health Commission
- establishing a National Suicide and Self-harm Monitoring System through the Australian Institute of Health and Welfare, and
- funding aftercare services in partnership with states and territories for people who are discharged from hospital following a suicide attempt.

Regional initiatives for suicide prevention

The Government will invest \$42.7 million to build on the success of the National Suicide Prevention Trial and support regional initiatives for suicide prevention in every Primary Health Network (PHN), strengthening the capacity for communities to implement system wide responses to reduce the risk of suicide in their region. This includes:

- \$10.4 million to fund a Suicide Prevention Regional Response Leader in each of Australia's 31 PHNs. The Regional Response Leader will be responsible for engagement, coordination, and integration of early intervention and suicide prevention activities across in their region, ensuring that communities have access to proactive and seamless support
- \$30.2 million to build on the lessons from the National Suicide Prevention Trials of 2016–17 to 2021–22 and invest in regional and community-based suicide prevention

- systems across all regions through initiatives responding to specific risk factors in each community, and
- \$934,000 for data development and reporting and \$700,000 for an evaluation of the rollout.

Expanding suicide prevention research

The Government is also investing \$4 million to expand on the existing research in suicide prevention, by providing a further two years of funding for the Suicide Prevention Research Fund delivered by Suicide Prevention Australia. This measure is targeted to specifically address suicide prevention research priorities and flexibly respond to emerging research needs, such as transitioning out of the COVID-19 pandemic.

Why is this important?

Suicide continues to be a tragedy for many Australian families, with 3,139 deaths recorded as suicides in Australia in 2020. Data has also shown an increase in population rates of psychological distress and self-harm since the COVID-19 pandemic began. The Government is committed to working towards zero suicides and ensuring appropriate supports are in place for those who are at risk.

From 2016–17 to 2021–22, the Government supported 11 PHNs to participate in the National Suicide Prevention Trial. The Trial demonstrated the importance of localised approaches, dedicated response leaders in each PHN, and strengthened skills and capacities of the workforce.

These new measures will leverage the lessons learned from the National Suicide Prevention Trial to deliver services and suicide prevention initiatives which are designed in consultation with, and tailored for, local communities.

Funding to expand suicide prevention research will build on existing research and translate findings into improved suicide prevention models and practices that support individuals, families and communities.

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 National Suicide Prevention Trial has helped identify the most effective approaches to tailor suicide prevention support for the needs of groups at risk of suicide.

PHNs will take a central role in implementing a system wide approach to suicide prevention, ensuring services and supports are integrated, coordinated and appropriate for local populations.

A national approach, deploying resources to each of Australia's 31 PHNs is central to developing locally focused programs which address the unique risk factors in each region. This initiative will particularly benefit those living in regional, rural and remote communities where services may have been limited in the past.

How much will this cost?

The Australian Government is investing an additional \$46.7 million over two years from 2022–23 to 2023–24.



Prioritising Mental Health and Suicide Prevention – Treatment (Pillar 3)

The Australian Government is investing \$391.7 million to provide accessible and effective mental health treatment services as part of the *Mental Health and Suicide Prevention Plan - Stage 2*.

This investment builds on the \$2.3 billion initial phase of the Plan announced in the 2021–22 Budget. Together with other mental health and suicide prevention commitments worth \$648.6 million in the 2022–23 Budget, it takes the total value of the plan to nearly \$3 billion.

Since 2012–13, the Australian Government's investment through the Health portfolio in mental health and suicide prevention has more than doubled (106% increase), growing from \$3.3 billion to an estimated \$6.8 billion in 2022–23.

Since 2012–13, the Australian Government has driven significant developments in mental health treatment including:

- increasing the number of headspace services for young people Australia-wide from 56 services in 2013–14 to 164 by 2025–26
- expanding the Medical Benefits Schedule (MBS) Better Access initiative to make an additional ten sessions available to all Australians and expand eligibility to aged care residents in response to the COVID-19 pandemic, as well as provide access to family and carers, and encourage greater use of group therapy, and
- introducing the first dedicated Medicare services for patients with eating disorders and funding the Wandi Nerida residential eating disorder treatment centre on the Sunshine Coast, with six additional centres around Australia to commence operations in 2023–24.

Protecting the mental health of young Australians

The Australian Government will commit \$15.9 million to ensure young Australians can continue to access critical mental health services as they recover from the impact of the COVID-19 pandemic. This includes:

- \$14.3 million to continue funding for the *headspace Schools Suicide Prevention Activities Program* and *Flying headspace* for a further four years to 30 June 2026, and

the *headspace Digital Work and Study Program* for a further 12 months to 30 June 2023, and

- \$1.6 million to YMCA Peninsula Youth Services for the operation of *Jimmy's Wellbeing Sanctuary*, to continue providing integrated, multi-disciplinary mental health and wellbeing services to young people experiencing mental ill-health in the Southern Mornington Peninsula region for a further four years to 30 June 2026.

Supporting Australians with eating disorders

The Australian Government will invest \$24.3 million to support critical new treatment services and fund existing services for Australians with an eating disorder.

- \$20 million over four years to implement a new program of specialised eating disorder treatment services delivered in the community setting through competitive funding grants for innovative and evidence-based models of care to best address local needs.
- \$1.3 million to the Wandi Nerida residential recovery centre to ensure people with severe eating disorders can access treatment through Australia's only operational residential centre located on the Sunshine Coast.
- \$1.6 million for the National Eating Disorders Collaboration (NEDC) for ongoing development of clinical resources, implementation of the *National Eating Disorders Strategy*, support for clinical workforce development, and provision of independent, expert advice to Government.
- \$1.1 million for the Butterfly Foundation to implement the eating disorder peer workforce project, provide advice to state and territory governments, support the establishment of community-based residential eating disorder treatment centres, and implement the Butterfly Body Bright program curriculum resources in schools.

Enhancing mental health care through case conferencing

Better integrated and holistic care will be provided to all Australians accessing mental health care under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* initiative (Better Access) or an Eating Disorder Treatment and Management Plan (EDTMP).

\$15.1 million will be provided for new MBS items to allow eligible providers to hold up to four mental health case conferences per calendar year. This will help facilitate collaborative care between a person's general practitioner (GP) or other medical practitioner and others involved in their mental health care, such as a paediatrician, psychiatrist, psychologist, and other allied health professionals.

Providing support to Australians impacted by natural disasters and other tragic events

The Australian Government is committed to ensuring that all Australians have access to high quality, person-centred care in recognition of the significant impact of natural disasters and tragic events on the mental health of many Australians. The Australian Government is investing:

- \$31.2 million in mental health initiatives to support Australians impacted by the recent flood emergency in New South Wales and Queensland
- \$946,000 to extend the MBS items for Australians impacted by the 2019–20 'Black Summer' bushfires for a further six months until 30 June 2022
- \$800,000 to provide for mental health support to Tasmania's Devonport community including families, children and first responders as a response to the 16 December 2021 Hillcrest Primary School tragedy
- \$4 million to the Black Dog Institute to establish a new National Mental Health Service for Emergency Service Workers and Volunteers

- \$5 million to continue the Head to Health Pop Up clinics in NSW until 31 December 2022, and
- \$500,000 to accelerate the provision of headspace services in the Hawkesbury region due to the impact of the recent floods.

Supporting victim-survivors of domestic, family and sexual violence

As part of the Government's commitment to enhance capacity within the health sector for victim-survivors of family, domestic and sexual violence (FDSV), the Government is investing:

- \$67.2 million (2022–23 to 2025–26) to pilot multidisciplinary care teams in six existing locations delivering trauma-informed mental health therapies designed to meet the needs of victim-survivors, and
- \$20 million (over four years from 2022–23; \$25 million over five years) to the Illawarra Women's Centre to support the establishment of a women's trauma recovery centre.

Why is this important?

It is estimated almost one in four Australians experience some form of mental ill health in any given year, while almost one in two Australians will experience mental ill health in their lifetime.

Mental illness significantly increases the risk of suicide, the leading cause of death of people aged 15–44 years.

The mental health and wellbeing of young Australians is a priority for Government as intervention early in life, or in the onset of a mental health issue, can significantly reduce the lifelong impact and burden of the condition and help individuals to achieve their full potential.

The Government is continuing to support young Australians to get the help they need to recover, build their resilience, and return to work and education by:

- boosting the availability of, and access to, appropriate mental health services
- building the mental health literacy of Australian parents to reduce stigma, and support parents to connect with early-intervention supports for their children, and
- investing in services that help rebuild social connection and community for young Australians.

Eating disorders are among the most deadly of psychiatric illnesses. Approximately one million Australians have an eating disorder, but not all are able to access evidence-based care.

The Australian Government's support for innovative new treatment and therapy approaches will see more care available in more places. Improving local access to care will deliver better health outcomes to Australian's battling an eating disorder. In addition, funding for existing initiatives will ensure continuity of support for those currently recovering from these devastating illnesses.

Creating case conference items for patients accessing support under Better Access or with a diagnosed eating disorder ensures they have access to coordinated, collaborative multidisciplinary care to support and improve their mental health outcomes.

Case conferencing is effective in facilitating communication between providers which contributes to a collaborative care approach. It can also help health professionals, family members, carers and the patient discuss what is needed to support the health outcomes that matter most.

We know that the mental health effects of natural disasters can present themselves over a long period of time, and the people impacted by these floods in NSW and QLD have a long road to recovery ahead.

The Government is ensuring that individuals, families and communities directly impacted by the floods will be able to access immediate and ongoing support to reduce the distress and trauma experienced in the face of these floods.

Prioritising Mental Health and Suicide Prevention – Treatment (Pillar 3)

Supporting recovery from complex trauma reduces long-term impacts on health, educational, legal and welfare systems and reduces the intergenerational transmission of violence. Implementation of specialised trauma-informed mental health therapeutic programs which are recovery-focused and offered over a prolonged period will provide interventions that aim to restore and repair parental and family relationships, and improve long-term recovery.

The establishment of a Women's Trauma Recovery Centre will build knowledge and networks focussed on establishing better pathways to recovery following FDSV. The Centre will create and promote best-practice models of trauma-informed recovery to better inform service delivery.

Who will benefit?

All Australians experiencing mental ill-health, including people living with an eating disorder, their families, carers, and friends, and mental health professionals and services – will benefit from the Australian Government's investment in mental health treatment.

Young people living in Australia experiencing social isolation and mental health challenges will be able to access the help they require, with the support of GPs, nurses and other health professionals, and community and sporting groups. Continued investment in services with flexible and responsive delivery options ensure all young Australians can access appropriate mental health services.

Australians suffering from an eating disorder and their families will benefit from ongoing access to critical treatment services and faster access to additional services, a reduction in wait times and the removal of barriers to treatment. Clinicians will benefit from having access to evidence-based, best-practice clinical guidance.

The Australian Government is committed to ensuring high quality, affordable and accessible care is available when and where people need it. Multidisciplinary care is an important part of ensuring that every person receives the best possible care appropriate to their needs.

Australians living with a mental disorder and accessing care through Better Access or an Eating Disorder Treatment and Management Plan will benefit from access to multidisciplinary case conferencing.

These case conferences can help ensure continuity of care across a range of health care providers and give patients clarity on their care plan, a general understanding of care approaches and expected outcomes.

Australian Government support for multidisciplinary case conferencing also benefits GPs, OMPs, psychiatrists, paediatricians and allied health professionals, to provide holistic coordinated care for patients dealing with mental ill health.

First responders, individuals, families and the broader Devonport community requiring mental health supports and services to assist in the recovery from Hillcrest Primary School tragedy will benefit from the targeted mental health support provide to the community.

Extending the Bushfire MBS items for six months will ensure Australians impacted by the 2019–20 bushfires can continue to access services until 30 June 2022. This will benefit first responders, individuals and families requiring mental health supports and services to assist in the recovery from the bushfires.

The Government's investment in mental health and primary health support will benefit individuals, families and communities in NSW and QLD directly affected by the flood disaster of 2022.

How much will this cost?

The Australian Government is investing \$391.7 million over five years, from 2021–22 to 2025–26.



Prioritising Mental Health and Suicide Prevention – Supporting our vulnerable (Pillar 4)

The Australian Government is investing \$34.9 million to ensure that all Australians have access to culturally appropriate mental health services as part of the *National Mental Health and Suicide Prevention Plan – Stage 2*.

This investment builds on the \$2.3 billion initial phase of the Plan announced in the 2021–22 Budget. Together with other mental health and suicide prevention commitments worth \$648.6 million in the 2022–23 Budget, it takes the total value of the Plan to nearly \$3 billion.

Since 2012–13, the Australian Government's investment through the Health portfolio in mental health and suicide prevention has more than doubled (106% increase), growing from \$3.3 billion to an estimated \$6.8 billion in 2022–23.

Since 2012–13, significant developments in supporting the mental health of these groups include:

- establishing 13 YARN, the first national 24/7 crisis line for Aboriginal and Torres Strait Islander people
- continuing to invest in the 26-year world-renowned Program of Assistance for Survivors of Torture and Trauma (PASTT), which supports culturally and linguistically diverse (CALD) communities to seek help in times of distress or who are impacted by international crises and conflicts, and
- establishing an Indigenous-led network of aftercare and suicide prevention support, spanning across the country.

Supporting the social, emotional and mental health of Indigenous Australians

Closing the Gap Partnership on Social and Emotional Wellbeing

The Australian Government is investing \$8.6 million to establish the *National Closing the Gap Policy Partnership on Social and Emotional Wellbeing* (Mental Health) to maintain momentum in reducing the devastating impact of mental ill-health and suicide on Aboriginal and Torres Strait Islander people, families and communities.

The Partnership will be co-led by a Coalition of Peak Organisations representative and the scope of the partnership will be co-designed with Aboriginal and Torres Strait Islander people, and state and territory governments.

Investing in the Red Dust Program

The Australian Government is investing \$8.5 million in the Red Dust Program to provide culturally appropriate mental health support in remote Northern Territory communities, focused on social and emotional wellbeing, sexual health, relationships, alcohol and other drugs, and Foetal Alcohol Spectrum Disorder (FASD).

Supporting the mental health of multicultural communities

Our Government is investing \$17.8 million to deliver targeted evidence-based mental health support to CALD communities in Australia, as part of our commitment to improving access to mental health care.

- \$10 million in a single year of top-up funding for PASTT, to continue to meet forecast demand for support to humanitarian entrants and survivors of torture and trauma.
- \$7.8 million to ensure Translating and Interpreting Services are available through Primary Health Network-commissioned mental health services, removing a significant barrier to accessing these services for CALD Australians.

Why is this important?

Supporting vulnerable Australians is one of the five pillars of the *National Mental Health and Suicide Prevention Plan*. All Australians deserve to receive compassionate and effective mental care that meets their individual needs. To ensure equity in health outcomes, the Government is prioritising investment for vulnerable population groups.

The Government continues to work towards zero suicides, and has committed to a target of significant and sustained reduction in suicides of Aboriginal and Torres Strait Islander under the National Agreement on Closing the Gap.

Aboriginal and Torres Strait Islander people experience worse mental health outcomes than non-indigenous Australians, and continue to die by suicide at more than twice the rate of the overall population. There is a significant need to increase access to culturally appropriate mental health care and social and emotional wellbeing services in order to close the gap in health outcomes and life expectancy.

Australians from CALD backgrounds can also experience disproportionate levels of psychological distress and mental illness. More than one-third of humanitarian refugees experience high psychological distress, compared with less than 20% of the general population. As a result of factors such as poor health literacy and cultural and language barriers to accessing support, CALD communities also have poorer health outcomes than the general population. Providing tailored support to these communities is critical in ensuring that all Australians have the best opportunities to lead mentally healthy, contributing lives.

Who will benefit

The *National Closing the Gap Policy Partnership on Social and Emotional Wellbeing* as the primary policy partnership mechanism provides administrative efficiencies and will streamline consultations with states and territories and key Indigenous stakeholders.

The Partnership will drive actions for the next phase of mental health reform, building on the \$80 million investment in key initiatives in the 2021–22 Budget. Indigenous peak organisations and practitioners, mainstream organisations, and state and territory governments will all benefit. The ultimate beneficiaries will be Aboriginal and Torres Strait Islander communities.

CALD communities will benefit from accessible and more targeted mental health services, access to translation services, and continued support for those who have experienced torture and trauma.

The Government's investment in mental health and primary health support will benefit individuals, families and communities in NSW and QLD directly affected by the flood disaster of 2022.

How much will this cost?

The Australian Government is investing \$34.9 million over three years from 2022–23 to 2024–25.



Prioritising Mental Health and Suicide Prevention – Workforce and Governance (Pillar 5)

The Australian Government is investing \$89.2 million to grow the mental health workforce and to strengthen governance across the sector as part of the Workforce and Governance pillar of the *Mental Health and Suicide Prevention Plan - Stage 2*.

This investment builds on the \$2.3 billion initial phase of the Plan announced in the 2021–22 Budget. Together with other mental health and suicide prevention commitments worth \$648.6 million in the 2022–23 Budget, it takes the total value of the Plan to nearly \$3 billion.

Since 2012–13, the Australian Government's investment through the Health portfolio in mental health and suicide prevention has more than doubled (106% increase), growing from \$3.3 billion to an estimated \$6.8 billion in 2022–23.

Since 2012–13, the Australian Government has driven significant developments in mental health and suicide prevention workforce and governance, including:

- successful negotiation of a new *National Mental Health and Suicide Prevention Agreement*
- significant investments in growing, upskilling and supporting the mental health workforce including targeted funding for psychologists, allied health workers, nurses, GPs, psychiatrists, lived experience (peer) workers and Aboriginal and Torres Strait Islander health workers, and
- conducting the Intergenerational Health and Mental Health Study, beginning with the National Study of Mental Health and Wellbeing, to provide the measured rate of diagnosable mental illness in the community for the first time since 2007.

Implementing the 10 year Mental Health Workforce Strategy

Central to the Government's commitment is \$60.7 million to implement the *10 Year National Mental Health Workforce Strategy* to deliver a sustainable, skilled, supported and equitably distributed mental health workforce to meet Australia's current and future needs.

Immediate action is being funded through the 2022–23 Budget to implement key priorities and enablers of the Strategy including:

- \$18.3 million to build a contemporary workforce and optimise the existing workforce through developing and piloting the National Mental Health Pathways to Practice Program -
 - \$10.8 million for the Allied Health and Nursing Stream, providing up to 660 supervised nursing and allied health student and graduate mental health placements across rural, remote and metropolitan areas over three years
 - \$6.6 million over three years for the Psychology Stream, which will provide 75 internships for provisional psychologists in a range of settings, support the safe use of the provisional psychologist workforce to deliver services, provide 150 free Psychology Board of Australia endorsed supervisor training sessions, and identify and address barriers to psychology registration, and
 - \$917,000 for evaluation of the program.
- \$28.6 million to sustain growth in the psychiatry workforce and build on existing investments to:
 - support up to 30 additional training posts and supervisors from 2023 to 2026, with a salary contribution similar to the funding through the Specialist Training Program
 - develop a rural and remote psychiatry training pathway and network, and
 - encourage more medical graduates to pursue psychiatry through the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Psychiatry Interest Forum (PIF).
- \$6 million to optimise the existing workforce by enhancing workforce capabilities and allow them to work to the top of their scope, including:
 - trialing a free national support line service for GPs to access clinical advice and support from psychiatrists, and
 - building the capacity of the mental health workforce to respond to co-occurring substance use and mental health conditions.
- \$2.2 million to further support the mental health of the health workforce, through the *Hand-n-Hand* program to provide peer support to the healthcare sector, and the extension of the the Black Dog Institute's *The Essential Network (TEN)*
- \$409,000 for stigma reduction and career promotion activities to encourage students to choose a career in mental health
- \$904,000 to establish a mental health workforce strategic coordination and distribution mechanism with an appropriate mix of expertise in health, employment and education policy, to facilitate coordinated activity between governments and industry, and across sectors, and
- \$725,000 for more effective workforce planning by enhancing workforce data and tools.

The Strategy aligns with the *National Medical Workforce Strategy 2021–2031* and the vision for a dynamic, responsive and supported workforce that meets our country's needs now and into the future.

The Government is providing \$4.2 million to support headspace centres in regional, rural and remote areas to attract and employ GPs, enabling headspace services to deliver the complete model of enhanced primary care.

The Government is also investing \$3.5 million to permanently establish the APS (Australian Public Service) Mental Health and Suicide Prevention Unit in the Australian Public Service Commission with funding over four years.

The Mental Health and Suicide Prevention Unit currently drives whole of APS uplift in mental health and suicide prevention literacy and capability.

Why is this important?

The *Productivity Commission's Inquiry into Mental Health* highlights that a well-functioning mental health system capable of delivering timely, high quality care depends upon an effective workforce.

The Government recognises that we need to strengthen and optimise the existing workforce, while working to build a larger workforce for the future.

The Government is committed to the immediate and ongoing implementation of the Strategy by:

- taking immediate action to fund key mental health workforce priorities aimed at building a sustainable workforce that is skilled, supported and equitably distributed so that it can deliver mental health care that meets current and future population needs, and
- partnering with jurisdictions, industry, peak bodies and professional colleges to ensure investment in the mental health workforce is coordinated, and remains a long-term priority area of reform over the life of the Strategy.

APS staff are often providing services to Australians facing adversity and/or recovering from disaster. A strong APS mental health and suicide prevention capability means staff have the necessary knowledge and skill to interact in ways that support community resilience and recovery.

Who will benefit?

All Australians will benefit from improved access to mental health services.

The Strategy will provide additional workforce support for mental health services, many of which have experienced substantial increases in demand throughout the COVID-19 pandemic, and will consequently help reduce wait times and pressure on emergency departments.

State and territory governments, peak bodies, the lived experience (peer) workforce and broader sector, healthcare professionals, students, provisional psychologists, allied health and nursing professionals, and Primary Health Networks will also benefit.

The Government's investment in the Mental Health and Suicide Prevention Unit will build APS capability in this priority area, and benefit the organisations and individuals who interact with the public service to receive programs, payments and services – particularly those experiencing crisis or distress.

How much will this cost?

The Australian Government is investing \$89.2 million over five years, 2021–22 to 2025–26.



Prioritising Mental Health and Suicide Prevention – Mental health support for the Devonport community

The Australian Government is providing \$800,000 in specialised counselling and mental health support for the community of Devonport, Tasmania, following the tragic accident at Hillcrest Primary School.

The Australian Government has expressed the collective sadness of the Australian people and is committed to supporting the people of Devonport as they deal with the grief and trauma of the events.

The Government is providing \$800,000 over two years towards mental health supports for people impacted, particularly the families and carers of the students, the emergency first responders called to assist and their families, and local school children.

This includes \$550,000 for community supports, comprised of:

- \$200,000 for trauma counselling services in the community
- \$200,000 to support the local headspace to ensure its staff have trauma care training and to expand support available to young people
- \$100,000 in return to school supports, including teacher and staff training and counselling, and
- \$50,000 for community mental health and wellbeing grants.

In addition, \$250,000 will support first responders and their families, including:

- \$150,000 in additional trauma counselling for those involved in responding to these events and their families, and
- \$100,000 in trauma informed care and psychological first aid training for first responder organisations to assist ongoing recovery.

Why is this important?

The community of Devonport continues to mourn the loss of six of its children and deal with the lasting impact of the accident which took their lives.

The Australian Government is seeking to ensure that appropriate care is available to those most impacted by the tragedy, including the families and carers of students and the first responders involved. The funding will ensure that essential additional local mental health services are in place to meet immediate needs, and that training and community grants are available to support longer term community recovery.

Who will benefit?

The families and carers bereaved, first responders impacted and their families, local school students, and the broader Devonport community will benefit through access to specialised mental health supports, trauma care, and longer term wellbeing initiatives.

How much will this cost?

The Australian Government is providing \$800,000 over two years, 2021–22 to 2022–23.



Preventive Health – National Preventive Health Strategy

The Australian Government is investing \$30.1 million in preventive health measures to make Australia healthier and reverse the rising incidence of preventable chronic conditions by implementing the *National Preventive Health Strategy 2021–2030* and continuing to strengthen our response to infectious diseases.

The Government also invests significantly in preventive measures tailored to address the particular health issues of men and women.

Additionally, in the 2022–23 Budget, our Government is providing \$236.4 million over four years for preventive health measures.

Since 2012–13, the Australian Government has driven significant developments in preventing poor health outcomes including:

- In the first two years since pre-exposure prophylaxis (PReP) was listed on the Pharmaceutical Benefits Scheme in 2018, the number of HIV notifications in Australia have decreased by 25% (from 841 in 2018 to 633 in 2020).
- Through increased alcohol and drug prevention efforts, the proportion of Australians aged 14 and over who drank alcohol in ways that increased their risk of alcohol-related disease or injury declined from 38.1% in 2001 to 32% in 2019.
- Over the last decade, the National HPV Vaccination Program has dramatically reduced the incidence of HPV infection and disease in Australian women and heterosexual men aged 21 years or younger.

The National Preventive Health Strategy 2021–2030

The National Preventive Health Strategy 2021–2030 (the Strategy), released in December 2021, will be key to achieving a healthier Australia by 2030 through more physical activity, better nutrition and reducing the use of alcohol and other harmful drugs.

Following a period of planning, the Government is now investing \$30.1 million in implementation activities for the Strategy which will assist in creating long-term improvements to the health and wellbeing of all Australians.

The activities include:

- \$9.7 million over three years for the Heart Foundation to build on their successful walking initiatives to improve awareness of the benefits of physical activity and increase participation of at-risk groups, with the aim to more than double participation rates by 2025
- \$8.4 million over four years to support the continuation of the Asthma Management Program, which aims to improve the management of asthma in the community and to promote appropriate access to medical support
- \$8.6 million over one year to allow key organisations to continue programs that aim to eliminate HIV, viral hepatitis and sexually transmitted infections (STIs) as public health threats by 2030, through the implementation of five National Blood Borne Viruses (BBV) and STI Strategies 2018-2022
- \$1 million over one year to continue the implementation of the Healthy Habits program of the Royal Australian College of General Practitioners (RACGP)

This program helps GPs to make positive lifestyle changes easier and more effective for patients, using behavioural interventions designed in consultation with GPs, Primary Care Nurses and behaviour change experts

- \$700,000 over four years will go towards developing a National Nutrition Policy Framework that will take a multi-sector, 'whole-of government' approach to identify, prioritise, drive and monitor healthy eating in Australia
- \$600,000 over two years to establish the evidence for a systems-based approach to prevention in Australia that will address the risk factors and influences of poor health and wellbeing
This approach will enable health professionals to refer people to a range of non-clinical, community-based services to improve health and wellbeing
- \$500,000 over two years to support a feasibility study that will explore the current landscape of marketing and advertising to children, and also consider the practicality of implementing restrictions similar to new measures being introduced in the United Kingdom, and
- \$200,000 over two years to update the adult and the older Australian Physical Activity Guidelines with the latest evidence and integrate 24-hour movement behaviours including physical activity, sedentary behaviour and sleep.

Strengthening Australia's Response to Infectious Diseases

The Australian Government is investing \$5 million in 2022–23 to strengthen Australia's response to emerging infectious diseases. This funding will support the expansion and reinvigoration of the successful Australian Partnership for Preparedness Research on Infectious Disease Emergencies Network.

Women's Health

The Australian Government's investment in preventive health for women and girls includes:

- \$58 million over four years to support women experiencing endometriosis, a painful and debilitating yet frequently under diagnosed condition which affects around one in nine Australian women with a potentially major impact on health, education and employment

- \$4.2 million over four years for a health promotion grant opportunity, which aims to improve health outcomes for priority and hard to reach populations of women including migrant and refugee women, ageing women and women with disabilities
- \$137.6 million over four years to address the poorer health and mental health outcomes for women who have experienced intimate partner violence and/or sexual violence, through the expansion of primary care models, support for the Trauma-informed Recovery Care - pilot program and the Illawarra Women's Centre, and addressing the impacts of female genital mutilation/cutting, and
- \$500,000 over three years towards the Her Heart Hub and cardiovascular health to address rising rates of cardio-vascular disease risk among women.

Men's Health

The Australian Government's investment in preventive health for men includes:

- \$700,000 over four years for clinical guidelines to promote early detection and treatment of prostate cancer – updating expired clinical guidelines to support optimised treatment and management of prostate cancer patients, and
- \$300,000 over four years for a gap analysis to strengthen the men's health evidence base, to better inform future investment needs and priorities for male health.

Why is this important?

Chronic conditions are the leading cause of ill health and death in Australia and account for 87% of deaths. Around 38% of the chronic disease burden could be prevented through a reduction in modifiable risk factors such as obesity, physical inactivity and the use of alcohol, tobacco and other drugs. This figure rises to be 49% for Aboriginal and Torres Strait Islander people.

The National Preventive Health Strategy responds to these health issues. It is a 10 year plan that aims to improve the health and wellbeing of all Australians, at all stages of life. The Strategy seeks to improve Australia's health system, currently focused on the treatment of illness and disease, by shifting the focus to prevention – from illness to wellness, and from healthcare to health.

The National Incident Centre (NIC) is the Australian Government's key coordination body of the national response to health emergencies. It is central to advising Government and National Cabinet on the public health advice as it evolves in Australia and around the world, and has coordinated effective responses to COVID-19.

Women and girls make up more than half of the Australian population and their health is of critical importance to their overall wellbeing and ability to participate in society. Women, in particular, have been negatively impacted by the COVID-19 pandemic. This investment will ensure women and girls in Australia can thrive – physically, mentally, socially and economically.

The Government's *National Women's Health Strategy 2020–2030* (Women's Strategy) outlines Australia's national approach to improving health outcomes for all women and girls, particularly those at greatest risk of poor health.

Maternal, sexual and reproductive health is a key priority for of the Women's Strategy and focus for the Australian Government. Pregnant women and their children are an identified priority population in the Women's Strategy.

Many Australian men experience poor health outcomes and have a greater share of fatal and non-fatal burden of disease, dying at younger ages than females, and more frequently from preventable causes.

Every year almost 20,000 Australian men are diagnosed and 3,300 men die with prostate cancer, making prostate cancer the fourth most common cause of male deaths. The *Clinical practice guidelines for Prostate Specific Antigen (PSA) Testing and Early Management of Test-Detected Prostate Cancer* was originally published in 2016 and needs to be updated to ensure best practice evidence-based treatment for men.

Who will benefit?

Australians in good health and wellbeing are better able to lead fulfilling and productive lives, and can participate fully in their community, their jobs, and their education. COVID-19 has highlighted the importance of our health and the economic benefits health can bring.

Strong action in preventive health will also reduce the burden of avoidable diseases and conditions on the health system, making it more robust and agile in responding to challenges, such as the COVID-19 pandemic.

Partnering with other academic institutes to respond to emerging health threats will enhance the operation of the NIC and ensure Australia is well prepared so that Australians, especially those who are more vulnerable, remain safe. Providing the capability for cutting edge research across the vaccine and infectious disease networks on Australian soil will enhance our ability to rapidly and more effectively respond to unexpected infectious disease outbreaks.

The approximately 12.8 million women and girls in Australia will benefit from the additional investment in measures to improve their health and wellbeing.

The Australian Government's national approach to support the goals and outcomes of the *National Women's Health Strategy 2020–2030* maintains a sustained, strong focus on addressing the health issues that affect women and girls throughout their lives

Australian men and boys will benefit from enhanced prevention and early detection of key conditions affecting men. They will also benefit from strengthened research, evidence and clinical practices relevant to men's health, and activities promoting better health and wellbeing.

How much will this cost?

The Australian Government will invest \$236.4 million in these preventive health measures over four years from 2022–23 to 2025–26.



Preventive Health – Prioritising preventive health post-COVID

The Australian Government is investing \$55.7 million to support Australians to actively manage their health, and help reverse the decline in screening and early detection and treatment of cancer which occurred during the height of the COVID-19 pandemic.

Increase screening availability

Our Government is supporting a suite of measures to temporarily surge screening availability, including:

- \$5.9 million for rapid point of care cervical screening tests and follow-up in Aboriginal and Torres Strait Islander communities, to help overcome delays and remove the requirement for women to travel from country to follow-up
- \$9.7 million to the states and territories as a one-off boost to capacity for the BreastScreen program, enabling services to catch up on delayed appointments and re-engage women who stopped or were prevented from screening during the pandemic
- \$4.1 million to increase capacity for cervical screening self-collection by supporting nurse and other providers to distribute tests, and
- \$10.2 million for a colonoscopy triage nurse pilot to grow capacity to process those procedures delayed due to the pandemic.

Cervical cancer screening promotion

The Government will also allocate \$10.2 million for a campaign promoting to women the roll out of self-collected tests for cervical cancer, through the peak clinical bodies and cancer control organisations.

Accessing Health Campaign

Part of this initiative will also remind Australians to focus on their overall health with a new \$15 million communication campaign encouraging people to stay up to date with their health checks and to inform Australians about the availability of telehealth services, electronic prescriptions, and online mental health services.

Why is this important?

During the COVID-19 pandemic, many Australians have delayed vital cancer screening, routine health checks and diagnostic tests. During extended lockdowns and health system preparations for COVID-19 management, many screening services were closed and Australians avoided routine check-ups for fear of potential exposure to COVID-19. The delay in diagnoses and preventive care may have a significant economic and social impact on our health system and community well beyond the end of COVID-19.

Screening can detect conditions that have not yet become symptomatic, enabling earlier, more effective, and less invasive treatments. Regular visits to GPs for essential health checks are vital for appropriate referrals and timely intervention.

The campaign promoting the rollout of self-collected tests for cervical cancer will support the *National Preventive Health Strategy 2021–2030* to increase participation rate in cervical screening from 56% to 64% by 2025. Other measures such as collection points for bowel screening kits and BreastScreen mobile vans encourage Australians to participate in these programs.

Who will benefit?

These proactive health measures will encourage Australians to return to screening, temporarily increase the availability and access to cancer screening services to make up for COVID-19 related delays, and support timely detection and treatment of cancer. Screening can detect conditions that have not yet become symptomatic, enabling earlier, more effective, and less invasive treatments.

The boost to the capacity of BreastScreen will screen between 110,000 and 300,000 additional women for breast cancer through extended opening hours.

Priority populations, including those experiencing socio-economic disadvantage, Aboriginal and Torres Strait Islander people, and people living in rural and remote communities, will be key beneficiaries of the targeted initiatives.

How much will this cost?

The Australian Government is investing \$55.7 million over four years from 2021–22 to 2024–25.



Preventive health – Addressing the impact of alcohol and other drugs

The Australian Government will invest \$372.4 million to help build safe and healthy communities by reducing the impact of drug and alcohol use.

Our Government is supporting certainty of funding for alcohol and other drug (AOD) treatment services through:

- \$343.6 million in ongoing support for the National Ice Action Strategy (NIAS) and delivery of critical drug and alcohol treatment services, prevention programs and research activities
- \$19.6 million for the expansion of the national Take Home Naloxone (THN) program, which will see the opioid overdose-reversing medication available at no cost and without a prescription in all Australian states and territories, and
- the continued funding of four critical drug and alcohol prevention and support programs, and renewed funding to SMART Recovery, which directly support the aims of the *National Preventive Health Strategy 2021–2030* and *National Drug Strategy 2017–26*, at a cost of \$9.2 million:
 - Alcohol and Drug Foundation (ADF) - Good Sports program
 - ADF – Reducing harm from illicit drugs through support for families
 - Hello Sunday Morning (HSM) – Daybreak program, and
 - SMART Recovery – online platform.

Over the past decade, significant developments in preventing drug and alcohol harms include the *National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028*, which has improved the prevention, diagnosis, support and management of FASD; the NIAS, which has enabled more than 600 additional drug and alcohol treatment projects across Australia since 2016–17; and the national Good Sports Program, which has grown into one of Australia’s largest preventive health initiatives.

Why is this important?

The Australian Government is committed to building safe and healthy communities by reducing the impact of drug and alcohol misuse.

Alcohol is a major cause of preventable harm in Australia. In 2015, alcohol was the fifth 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 has provided approximately \$450 million to the NIAS since 2016–17. Budget 2022–23 brings total investment in the NIAS to around \$765 million. The recent NIAS Evaluation Final Report concluded that the Government's investment has made a significant contribution in reducing the demand, supply and harms from methamphetamines, along with alcohol and other drugs more broadly.

Australian Government funding will ensure the programs can continue to achieve goals under the National Drug, National Alcohol and National Ice Action Strategies and build on gains from previous investment and outcomes.

Initial evaluation of the THN program has found access to naloxone has helped, on average, to reverse the effects of opioid overdose at least three times a day since it was introduced, saving up to 1,650 Australian lives. The expansion of this program on a national level will mean that people at risk of, or likely to witness an opioid overdose, are more likely to have this life-saving drug on hand when they need it.

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.

All Australians seeking help will benefit from the provision of support and information to the community and access to specialist drug and alcohol programs. Known high-risk population groups include Aboriginal and Torres Strait Islander people, individuals with a disability and people in rural and regional areas who are disproportionately affected by alcohol and other drugs.

A national THN program will benefit individuals and people in contact with individuals at risk of opioid overdose, providers of AOD services, pharmacies, emergency departments and state and territory governments.

How much will this cost?

The Australian Government is investing \$372.4 million over four years, from 2022–23 to 2025–26.



Preventive Health – Allergic diseases and anaphylaxis

The Australian Government is investing \$26.9 million to address allergic diseases and anaphylaxis, which affects millions of Australians.

The funding will support the creation of a National Allergy Council (NAC) and a National Allergy Centre of Excellence (NACE), as well as increasing access to support for sufferers of allergic diseases.

The leading allergy groups in Australia, the Australasian Society of Clinical Immunology and Allergy, and Allergies and Anaphylaxis Australia will receive funding towards the NAC.

This investment will also drive increased focus, through the NAC on prevention, steps to improve treatment and patient management, and improving access to trained allergy health care professionals.

A National Allergy Centre of Excellence is being supported through funding for the Murdoch Children's Research Institute to expand its Centre for Food and Allergies Research, to centralise research on food allergies, as well as drug, vaccine, insect, and pollen allergies.

The Australian Government is committed to seeing progress on a patient-centred, shared care approach to allergy care that engages health care professionals and their patients, to deliver the right care, at the right time, from the right health professionals, in the right place.

A shared care model would also aim for:

- a multidisciplinary approach to allergic disease management
- upskilling health professionals through expanded training resources and new models of training delivery, particularly for regional, rural and remote health professionals
- scoping requirements for inclusion of allergy training in the curriculum for health and education degrees, and
- support and advocacy for sufferers of allergic disease.

Work will also occur to improve access to allergy diagnostics and new allergy therapies, gathering evidence to support the continuing telehealth for allergy specialists and MBS items for food and drug challenges (testing), and expanding the youth project for young people with severe allergies to provide age-appropriate information, mentoring, and youth camps.

Why is this important?

Australia has been labelled the 'allergy capital of the world' due to the high, and still climbing, prevalence of allergic disease. The National Health Survey 2017–18 estimates -

- hay fever and allergic rhinitis affects 4.6 million Australians or around 19.3% of the population and chronic sinusitis affects a further two million people, or 8.4% of the population, and
- drug allergies are reported by 4.7% of the population.
- Food allergies affect about 10% of infants, 4-8% of children and about 2% of adults in Australia and New Zealand, according to the Australasian Society of Clinical Immunology and Allergy.

Anaphylaxis is a severe, potentially life-threatening allergic reaction, which can lead to a sudden drop in blood pressure, narrowing of the airways which can block breathing, and shock.

Establishing a NAC and a NACE improves health care and support to better prevent allergies by research and better understanding of the causes and risk factors for allergies and anaphylaxis.

It will also contribute to efforts to reduce and prevent deaths, acute illness and hospitalisation through better diagnosis and management of allergic diseases.

This investment also supports the Commonwealth-specific *Recommendations 1, 2, 5, 8, 19 and 21* of the report by the House of Representatives Standing Committee on Health, Aged Care and Sport into Allergies and Anaphylaxis in 2019.

Who will benefit?

Australian allergy sufferers and their families, along with health practitioners, teachers, childcare workers and food service providers will all benefit from improved understanding of allergy and allergic diseases.

Improving access to preventive measures, diagnostics, and treatment will also benefit millions of Australians who suffer from allergic reactions to a range of environmental, food, drug and other factors.

All Australians, not just those who experience allergies and allergic diseases or are at risk of them, will benefit from activities aimed at preventing the development of allergies.

How much will this cost?

The Australian Government is investing \$26.9 million over four years, 2022–23 to 2025–26.



Sport – Men's Rugby World Cup 2027 and Women's Rugby World Cup 2029

The Australian Government is committed to supporting the delivery of the Men's Rugby World Cup 2027 and Women's Rugby World Cup 2029, should Australia's hosting bid be successful. This extends to backing the delivery of the World Cup events and support for Rugby legacy programs through Rugby Australia and World Rugby both domestically and in the Pacific region.

If Australia's bid is successful, the Men's Rugby World Cup 2027 and Women's Rugby World Cup 2029 will form an important part of the green and gold decade of sporting events in Australia, culminating in the Brisbane 2032 Olympic and Paralympic Games.

Establishing long-term legacy programs for both World Cups will promote community interest and participation in Rugby in Australia and the Pacific region, particularly for women and girls.

Hosting the two Rugby World Cups is projected to generate more than \$2 billion in economic benefits for Australia.

Why is this important?

Sport and recreation is integral to Australian communities, strengthening social connections, improving health outcomes and supporting local economies. High-profile, prestigious international sporting events bring Australians together and help drive community sporting activities, including through related legacy programs.

Hosting the Men's Rugby World Cup 2027 and Women's Rugby World Cup 2029, in addition to the many other major international sporting events leading into the Brisbane 2032 Olympic and Paralympic Games, will attract enormous international exposure and generate significant economic benefits. It will also help rebuild Australian confidence and community connection during the COVID-19 recovery phase.

Who will benefit?

All Australians benefit from the opportunity to see the highest levels of international sporting competition played out on Australian soil, in cities and venues right around the nation.

Our neighbours in the Pacific region will also benefit significantly from the Pacific legacy programs, which are aimed at promoting participation in rugby among men, women and children.

Australia benefits from the prestige and exposure of successfully hosting large international sporting events. The two Rugby World Cups will join some of the largest sporting events in the world being hosted by Australia, including the FIBA Women's Basketball World Cup 2022, the Men's T20 World Cup 2022, and the UCI Road World Championships 2022 (cycling).

The Women's Rugby World Cup 2029, in particular, will promote gender equality and social inclusion in sport and drive increased physical activity from women and girls.

The estimated \$2 billion in economic benefits from hosting both events will be spread across many sectors, including travel, tourism, accommodation and hospitality.



Sport – Enhancing Australians’ health through sport

The Australian Government will invest \$155 million in sport, including high-profile major sporting events and sports participation programs as we embark upon the ‘green and gold decade’ culminating in the Brisbane 2032 Olympic and Paralympics Games.

This significant investment also includes ongoing safeguarding of the integrity of Australian sport by providing funding for Sport Integrity Australia (SIA) to continue its critical functions.

Consistent investment in sport under the Australian Government’s National Sport Plan, *Sport 2030*, promotes a strong economy and healthy communities. The social connections provided by sport brings Australians together, contributing to improved health and wellbeing outcomes in line with the *Long Term National Health Plan*.

The Australian Government’s investment includes:

- \$10.7 million over two years to maximise social, economic and sporting outcomes from the green and gold decade of major sporting events, and leveraging significant legacy initiatives including:
 - \$2.6 million for the FIBA Women’s Basketball World Cup 2022, to increase basketball participation amongst Indigenous and culturally and linguistically diverse communities, and to implement a National Multicultural Program for basketball
 - \$4.4 million for the ICC T20 Men’s World Cup 2022, to support the implementation of a multicultural strategic framework, including participation legacy programs
 - \$3.1 million for the FIFA Women’s Football World Cup 2023, for female football participation programs including Miniroos for Girls and Football Your Way
 - \$400,000 for the World Transplant Games 2023, to promote the importance of organ and tissue donation
 - support for the delivery of the 2027 Men’s Rugby World Cup and the 2029 Women’s Rugby World Cup and related legacy programs in Australia and the Pacific region.

- \$96.2 million over four years to fund and build upon proven and successful participation programs delivered by the Australian Sports Commission that inform and increase participation in sport, including:
 - \$10.3 million over two years to continue the delivery of national sport participation programs targeted at populations currently physically inactive or individuals who have ‘dropped out’ of sport
 - \$3.4 million over four years to continue AusPlay, Australia’s national population survey, which tracks the sport and physical activity behaviours of all Australians, and identifies emerging trends such as the impact of COVID-19 on participation in sport and physical activity, and
 - \$2.8 million over four years for the ongoing development of the National Sport Injury Database, which collects and analyses required data to inform safer practices in community sport and contribute to injury prevention.
 - The Australian Government is investing \$79.6 million in the extension of the Sporting Schools program for an additional two years, to support children to be physically active and enjoy the multiple benefits of sport participation
- \$10.6 million over three years to Paralympics Australia to prepare and support the Australian Paralympic Team for the Paris 2024 Paralympic Games.
- \$27.3 million over two years to maintain the integrity of sport in Australia including:
 - \$19.8 million to enable SIA to continue ensuring sport in Australia is both safe and fair with a focus on the National Integrity Framework, anti-doping measures, anti-match-fixing regulations and education of sport participants, and
 - \$7.5 million to the WADA-accredited Australian Sports Drug Testing Laboratory (ASDTL) to conduct anti-doping sample analysis.

The Australian Government is investing \$10.3 million to promote and create leadership and long term senior career pathways for women and girls in sport including:

- \$6.3 million over three years for an expanded Women Coaches Program to identify, develop and empower more than 200 women coaches per year from grassroots to elite, and
- \$4.1 million over four years for Community Sport Leaders, to implement women’s leadership programs at the community level.

Why is this important?

Sport and recreation is integral to Australian communities, helping to strengthen social connections, improve health outcomes and support local economies.

Australia's involvement in major sporting events will ensure the social, economic and sporting benefits of hosting major sporting events are realised for Australia and all Australians. The coming 10 years will mark the green and gold decade where Australia will play host to many of the world's most prestigious, high-profile and significant sporting events, culminating in the 2032 Brisbane Olympic and Paralympic Games.

Additional funding for our Paralympic Team will ensure they have the best support to prepare for and compete safely at the 2024 Paris Paralympic Games, continuing to inspire Australians to participate in sport and physical activity.

Continued funding in participation programs contributes to the Australian Government's objectives of promoting increased physical activity and participation in sport through implementation of the National Sport Plan, *Sport 2030*. This will increase physical activity, also a focus area of the *National Preventive Health Strategy*, reducing the prevalence of insufficient physical activity in children, adolescents and adults by at least 15% by 2030.

These measures will position the Australian sports sector to play a greater role in preventive health action through safe participation, increased physical activity, improved mental health and reduced obesity and chronic disease within the community.

Additionally, continued funding for SIA and the ASDTL will help meet Australia's international obligations and ensure public confidence in the ongoing protection of the integrity of Australian sporting events. Delivering integrity in sport is a significant contributor to maintaining part of Australia's fundamental ethos of a fair go.

Who will benefit?

Hosting major sporting events in Australia has a positive effect on a large cross-section of the Australian population at both individual and community levels, including Australians with a disability, women and girls, Aboriginal and Torres Strait Islander peoples, and Australians from culturally and linguistically diverse backgrounds. Many of the planned and proposed major sporting events also offer opportunities for significant regional engagement. SIA funding positively affects individuals and organisations at all levels of Australian sport, including all sporting participants and athletes across Australia, all national sporting organisations, wagering service providers and state and territory wagering regulators.

How much will this cost?

The Australian Government is investing \$155 million over four years, 2022–23 to 2025–26.



Sport – Sporting Schools extension

The Australian Government is investing \$79.6 million in the extension of the Sporting Schools program for an additional two years, to support children to be physically active and enjoy the multiple benefits of sport participation.

The program will also build confidence and a more widespread return to community sport following COVID-19 restrictions.

This investment supports the Government's long-term commitment to reduce physical inactivity amongst Australians by at least 15% by 2030, through encouraging physical activity in the formative stages of life, in line with *Sport 2030*.

Why is this important?

Children and young people who are active daily have a lower risk of chronic health conditions. Despite these benefits, only 18% of Australians aged five to 17 years meet the national daily physical activity guidelines.

The Sporting Schools program encourages the development of long-term positive attitudes and behaviours towards sport and physical activity amongst children, setting the foundations for lifelong health and wellbeing. The program provides a conduit between schools, students, parents and their local sporting clubs, facilitating a connection to community sport participation and encouraging healthy and active lifestyles.

Who will benefit?

Government-funded participation programs create encouraging environments for people who do not often engage in sport. Sporting Schools will benefit more than 2.2 million students in the program every year, alongside 17,000 principals and teachers, and a casual workforce of more than 7,000 qualified community-level coaches.

Through Australian Government investment in Sporting Schools, since 2015, more than 11 million students have already benefited from positive exposure to sport activities.

How much will this cost?

The Australian Government is investing \$79.6 million over three years, from 2022–23 to 2024–25.



Sport – Growing female leadership in sport

The Australian Government is investing \$10.3 million to promote and create leadership and long term senior career pathways for women and girls in sport.

Strengthening Australia's sporting industry is a strategic priority of *Sport 2030*, the Government's comprehensive national plan to reshape Australian sport and build a healthier, more physically active nation.

One of the key targets under this priority is to increase the gender diversity of the workforce in all roles across the sport sector, particularly for coaches, officials and administration.

The measures supporting these outcomes are:

- \$6.3 million over three years for an expanded Women Coaches Program to identify, develop and empower more than 200 women coaches per year from grassroots to elite, and
- \$4.1 million over four years for Community Sport Leaders, to implement women's leadership programs at the community level. This program will support women to take on leadership roles, develop and promote free online education programs through the Australian Sport Learning Centre, and transform community sport environments to meet the needs and reap the rewards of diverse participation.

Why is this important?

Women are under represented across all levels of sport particularly in senior coaching, high performance and executive positions. Women make up less than 20% of CEOs across national sporting organisations funded by Sport Australia, and 17% of national sporting organisations do not have any women on their board.

Strengthening Australia's sport industry is a strategic priority of *Sport 2030*, the Government's vision for sport in Australia. These measures specifically support the target outcome of increasing the diversity of the workforce in all roles across the sport sector.

Women and girls are less likely to be active in ways that maintain or improve their health compared to men and boys.

Who will benefit?

This package will upskill women in sport, promote and grow women's leadership in sport, create opportunities to pivot onto sport career pathways, and create economic opportunities for women and the sport sector through greater inclusion.

More opportunities for women to take on leadership roles in the sport and recreation sector helps pave the way for equal representation.

Upskilling and increasing opportunities for women in the sport sector will deliver economic, social, and health and wellbeing outcomes across the country.

These measures will also help improve the culture within sports at community and national levels, making sports more inclusive and safer for women and girls.

How much will this cost?

The Australian Government is investing \$10.3 million over four years from 2022–23 to 2025–26.



Update to the 10 Year Investment Plan for the Medical Research Future Fund

The Australian Government will invest \$6.3 billion from 2022–23 to 2031–32 in its second Medical Research Future Fund (MRFF) 10 Year Investment Plan, building on our unprecedented support for health and medical research.

The second 10 Year Investment Plan carries forward all of the funding allocated for the years from 2022–23 to 2027–28 in the first MRFF 10 year Investment Plan (2018–19 to 2027–28), as well as committing to additional expenditure of \$3.1 billion.

The MRFF is a long-term investment supporting Australian health and medical research and medical innovation. Since its inception in 2015, the MRFF has supported the nation's best and brightest researchers in life-changing, life-saving work to improve health outcomes for all Australians.

New initiative: Early to mid-career researchers

The plan outlines new funding of \$384.2 million to support Australia's upcoming early to mid-career researchers, to keep them within the sector and working on our greatest health challenges.

This investment will capitalise on the new ideas of Australia's emerging and talented early to mid-career health and medical researchers.

Enhancing existing MRFF initiatives

Through the second 10 Year Investment Plan, the Government will enhance and expand existing MRFF funding initiatives, including an additional:

- \$374.4 million for clinical trials
- \$478 million for preventive and public health research
- \$70 million for primary health care research, and
- \$240 million for medical research commercialisation.

Extending MRFF initiatives from 2028-29

The Government will invest \$944 million to extend existing initiatives beyond the end of the current 10 Year Investment Plan, from 2028–29 until 2031–32, comprised of:

- \$240 million for the Emerging Priorities and Consumer Driven Research initiative
- \$12 million for the Global Health initiative
- \$280 million for the Frontier Health and Medical Research initiative
- \$80 million for the Clinician Researchers initiative
- \$92 million for the Rapid Applied Research Translation initiative
- \$200 million for the National Critical Research Infrastructure initiative, and
- \$40 million for the Research Data Infrastructure initiative.

A further \$590.8 million will be provided to extend existing MRFF Missions that demonstrate outcomes, or to create new missions to address emerging priorities.

Why is this important?

The MRFF is a \$20 billion long-term investment supporting Australian health and medical research. The fund aims to transform health and medical research and medical innovation to improve lives, build the economy and contribute to health system sustainability.

The MRFF allows Australians to benefit from life-changing medical discoveries and funds research according to national priorities, filling gaps in areas that need more research. It also helps our researchers develop their ideas in Australia, and builds stronger relationships between researchers, healthcare professionals, governments and the community.

The MRFF invests in all research stages, from research ideas, through laboratory research and trials, to the final commercial product. Its activities are based on national priorities identified by the Australian Medical Research Advisory Board following a national consultation process.

Who will benefit?

The new investment plan will give researchers the funding certainty to make breakthroughs in treatments, devices, therapies and ultimately cures, which will benefit Australia and the world.

The plan provides funding for initiatives that support lifesaving research, create jobs, strengthen the local industry base for commercialising research and innovation, and further grow Australia's reputation as a world leader in medical research.

The new initiative for early to mid-career researchers will provide this cohort with dedicated funding streams that enable them to address significant health challenges, undertake novel research, and develop new ideas and approaches.

MRFF funded activities put patients at the core and focus on translating research into practice, so that all Australians can benefit from better health outcomes and lives saved.

How much will this cost?

The Australian Government is investing \$6.3 billion from 2022–23 to 2031–32.

	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	Total over 10 Years	
Initiatives	\$m	\$m	\$m	\$m	\$m	\$m	\$m	\$m	\$m	\$m	\$m	
Patients	147.5	141.5	138.0	138.0	138.0	138.0	138.0	138.0	138.0	138.0	1,393.0	
Clinical Trials Activity	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	750.0	
Emerging Priorities and Consumer Driven Research	69.5	63.5	60.0	60.0	60.0	60.0	60.0	60.0	60.0	60.0	613.0	
Global Health	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	30.0	
Research Missions	161.9	148.0	148.0	138.0	138.0	153.0	153.0	153.0	153.0	153.0	1,498.9	
Australian Brain Cancer Mission	5.0	5.0	5.0	5.0	5.0	Extension subject to evaluation						25.0
Cardiovascular Health Mission	24.0	25.0	20.0	20.0	20.0	20.0	20.0	Extension subject to evaluation				149.0
Dementia, Ageing and Aged Care Mission	17.5	17.5	17.5	17.5	17.5	17.5	17.5	Extension subject to evaluation				122.5
Genomics Health Futures Mission	54.9	50.0	50.0	50.0	50.0	41.2	Extension subject to evaluation					296.1
Indigenous Health Research Fund	12.5	12.5	12.5	12.5	12.5	12.5	12.5	Extension subject to evaluation				87.5
Million Minds Mental Health Research Mission	25.0	15.0	20.0	10.0	10.0	5.0	Extension subject to evaluation					85.0
Stem Cell Therapies Mission	18.0	18.0	18.0	18.0	18.0	18.0	Extension subject to evaluation					108.0
Traumatic Brain Injury Mission	5.0	5.0	5.0	5.0	5.0	5.0	5.0	Extension subject to evaluation				35.0
Researchers	107.4	116.8	125.2	130.0	134.8	134.8	134.8	134.8	134.8	134.8	1,288.2	
Clinician Researchers	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	200.0	
Early to Mid-Career Researchers	13.4	26.8	35.2	40.0	44.8	44.8	44.8	44.8	44.8	44.8	384.2	
Frontier Health and Medical Research	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	700.0	
Researcher Exchange and Development within Industry	4.0	-	-	-	-	-	-	-	-	-	4.0	
Research Translation	233.2	243.7	231.6	223.5	223.75	213.75	188.75	188.75	188.75	188.75	2,124.5	
Medical Research Commercialisation	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	450.0	
National Critical Research Infrastructure	75.0	75.0	75.0	75.0	75.0	75.0	50.0	50.0	50.0	50.0	650.0	
Preventive and Public Health Research	71.2	81.7	68.6	60.5	60.75	50.75	50.75	50.75	50.75	50.75	596.5	
Primary Health Care Research	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	100.0	
Rapid Applied Research Translation	22.0	22.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	228.0	
Research Data Infrastructure	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	100.0	
TOTAL 10-Year Investment Plan	650.0	650.0	642.8	629.5	634.55	639.55	614.55	614.55	614.55	614.55	6,304.6	
Balance over the forward estimates	0.0	0.0	7.2	20.5	Funds from the \$20 billion Medical Research Future Fund will continue to be disbursed beyond the forward estimates							
Disbursements over the forward estimates	650.0	650.0	650.0	650.0								



Life Saving Research – Funding for medical research

The Australian Government is investing \$6.8 billion in medical research over the next four years, including:

- The Medical Research Future Fund (MRFF) (\$2.6 billion)
- National Health and Medical Research Council (NHMRC) (\$3.7 billion)
- Biomedical Translation Fund (BTF) (\$500 million)

The Government is providing \$303.5 million in new grants and funding opportunities to assist researchers around the country to tackle health problems including dementia, the wellbeing of Indigenous mothers and their babies, and cancer. The grant funding, which is divided among new grants announced and newly opened opportunities, comes from the MRFF.

The 19 newly announced research projects, funded with grants totaling \$50.4 million through the MRFF (full table further below) include:

- \$5 million – Charles Darwin University – for a First Nations led, co-designed and staffed study to establish a model for Birthing on Country for Aboriginal and Torres Strait Islander families. Researchers will work side-by-side with communities to help ensure the best maternal and child health care in rural, remote and very remote Australia
- \$3 million – University of Melbourne – to strengthen the care available for rural children, who have limited access to specialist paediatric care. Paediatricians and GPs will work together to assess and manage young patients, and
- \$1.9 million – The University of Queensland – for an effectiveness-implementation trial in general practice that provides doctors and patients with no current depression/anxiety with the information and resources needed to safely taper and stop using antidepressants.

The Government is investing \$253.1 million in opening 16 new MRFF funding opportunities for research into a range of topics including pancreatic cancer, dementia and cardiovascular disease (full table further below).

Why is this important?

The amount of funding disbursed through the MRFF has grown from \$61 million in 2016–17 to \$650 million in 2022–23.

Appropriations to NHMRC's Medical Research Endowment Account (MREA) increased from \$689 million in the 2012–13 financial year to \$898.3 million in 2022–23. New commitments are expected to reach \$920 million for the 2022 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.

Who will benefit?

The Government's investment in research grants will ultimately lead to improvements in the health and wellbeing of Australians. Some of the grants aim to improve treatment and quality of life for Australians who suffer from a wide range of diseases and conditions, including pancreatic cancer, dementia, cardiovascular disease and multiple sclerosis. Other grants focus on research to prevent illness from occurring in the first place or improving diagnosis. Others support research to improve the wellbeing of Indigenous mothers and their babies as well as Australians living in rural and remote areas.

How much will this cost?

The Australian Government is investing or allocating \$303.5 million in new grants and funding programs.

Medical Research Future Fund, Grant Opportunity Outcomes (Summary)

Medical Research Future Fund – Grant Opportunity Outcomes	
2021 Improving the Health and Wellbeing of Indigenous Mothers and Babies	<ul style="list-style-type: none"> \$18.4 million 5 grants awarded
2020 Clinician Researchers: Applied Research in Health	<ul style="list-style-type: none"> \$32.0 million 14 grants awarded

Medical Research Future Fund, Grant Opportunities Opening

Grant Opportunity	Available funding (\$)	Guidelines Available
International Clinical Trials Collaborations to increase Australian leadership of, and participation in, high quality international collaborative clinical trials across six grant opportunities over the next three years	37.8m	30 March 2022
2022 Pancreatic Cancer Research to support more effective approaches for managing the pain and symptoms of individuals with pancreatic cancer and to provide access to clinical trials that offer new treatments	12m	30 March 2022

Grant Opportunity	Available funding (\$)	Guidelines Available
2022 National Critical Research Infrastructure to enhance Australia's research infrastructure to promote new research approaches that will address health challenges	73m	30 March 2022
2022 Multiple Sclerosis Research to provide access to clinical trials and accelerate availability of effective therapeutics for the treatment of Epstein Barr Virus infection, and improve understanding of how immune responses to viruses vary across individuals to inform disease prediction and treatment pathways to ultimately reduce the prevalence and severity of multiple sclerosis and post-viral diseases	18m	30 March 2022
2022 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists to generate evidence that supports the safe and effective use of prescription medicines, improves the quality of care provided to patients with cancer, reduces hospital readmissions due to medication related complications, and supports the safe and effective use of medicines in residential aged care facilities	15m	30 March 2022
2022 Effective Treatments and Therapies to support the development and implementation of effective exercise programs that reduce the risk of disease in Australian adults aged over 45 years, increase physical activity amongst priority populations, and ameliorate symptoms of progressive neurological deterioration and mental impairment in children and adolescents	13m	30 March 2022
2022 Nurses, Midwives and Allied Health to support nurses, midwives and allied health professionals to improve the quality of health care, practice and systems by undertaking applied research in health care	20.3m	30 March 2022
2022 Stem Cell Therapies to generate novel approaches to stem cell-based therapies that have the potential to transform clinical care and generate new treatments using human tissues made from stem-cells for pre-clinical development	10m	30 March 2022
2022 Dementia Ageing and Aged Care to support research that improves the wellbeing of Australians living with dementia and their carers and enables earlier and more effective diagnosis of dementia	24m	30 March 2022
2022 Cardiovascular Health to generate knowledge to improve the detection, prevention and treatments for cardiovascular disease and stroke	24m	30 March 2022
2022 Brain Cancer Research Infrastructure to generate knowledge that enables the development of new approaches, treatments and therapies that accelerate progress in improving the diagnosis and care for patients with brain cancer.	6m	30 March 2022

Medical Research Future Fund, Grant Opportunity Outcomes (Grant Details by Grant Opportunity)

2021 Improving the Health and Wellbeing of Indigenous Mothers and Babies

Project Title	Project Summary	Recipient	Funding Amount (\$)
Birthing on Country: RISE SAFELY in rural, remote and very remote Australia	This First Nations led, co-designed and staffed MRFF study aims to establish exemplar Birthing on Country maternal child health services in rural, remote and very remote Australia in 5 years. Our CIs have worked side-by-side with First Nations communities and stakeholders, building on 25 years of research, to develop the RISE SAFELY Implementation Framework. We will translate existing knowledge on culturally safe maternity care, that saw unprecedented success in an urban site, into three unique settings. We will increase protective factors for birthing women and babies across the first 1000 days, improve outcomes, focus on preventing preterm birth, and make a profound impact on Closing the Gap Target 2: Children are born healthy and strong.	Charles Darwin University	4,998,540
Birthing in Our Community: gold standard Indigenous maternal infant health	Birthing in Our Community (BiOC) is an Indigenous-led Maternal Infant Health program designed and implemented in Brisbane. BiOC's outcomes, published in the Lancet Global Health (2021), show a 50% reduction in pre-term births, improvement in healthy weight babies, increased antenatal visits and an increase in exclusively breastfeeding at discharge. We will extend the reach of BiOC to three settings and follow cohorts of families (n~1800) to assess clinical outcomes and program acceptability. Further, we will evaluate scalability, sustainability, feasibility and cost effectiveness of this 'gold standard' program. Our goal is to build the evidence base to support adaptation and implementation of BiOC programs in urban Indigenous communities.	Institute of Urban Indigenous Health	4,999,156
Replanting the Birthing Trees to Support First Nations Parents and Babies	This First Nations-led project aims to transform intergenerational cycles of trauma to support parents in achieving their hopes and dreams for a happy, safe and healthy family. We will do this by building infrastructure for culturally-safe, trauma-integrated, holistic, transdisciplinary perinatal care, critical in the first 2000 days. Based on rigorous co-design, this innovative program includes: a resource repository for parents, clinicians and decision-makers; support framework; integrated culturally-validated assessment tool; workforce development resources; culturally and emotionally safe continuity-of-care implementation toolkit; and a therapeutic model to support families with complex social and emotional needs to stay together.	University of Melbourne	4,999,905

Project Title	Project Summary	Recipient	Funding Amount (\$)
Optimisation of screening and management of hyperglycaemia in pregnancy	High blood glucose in pregnancy increases babies' risk of being born premature, by caesarean, larger/smaller than optimum, with low blood glucose levels, and difficulty breathing. This project will implement, evaluate and refine alternative screening for detecting high blood glucose in pregnancy at regional, state and national levels. We will use three-way learning between Aboriginal community members, health providers and researchers to co-design and trial self-management strategies for high blood glucose in pregnancy. This project will empower Aboriginal women and their families to make positive lifestyle choices aimed at improving birth outcomes and health for subsequent pregnancies and prevent or delay progression to chronic disease.	Derby Aboriginal Health Service	3,236,071
Arelhe ante areyele arntarnte-arelhetyeke ampe akweke arle atnyenetyenheke	This highly innovative First Nations-led project aims to transform compounding cycles of intergenerational trauma and harm to positively reinforce cycles of intergenerational nurturing and recovery for First Nations parents and babies. This project consists of a team of community leaders, peak bodies, health and social care services, education providers, mental and family health clinicians, researchers, and consumers who will collaborate to address critical and documented gaps in perinatal care and drive transformative shifts in policy and practice. This project will combine First Nations ways of knowing, being and doing with First Nations led co-designed innovative perinatal strategies to support parents to achieve their dreams for a happy, safe, and healthy family.	Children's Ground Limited	200,000

Project Title	Project Summary	Recipient	Funding Amount (\$)
Assessing cultural safety in GP Consultations for Indigenous Australians	Significant health disparities exist for Australian Aboriginal and Torres Strait Islander people. Training a culturally safe health workforce is vital to address this issue. Despite recognition that the definition of cultural safety must be determined by Indigenous people and communities, there are currently no tools to assess cultural safety within consultations based on community-derived data. This project will explore cultural safety as described by Australian Indigenous people, with the aim of developing a tool to assess general practitioner cultural safety based on these insights. As an organisation involved in medical education, this project will allow us to assess cultural safety more appropriately in medical learners.	Queensland Rural Medical Education Limited	120,320
CURE-NG: A human challenge model to develop new treatments for gonorrhoea	<p>The CURE-NG project will:</p> <ul style="list-style-type: none"> - Undertake translational research to develop treatments that will address the rising incidence of gonorrhoea and the critical threat of drug-resistant infection - Develop and implement a controlled human infection model (CHIM) of male gonorrhoea urethritis and a first-in-human oropharyngeal gonorrhoea CHIM - Transform how biomedical interventions for gonorrhoea are developed - Accelerate antimicrobial and vaccine development for gonorrhoea - Substantially build Australia's clinical trial capability and leadership - Embed the emerging technology of microbial genomics into CHIM translational research - Enhance translational workforce capability and specific capacity to use CHIMs for clinical translation 	University Of Melbourne	2,300,321
Enhancing prison-to-community mental healthcare for Aboriginal prisoners	Aboriginal and/or Torres Strait Islander people are incarcerated at an alarming rate and those in prison often suffer with significant mental health need associated with elevated risk of poor outcomes before and after return to the community. The proposed research project aims to test the effectiveness of a new culturally-enhanced and release-focused mental health intervention designed to improve both mental health care in prison and to support the critical prison-to-community transition for Aboriginal and/or Torres Strait Islander men and women. The project is led by clinicians and Aboriginal Health workers, and additionally aims to build clinical research capacity in this vitally important field.	University Of New South Wales	1,180,613

Project Title	Project Summary	Recipient	Funding Amount (\$)
Equipping Tertiary Care for the Optimal Diagnosis of Primary Aldosteronism	Primary aldosteronism (PA) is a common and potentially curable cause of hypertension that confers a high risk of heart disease and stroke if not diagnosed and treated. Its diagnosis requires specialised tests in the hospital. However, our hospitals are not yet equipped with cutting-edge technology for a speedy diagnosis nor have the capacity to diagnose hundreds of thousands of affected patients in a timely manner. This project will establish modern tools and efficient pipelines to optimise the capacity of our hospitals to accurately diagnose PA. The outcomes of this research project are expected to set the standard for high quality guidelines for the diagnosis of PA and transform clinical practice in health services across Australia.	Monash University	2,993,294
Intensive physiotherapy to lower hospital length of stay after hip fracture	This clinical trial will test whether intensive physiotherapy delivered early following hip fracture can accelerate physical recovery and reduce hospital days. We will recruit 620 participants from 8 acute hospitals across 5 Australian states. Intervention participants receive intensive physiotherapy 3 times/day for 7 days during their acute hospital stay. The primary outcome is length of stay, with secondary outcomes of physical mobility, health-related quality of life and falls. Longer-term impact and health care costs will be quantified with 12-month follow up. We will embed implementation science methods to enhance translation of findings into routine care, and will build clinical research capacity in health services across Australia.	Monash University	2,930,647
Optimal Post rTPA-iv Monitoring in Ischaemic Stroke (OPTIMISTmain)	The OPTIMISTmain will compare standard monitoring versus low-intensity monitoring schedule for 24 hours following thrombolytic therapy for acute ischaemic stroke. The key difference in the monitoring schedule is over the 2- to 24-hour time period; there will be no difference in the frequency of monitoring over the first 2 hours when most bleeding complications tend to occur. This research will establish whether a widely applicable less-intense monitoring schedule improves patient recovery, and allows freeing up of health care resources to engage in direct stroke management or care elsewhere, leading to avoidance of unnecessary intensive care unit stay, expedited stroke work-up, and reduced hospital stay.	The George Institute For Global Health	1,774,988

Project Title	Project Summary	Recipient	Funding Amount (\$)
PROMOTE: a cluster-randomised implementation trial to promote evidence use	The PROMOTE randomised controlled trial will test the clinical benefit and cost effectiveness of an implementation package to increase clinician use of arm and stroke rehabilitation evidence in practice. We will recruit 14 hospitals across 3 Australian states to deliver arm rehabilitation to 238 patients after stroke. The primary outcome is clinician adherence to guidelines, with secondary outcomes of patient arm and hand movement, health-related quality of life and cost. In partnership with the Stroke Foundation, we will embed consumer involvement and employ implementation science methods to conduct a process evaluation alongside the trial. Together these will allow rapid translation of findings into routine stroke care.	Monash University	2,996,464
RELEASE: REdressing Long-term Antidepressant uSE in general practice	Our project is a cluster randomised controlled effectiveness-implementation trial in general practice to determine effectiveness of RELEASE compared to usual care on decreased antidepressant use and improved quality of life, and to evaluate our implementation strategy. Australians are amongst the highest users of antidepressants in the world (around 1 in 10 adults), due mostly to increasing long-term use against clinical guidelines. RELEASE targets people on long-term (>12 months) antidepressants with no indication for continued use (no depression/anxiety) and provides both doctors and patients with the information and resources needed to safely taper and stop these drugs to minimise adverse drug effects and improve quality of life.	The University Of Queensland	1,912,691
SCANPatient: Synoptic reporting of CT scan Assessing caNcer of the Pancreas	Classification of resectability in pancreas cancer is not standardised. This novel project will validate and implement a world-first innovation in the management of patients with pancreatic cancer (PC). We will test a new, locally developed synoptic, radiological template in the routine reporting of CT scans based on an international consensus to accurately define the surgical resectability of nonmetastatic PC. Properly assigning patients as resectable, borderline or unresectable should improve outcomes for all patients with PC, ensuring optimal treatment is received. Patients with unresectable cancers will not be subjected to futile surgery, whilst every opportunity to undergo complete resection is offered to those who may benefit.	Monash University	2,931,686

Project Title	Project Summary	Recipient	Funding Amount (\$)
Strengthening care for rural children: stepped wedge trial in primary care	Across NSW and Victoria, 860,000 children, 30% of the States' population, live in rural areas. Although 19% of these children live with a chronic illness, there are fewer GPs per capita and paediatric specialty care is often lacking. Strengthening Care for Rural Children (SC4RC), a model where paediatrician and GP's work together in GP practices, aims to deliver and rigorously evaluate a primary health care system strengthening programme that can bridge the gaps in access to health services and health outcomes between children living in rural Australia and their urban peers. It aims to improve the health of children by increasing capacity of the existing rural GP workforce to assess and effectively manage paediatric conditions.	University Of Melbourne	2,996,188
The Australian New Zealand Oncofertility Clinical Trials Network	Many children and young people diagnosed with cancer receive treatment that renders them infertile. This is of major concern to families. This research will enable wide-scale implementation of new digital tools, guidance and models of oncofertility care across 9 Australian New Zealand Haematology Oncology (ANZCHOG) cancer centres in order to raise benchmarks of patient-centred oncofertility care. Families will receive discussion of the risks to fertility, and potential fertility preservation options (freezing of eggs sperm or gonadal tissue) in the critical window between cancer diagnosis and cancer treatment. This will offer clinicians new models of care and young cancer survivors the chance of future parenthood.	University Of Melbourne	2,999,970
The Target Protein Trial	Intensive Care Unit (ICU). This muscle wasting causes 'ICU-acquired weakness', which is associated with increased death and longer duration of time on a ventilator and in ICU and hospital. There is preliminary evidence that increasing protein content during ICU admission reduces muscle wasting. This trial will answer the important question: Does giving more protein during ICU admission improve outcomes that are important to patients and the community?	University Of Melbourne	1,894,446

Project Title	Project Summary	Recipient	Funding Amount (\$)
Transforming Clinical Research to Improve Outcomes for Preterm Infants	15 million babies are born preterm each year. Preterm birth is the leading cause of death and disability among children < 5 years. There is urgent need for interventions to reduce complications of prematurity and improve outcomes. Traditional trials are often resource intense and may take many years. Adaptive Platform Trials are innovative allowing multiple interventions to be evaluated simultaneously. This project will develop an Australasian Adaptive Platform Trial to Improve Preterm Birth Outcomes. The project will identify research priorities and core outcomes important to families and the health service. It will build the infrastructure and expertise required to run the Platform trial and implement the findings into clinical practice.	University Of Melbourne	2,642,199
Validating cognitive screening for first-episode psychosis - CogScreen	Cognitive impairment is common in first-episode psychosis (FEP) and predicts poorer patient outcomes. Clinical guidelines recommend routine cognitive screening of patients with psychosis so that treatment is in line with the cognitive needs of the patient. The problem is that there are no well-validated cognitive screening tools for clinical use in FEP. The CogScreen study will establish the most accurate cognitive screening tool for patients attending Australian early psychosis services. CogScreen will provide clinicians with a rapid and cost-effective way of identifying cognitive impairment in FEP patients, so that they can refine diagnosis and deliver more effective treatments and services, leading to better outcomes for patients.	University Of Melbourne	2,294,990



Lifesaving and Job Creating Medical Research – Biotechnology in Australia: Strategic Plan for Health and Medicine

The Australian Government is announcing the *Biotechnology in Australia – Strategic Plan for Health and Medicine*, which focuses on the health and medical applications of this technology and will support the development of a vibrant and thriving biotechnology sector.

Biotechnology, or technology based on biology, has ushered in an era of new and improved therapeutics and treatments that are saving the lives of Australians.

The Strategic Plan brings together a range of Government initiatives to foster the research and application of biotechnology under three pillars. These pillars provide the framework for identifying gaps and aligning future initiatives.

- Supporting world-class research and development -
 - strategically investing in areas of need and driving strong partnerships between academia, government science organisations, industry, health services, and consumers.
- Facilitating high-quality and secure clinical development -
 - attracting global interest by continuously improving research capabilities, processes, and infrastructure thus ensuring they remain or become globally competitive.
- Accelerating commercialisation -
 - through partnerships and collaborations between academics, government science organisations, and industry; regulation that is fit-for-purpose; and by supporting the development of advanced manufacturing capabilities for biopharma and med-tech products.

The Strategic Plan will help the Australian health and medical science research sector to make discoveries, further development in biotechnology, and bring ideas, medicines and therapies from concept to application to change the face of health in Australia and around the world.

Why is this important?

Biotechnology is one of the most promising developments of our times. Modern biotechnology provides products and technologies that can combat debilitating and rare diseases, feed the hungry, use less and cleaner energy, and lead to safer and cleaner industrial manufacturing.

Health and medical research is one of Australia's strongest research and development sectors. We have world-class research institutions, a skilled workforce, and a competitive clinical trials sector to drive research and development activities in healthcare.

The sector is further supported by an ecosystem where:

- our regulatory environment builds confidence in the safety and efficacy of research applications
- our secure business operational environment attracts new inventions, and
- our national safeguards across research and data protects the ecosystem from threats.

The Strategic Plan is an important signal of support from the Australian Government for a growing biotechnology sector and its limitless potential.

Who will benefit?

The Strategic Plan's focus on the health and medical applications of biotechnology will drive research that save lives and lead to better health outcomes for all Australians.

The Plan provides incentives to grow Australian sovereign capacity and capability to research and manufacture locally, while strengthening our position in the growing international supply-chain for advanced medical products.

There are direct benefits of the Plan to approximately 70,000 people who work in the medical technology and biotechnology sectors across research and industry in Australia. The Plan will also benefit over 1,250 existing businesses and support the growth of the biotechnology sector and its contribution to economy over the next decade.

How much will this cost?

The Australian Government is providing significant funding for research and development and manufacturing support to the health and medical research and industry sectors. Funding details are accounted for in other Budget fact sheets.



Life Saving and Job Creating Medical Research – Establishing Genomics Australia

The Australian Government will invest \$28.1 million to establish a new agency, Genomics Australia, to support the implementation of genomics as a standard of healthcare in Australia.

Genomic medicine is a rapidly emerging medical discipline that uses a person's genetic and genomic information for improved diagnostic and therapeutic purposes.

The use of genomic technology in health care can improve and save the lives of many thousands of Australians, including for those with life threatening diseases and chronically debilitating conditions, including cancer.

Genomics Australia

Genomics Australia will be chaired by Professor Kathryn North AC. It will be established under the Health portfolio, to lead and coordinate a national program of work to support the integration of genomic medicine into routine clinical care in Australia in an efficient, effective, ethical and equitable way.

This will enable all Australians to access appropriate genomic sequencing technologies when necessary, providing faster and more accurate diagnoses and the identification of more precise and tailored treatments that can substantially improve health outcomes and save lives.

States and territories will be invited to partner with the Australian Government to ensure a nationally cohesive approach to embedding genomics within the Australian health care system.

Genomics Australia will then be established as a corporate Commonwealth entity under legislation from 1 January 2024.

Taskforce to establish Genomic Australia

From 1 July 2022, a Taskforce in the Department of Health, with expert guidance from Professor Kathryn North, will design and establish Genomics Australia. This will include engagement with consumers, health professionals, researchers and industry to identify key priorities and develop mutually beneficial partnerships.

Why is this important?

Genomic health technologies have the potential to reshape clinical practice and to fundamentally change the way we prevent, diagnose, treat and monitor illness, providing the opportunity to develop and deliver more precise and personalised treatments.

Genomics Australia will provide the centralised infrastructure and critical resources required to support whole-of-system change and accelerate the translation of genomic technologies into clinical practice and public health services. It will also position Australia to leverage existing investments, in partnership with the private sector, to drive medical and technological growth, including in relation to life threatening conditions such as cancers and rare diseases.

Who will benefit?

All Australians will have the potential to benefit from the increased availability of genomic testing and related healthcare services.

Genomics Australia will provide critical infrastructure and resources to accelerate the translation of genomic technologies into clinical practice and public health services.

Researchers and industry will benefit from the development of national and international collaborations and partnerships that will drive investments in health and medical research.

How much will this cost?

The Australian Government is investing \$28.1 million over four years, from 2022–23 to 2025–26.



Home care – supporting senior Australians to remain independent for longer

The Australian Government has implemented the first year of an \$18.8 billion five year aged care reform program, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety. The once in a generation reforms are based on five pillars – home care, residential aged care services and sustainability, residential quality and safety, workforce and governance – to deliver respect, care and dignity for senior Australians.

As part of the Royal Commission into Aged Care Quality and Safety response, the Australian Government committed \$7.7 billion to home care reforms, including 80,000 additional home care packages (40,000 in 2021–22 and 2022–23) and \$10.8 million to support the design of the new Support at Home program.

The 40,000 home care packages in 2022–23 will enable around 275,600 people to access a package at 30 June 2023. This is around 215,000 more people than 30 June 2013 (60,308).

The new program will provide senior Australians with more personalised care plans for their individual needs, such as dementia. It will simplify access to care, by bringing together a range of services which are currently provided the Commonwealth Home Support Program (CHSP), Home Care Packages and Short Term Restorative Care, and include referrals to residential respite programs, which currently support almost one million senior Australians.

Importantly, senior Australians are involved in the design of the program. It aims to provide equitable access to services that best meet the changing needs of senior Australians. Program design activities are underway, including:

- Research to:
 - understand the aged care needs of senior Australians and their informal carers (2,500 aged care recipients participated in a data study)
 - explore attitudes and behaviour of aged care residents and recipients, carers and providers, and how to best to provide support in the new system, and
 - support the sector's readiness for change to the new program.

- Release of a Support at Home Program Overview Paper on the proposed design supporting consultation.
- Community consultation on the program, including:
 - co-design on care management with stakeholders, and
 - service list, price list, funding model, schemes for goods, equipment, assistive technologies and home modifications, and the evaluation strategy.
- Test the new Integrated Assessment Tool, encompassing the assessment process and assessment outcomes.
- This year, the Government commits an additional \$5.4 million to enable the design of a new and modern regulatory framework for aged care, in consultation with the sector. The framework will provide effective regulatory guidance, underpinning development of the new Support at Home program and the updated Aged Care Act.

The aged care sector – including senior Australians, their families and carers, aged care providers and workers, assessors and aged care professionals – will continue to have opportunities to contribute to the design of the new program.

Why is this important?

The new Support at Home program will start on 1 July 2023 and will help senior Australians, including people with complex needs, to get care and support at home.

The Government is committed to consulting on critical elements of the Support at Home program to ensure the design meets the sector's requirements and can respond to the changing needs of senior Australians.

This measure responds in full or in part to *Recommendations 25, 28, 30-36, 40-42, 72, 117-119, and 124* of the Royal Commission into Aged Care Quality and Safety.

Who will benefit?

Senior Australians will experience a significant shift in the quality and safety of their home care, resulting in improved health and wellbeing outcomes. The new Support at Home program will allow people to choose their providers and the services they need – including allied health – and change services as their needs change.

At the end of 2021, 217,724 senior Australians had access to a home care package and 825,383 received support through CHSP.

Australia's aged care reforms are expansive and will impact virtually every aspect of the sector. The Government is working closely with the sector, including providers and workers, peaks and advocacy groups, senior Australians, their families and carers, to engage, inform and implement the system changes.

Existing and new providers and residential respite aged care facilities will have a modern, regulatory framework.

How much will this cost?

The Australian Government is investing \$5.4 million over one year.

This is in addition to the \$7.7 billion the Australian Government invested in home care in the 2021–22 Budget and 2021–22 MYEFO.



Residential aged care services and sustainability – improved funding for residential aged care

The Australian Government has implemented the first year of an \$18.8 billion, five year aged care reform program, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety. The once in a generation reforms are based on five pillars – home care, residential aged care services and sustainability, residential quality and safety, workforce and governance – to deliver respect, care and dignity for senior Australians.

As part of the Royal Commission into Aged Care Quality and Safety response, the Australian Government committed \$7.8 billion to residential aged care services, including the \$10 per resident per day Basic Daily Fee supplement, and \$3.9 billion to support delivery of more care minutes.

The 2022–23 Budget further invests \$20.1 million in this pillar of reforms, with the Government's total investment climbing to \$129.9 billion over the next four years.

The new Australian National Aged Care Classification (AN-ACC) funding model for residential aged care is scheduled to begin from 1 October 2022.

The AN-ACC funding model incorporates the current viability and homeless supplements, and the 2021–22 Budget funding uplifts. The AN-ACC replaces the existing funding model, the Aged Care Funding Instrument (ACFI).

The AN-ACC is a key reform that aligns residential aged care funding to the care needs of each resident, and increases funding to regional, rural and remote services to reflect additional care costs in those locations.

The AN-ACC funding model starting price is \$216.80. At this starting price, average resident AN-ACC funding is expected to be approximately \$225 per day.

The Government will invest a further \$20.1 million into the AN-ACC Transition Fund to provide a smooth transition between the models.

Importantly, the Government is ensuring the AN-ACC funding model Base Care Tariffs increase funding and support to regional, rural and remote services, reflecting their additional costs of care delivery.

Increased funding for the AN-ACC Transition Fund builds on the \$53.3 million provided in 2021–22, bringing the commitment to \$73.4 million.

Why is this important?

The new AN-ACC funding model will be more equitable, particularly in supporting care in rural and remote locations, and Indigenous and homeless specialist services.

The funding model will reflect the needs of aged care residents and associated costs required to enable a sustainable, efficient and transparent aged care system.

Funding assessments will no longer be conducted by residential age care staff and will instead be undertaken by independent assessors. This will ensure the outcome of AN-ACC assessments and classifications assigned to residents are consistent across the sector, in addition to releasing valuable staff time for providing direct care.

The AN-ACC funding model starting price of \$216.80 is the cost of a standard day of care, with appropriate care requirements, such as dementia-related care, receiving additional funding.

The AN-ACC model will support aged care residents and providers through:

- new classifications and way of funding permanent residents
- an independent assessment to determine classification levels for funding, and
- independent costing studies to provide pricing advice and understand changes in cost.

The model is an outcome of a study undertaken by the University of Wollongong, commissioned by the Government in 2017. Researchers produced a new case mix funding model based on evidence of the relative costs of delivering care to different types of aged care residents.

The 2022–23 Budget funding will enhance critical support to the aged care reforms, consolidating investment announced in the 2021–22 Budget and 2021–22 MYEFO processes. This measure responds to *Recommendation 120* of the Royal Commission into Aged Care Quality and Safety.

Who will benefit?

Aged care residents will be supported by a funding model that better reflects care needs and costs. Providers delivering aged care services will be able to access improved and stable funding to support sustainability and encourage a focus on the care needs of senior Australians.

The Australian community will have confidence in the quality and safety of aged care, where and when they need it.

Australia's aged care reforms are expansive and will impact virtually every aspect of the sector. The Government is working closely with the sector, including providers and workers, peaks and advocacy groups, senior Australians, their families and carers, to engage, inform and implement the system changes.

How much will this cost?

The Australian Government will invest \$20.1 million over three years, from 2022–23 to 2024–25.



Residential aged care quality and safety – assuring access to multidisciplinary care and maintaining effective quality audits

The Australian Government has implemented the first year of a five year aged care reform program, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety. The once in a generation reforms are based on five pillars – home care, residential aged care services and sustainability, residential quality and safety, workforce and governance – to deliver respect, care and dignity for senior Australians.

In response, the Government committed \$942 million to residential aged care quality and safety reforms.

As part of the over \$18.8 billion Royal Commission into Aged Care Quality and Safety response, the Australian Government is committing an additional \$389.4 million over four years in the 2022–23 Budget towards residential aged care quality and safety. The Government's total investment in Aged Care will climb to \$129.9 billion over the next four years.

These additional measures will:

- deliver better coordinated care across the health system for aged care residents, and
- bolster the Aged Care Quality and Safety Commission (the Commission) to ensure aged care services comply with Aged Care Quality Standards.

Access to multidisciplinary care

\$22.1 million will deliver trials of Multidisciplinary Outreach Services to:

- share costs with states and territories for providing more comprehensive health care, through multidisciplinary care teams, to people in residential aged care
- provide hospital-led access to specialists and other health practitioners, such as allied health professionals, pharmacists, geriatricians and palliative care specialists
- facilitate an evaluation of trials to inform pricing and delivery of these services nationally in the long term.

Improved medication management

\$345.7 million over four years to improve medication management and safety for aged care residents through on-site pharmacists and community pharmacy services. This responds to a recommendation by the Royal Commission into Aged Care Quality and Safety.

This measure complements ongoing improvements in residential aged care facilities (RACF) digital capabilities to support medication management services and ensure safe use of medications.

Third Party Quality Assessment Workforce

A further measure will extend funding for the Commission to maintain a Third Party Quality Assessment Workforce. Maintaining the Commission's experienced external auditors will ensure services comply with the Aged Care Quality Standards.

\$21.6 million will be invested in this auditor workforce to undertake 1,443 residential aged care quality audits in 2022–23, increasing quality and safety assessments.

This will provide the Commission with critical support through the COVID-19 pandemic and beyond as well as ensuring that audits are sustainable, and quality of care is safeguarded.

Why is this important?

Aged care residents experience higher hospitalisation rates and emergency department presentations than people aged 65 and over in the community.

Many of the common reasons for aged care residents' and recipients' hospital presentations and admissions are preventable. Improving access to specialist care, and connection between services will produce improved health outcomes for senior Australians.

Strengthening the Commission will ensure a strong, capable aged care regulator that is responsive to emerging quality and safety risk.

The 2022–23 Budget funding will enhance critical support to the aged care reforms, consolidating investment announced in the 2021–22 Budget and 2021–22 MYEFO processes. These measures respond in part or fully to *Recommendations 38, 58 and 64* of the Royal Commission into Aged Care Quality and Safety.

Who will benefit?

Senior Australians will experience a significant shift in the quality and safety of their care, resulting in improved health and wellbeing outcomes.

The Australian community will have confidence in the quality and safety of aged care, where and when they need it.

Providing improved linkages between hospitals, a range of medical and allied health specialists, and the aged care facility will improve the health outcomes for residents and reduce their need to be admitted to hospital.

The medicines of aged care residents will be better managed, ensuring they are receiving the right medication, with the increasing access to pharmacists.

Australia's aged care reforms are expansive and will impact virtually every aspect of the sector. The Government is working closely with the sector, including providers and workers, peak and advocacy groups, senior Australians, and their families and carers, to engage, inform and implement the system changes.

How much will this cost?

The Australian Government will invest \$389.4 million over four years, from 2022–23 to 2025–26.



Workforce – growing and upskilling the workforce to improve care for senior Australians

The Australian Government has implemented the first year of an \$18.8 billion, five year aged care reform program. Senior Australians need a skilled, diverse and compassionate care and support workforce. Growing the aged care workforce is fundamental to the Australian Government's aged care reforms.

As part of the Royal Commission into Aged Care Quality and Safety response, the Australian Government committed \$652.1 million to workforce aged care reforms. The 2022–23 Budget further invests \$99 million in this area, and a further \$303.3 million in response to the COVID-19 pandemic. With the total aged care commitment growing to over \$129.9 billion over the next four years. The Government is continuing to support the workforce and delivery of quality care across the aged care, disability and veterans' care sectors.

Workforce bonus payments

The aged care workforce will receive up to \$800 each, based on the most hours worked within a defined four week period.

The Government has committed this payment in recognition of workers' commitment to care for senior Australians during the COVID-19 pandemic, including home care and residential direct care, food or cleaning services. This adds to previous bonus payments during COVID-19, taking the Government's total investment to \$657.5 million.

Care and support regulatory alignment

The Government is investing \$10.8 million in the Cross-Agency Taskforce on Regulatory Alignment to progress alignment of regulation across the care and support sector – aged care, disability supports, and veterans' care. Alignment will improve the quality and safety of care and support services, reduce duplication of obligations, and enable providers and workers to operate more seamlessly across the sector.

A roadmap for regulatory alignment will be developed through detailed analysis and further consultation, with early activities to include:

- improved information sharing between regulators
- opportunities for streamlined reporting processes, and
- developing options for alignment of standards and auditing or assessment.

Clinical placements

The Government is committed to growing the aged care workforce and ensuring there are pathways for clinical placements within aged care will help to ensure more skilled and dedicated workers are in the pipeline.

Additional investment of \$14.9 million will address barriers to clinical placements in the care and support sector, attracting 5,250 more nurses.

RHMT training expanded

The Government is investing \$14.3 million to expand the Rural Health Multidisciplinary Training (RHMT) Program to an additional five locations in the Northern Territory, Victoria, New South Wales and remote Queensland, to:

- enhance the quality of aged care services in rural and remote areas
- create opportunities for 150 nursing and allied health students, and Indigenous students to experience clinical placements in the care and support sector each year, and
- highlight the benefits of working outside metropolitan locations.

Growing the workforce through JobTrainer

An additional 15,000 low fee and free training places will be made available in aged care courses from January 2023, with a \$48.5 million investment over two years as part of the JobTrainer Aged Care Boost.

These training places are in addition to the 33,800 aged care training places announced in the 2021–22 Budget.

This will provide a strong pipeline of entry-level aged care workers and enable existing aged care workers to upskill.

CME Support Program roll out

The Government will also commit \$6.9 million to a staged rollout of the national Co-operative and Mutual Enterprises (CME) Support Program. CMEs are organisations that are owned and run by members, such as consumers, service providers, employees or people in the local community.

The CME Support Program will support aged care, and the broader care and support sector to:

- develop sustainable and coordinated approaches in growing a skilled workforce using a model which is likely to attract new workers to the care sector
- support the start-up of six to seven CMEs that will delivery care services in areas of need, and
- deliver up to six additional projects to help grow existing CMEs.

Why is this important?

The Government's aged care workforce reforms align with the *Care and Support Workforce Strategy*, the *Aged Care Workforce Action Plan 2022–25* and *A Matter of Care: Australia's Aged Care Workforce Strategy*.

The care and support workforce demonstrated their commitment and dedication during the COVID-19 pandemic. The pandemic has also highlighted the challenges faced by the workforce, as they care for vulnerable Australians.

Workforce – growing and upskilling the workforce to improve care for senior Australians

A significant proportion of the care and support sector, 57% of aged care providers, 87% of veterans' care providers, and 10% of registered National Disability Insurance Scheme (NDIS) providers, also operate in at least one other part of the sector. Regulatory alignment will enable service providers to grow their operations and allocate more resources to quality services.

The Government's aged care workforce initiatives aim to meet the demand of an ageing Australian population, including:

- growing the clinical care workforce of nurses and allied health professions
- upskilling the workforce with training and qualifications that will enhance the quality of care delivered, and
- strengthening the workforce nationally, including in rural and remote locations.

The 2022–23 Budget funding will enhance critical support to the aged care reforms, consolidating investment announced in the 2021–22 Budget and 2021–22 MYEFO processes. These measures respond in part or fully to *Recommendations 75 and 83* of the Royal Commission into Aged Care Quality and Safety.

Who will benefit?

The Australian care and support workforce will have more opportunity to develop the skills and experience required to meet the changing needs of their recipients.

Regulatory alignment will provide Senior Australians, people with disability and veterans, their families and carers, with improved quality and greater service choice, and accommodate for people with diverse backgrounds and experiences.

Care and support providers will benefit from a strengthened pipeline of nurses and allied health professionals choosing to work in the sector.

Senior Australians will also have access to a skilled and sustainable workforce, including in rural and remote locations. The Australian community will have confidence in the quality and safety of aged care, where and when they need it.

Australia's aged care reforms are expansive and will impact virtually every aspect of the sector. The Government is working closely with the sector, including providers and workers, peaks and advocacy groups, senior Australians, their families and carers, to engage, inform and implement the system changes.

How much will this cost?

The Australian Government will invest \$402.2 million over three years, from 2022–23 to 2024–25.



Governance – Delivering a strong regulatory framework and growing community engagement

The Australian Government has implemented the first year of its \$18.8 billion, five year aged care reform program, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety. The once in a generation reforms are based on five pillars – home care, residential aged care services and sustainability, residential quality and safety, workforce and governance – to deliver respect, care and dignity for senior Australians.

The Australian Government is improving and delivering quality, accessible information that meets the needs of all Australians.

As part of the Royal Commission into Aged Care Quality and Safety response, the Australian Government committed \$698.3 million to aged care governance reforms.

The Australian Government is investing \$8.1 million to continue driving improvements and to deliver accessible aged care information that meets the needs of all Australians. This new commitment will bring the total funding for aged care to more than \$129 billion over four years.

Regional Stewardship of Aged Care

Department of Health aged care staff located in state and territory offices, across eight Primary Health Network (PHN) regions, are engaging with local providers and stakeholders to ensure local issues and needs are considered in national plans and support implementation of the aged care reforms at a local level.

\$6.1 million over six months, will continue the initial rollout of regionally focused teams to:

- enhance local community engagement
- lead the aged care sector, on the ground, through the reforms, and
- support planning at a local level.

The Government is committed to ensuring community trust in the aged care system and building local, collaborative services for senior Australians.

Modern regulatory framework for aged care

This year, the Government commits an additional investment of \$5.4 million to enable the design of a new, modern regulatory framework for aged care that puts senior Australians first, is rights-based and risk-proportionate. The new framework will be developed in consultation with the sector including Senior Australians, their families and their carers.

The framework will underpin the development of the new Support at Home program and the new Aged Care Act.

Why is this important?

Improving access and connection to aged care support services and planning contributes to meaningful change in Australia's aged care system.

The 2022–23 Budget funding will enhance critical support to aged care reform, consolidating investment announced in the 2021–22 Budget and 2021–22 MYEFO processes. These measures respond in part or fully to *Recommendations 8, 41 and 54* of the Royal Commission into Aged Care Quality and Safety.

Who will benefit?

Senior Australians, their families and carers will have access to information and direction to help them plan for the future, and to navigate the aged care system.

Senior Australians, their families and carers will have the safety and quality of the services they access supported by regulation that puts senior Australians first and is rights-based.

Existing and new aged care providers will have a modern, risk-proportionate regulatory framework.

The Australian community will have confidence in the quality and safety of aged care, where and when they need it.

Australia's aged care reforms are expansive and will impact virtually every aspect of the sector. The Government is working closely with the sector, including providers and workers, peaks and advocacy groups, senior Australians, their families and carers, to engage, inform and implement the system changes.

How much will this cost?

The Australian Government will invest \$8.1 million over one year.



Response to the COVID-19 pandemic – Protecting senior Australians in aged care

The Australian Government is investing a further \$458.2 million to protect senior Australians from COVID-19, including those in residential aged care facilities (RACFs) and those receiving care in their own homes.

This commitment includes the following measures.

- \$124.9 million in the Aged Care Preparedness Measure to assist residential aged care providers to meet the costs of responding to and supporting residents through COVID-19 outbreaks in facilities and those directly impacted by floods. This will extend the Aged Care Support Extension Program grant until 31 December 2022. It also supports the 'ready to deploy' surge workforce, which RACFs can access during outbreaks to ensure continuity of care for residents, and provides access to intensive case management.
- \$37.6 million to continue strong infection prevention and control (IPC) leadership during the management of a COVID-19 outbreak in a RACF by supporting 2,900 aged care nurses to access critical IPC training.
- \$215.3 million to provide the aged care workforce with two bonus payment instalments of up to \$400 each, based on the most hours worked within a defined four week period, in recognition of their commitment to care for senior Australians during the COVID-19 pandemic, including home care and residential direct care, food or cleaning services. This brings total aged care workforce bonus payments to \$657.5 million through the COVID-19 pandemic.
- \$50.4 million over four years will also ensure RACFs are better placed to provide vaccinations to the senior Australians in their care through 4000 training places for Registered Nurses (RNs) in RACFs to become Authorised Nurse Immunisers (ANIs).
- \$22.1 million which will deliver continued COVID-19 polymerase chain reaction (PCR) testing within RACFs to 30 September 2022.

- \$7.9 million will be provided to Primary Health Networks (PHNs) to deploy medical deputies, nurse practitioners and practice nurses to conduct home visits to COVID-19 positive patients in RACFs. This brings the total Australian Government commitment to \$24.5 million since 2021.

These new investments bring the Government's total commitment to responding to COVID-19 in aged care to more than \$2.6 billion since the outbreak of the pandemic.

Investment in aged care is also a large component of the Government's \$2.1 billion Winter Preparedness Plan. This includes \$964.9 million to secure additional personal protective equipment (PPE) for the NMS. Supplies of facemasks, face shields, gloves, gowns and goggles have been secured to assist in outbreak management, particularly at residential aged care facilities (RACFs) and other frontline health service sites.

Why is this important?

The COVID-19 pandemic continues to present a threat to Australia and the world, and our senior Australians remain among the most vulnerable populations to the virus.

The emergence of the Omicron variant and the rise in community transmission since late-2021 has had a significant impact on the aged care sector and the senior Australians who depend on its services.

Australia's vaccination rates are among the highest in the world, including among senior Australians with our aged care workforce the most vaccinated workforce.

The Australian Government is addressing the need to keep senior Australians safe. These additional investments will ensure senior Australians continue to be protected over the winter period and as the community moves to the next phase of the National Plan to transition Australia's National COVID-19 response.

These measures will continue to support aged care providers to ensure RACFs are well placed to prevent a COVID-19 outbreak and to manage outbreaks where they do occur. It also helps the sector position for the anticipated start of influenza season, which can pose a significant risk to senior Australians.

The continuation of the Aged Care Support Extension Program provides financial support to providers with costs incurred to effectively manage and respond to an outbreak and to access surge workforce to supplement their own workforce, when they must be furloughed.

The aged care workforce has been a powerhouse in helping maintain care, protect lives, and fight the spread of COVID-19 in many RACFs. The Australian Government has funded two bonus payment installments of up to \$400 each for these workers, in recognition of their hard work and dedication to the senior Australians in their care.

IPC lead nurses have been an invaluable resource for RACF managing COVID-19 outbreaks. They provide expert advice on IPC practices and are a key contact between the RACF and public health officers. This additional funding will support aged care nurses to train as IPC lead nurses, leading to an increase in IPC capability across RACFs.

Supporting RNs working in aged care to become ANIs is also helping improve the efficiency of vaccine rollouts, including for seasonal influenza and future COVID-19 vaccines or boosters if required.

Primary care support during an outbreak is essential for patient treatment and recovery. This measure provides an additional avenue to access primary care support and access to treatments now available in the community.

The spread of the Omicron variant and the rise in RACF outbreaks has driven demand for COVID-19 testing in aged care, both for (PCR) and rapid antigen testing (RAT). Testing of residents and staff of RACFs remains an important infection control measure and will continue with an extension of the existing testing contract with Sonic Healthcare.

Who will benefit?

These measures benefit the approximately 260,000 senior Australians in RACFs around Australia, ensuring that aged care providers are supported to provide critical IPC to prevent and respond to COVID-19 outbreaks.

In the event of an outbreak of COVID-19 within their RACF, senior Australians will have continued access to clinicians on site, through the home visits program delivered through local PHNs.

Australia's aged care providers and workers, in particular nurses working within RACFs, will benefit from support to deliver services which meet the care and protection needs of senior Australians, their families and the community, including IPC training, additional training for RNs to administer vaccines. The aged care workforce including home care and residential direct care, food or cleaning services have benefitted from the Australian Government's bonus payments in recognition of their hard work during the pandemic.

How much will this cost?

The Australian Government is investing \$458.2 million over four years, from 2022–23 to 2025–26.



Response to the COVID-19 Pandemic – Health response extension

The Australian Government is ensuring our health system continues to respond to the COVID-19 pandemic with an investment of more than \$4.2 billion over four years.

This includes continuing the COVID-19 vaccine program that is helping protect millions of Australians from the worst impacts of the virus and supports re-opening in line with the *National Plan to Transition Australia's National COVID-19 Response*.

The emergence of the Omicron variant in late-2021 required a rapid response and the Government recognises that future variants of concern are an ongoing risk.

The Australian Government is providing additional support to the states and territories through the National Partnership on COVID-19, to ensure the health and aged care systems are able to respond to the challenges of COVID-19 as we now live with the virus.

Through our Winter Preparedness Plan, we have also ensured we are prepared and well placed to deal with the anticipated 2022 influenza season.

Effective response to the ongoing pandemic requires continuing the rollout of booster doses, and providing primary vaccination courses and booster doses to new cohorts, such as children, into the latter half of 2022.

Among the measures are:

- \$1.09 billion to secure essential supplies of personal protective equipment (PPE), including facemasks, face shields, gloves, goggles and gowns for the National Medical Stockpile (NMS), which can be distributed to support the health response to COVID-19, with a particular focus on forward deployment to residential aged care facilities
- \$546 million in continued funding for Medicare Benefits Schedule (MBS) items for COVID-19 pathology testing
- \$56.9 million to maintain support for the Department of Health's National Incident Centre, which has been at the centre of the response to the pandemic
- Continued investment in COVID-19 treatments including supporting expert advisory groups and access to treatments

- \$10 million for communications to share important vaccination and treatment of COVID-19 information, and
- \$11.3 million in continuing support for digital mental health services in response to the ongoing pandemic pressure, including Lifeline's 13HELP Line.

Primary Care

- \$13.6 million for the continued provision of essential items, including PPE for GPs and pharmacists to carry out their work, including providing vaccinations.
 - Included in the above is \$1.5 million to purchase an additional 50,000 pulse oximeters to support GPs who are managing COVID-positive patients in the community.
- \$23.4 million to extend the National Triage, Assessment and Referral Service provided through Healthdirect.
- \$248.1 million to ensure GP-led respiratory clinics continue to support the testing and treatment of COVID positive patients throughout winter.
- \$562,000 to support GPs to continue to provide face to face care to COVID-19 patients in the community, where additional personal protective equipment (PPE) may be required.
- \$6 million to extend the support for Primary Health Networks (PHNs) to coordinate the care for COVID-19 patients in the community.
- \$7.9 million for Primary Health Networks (PHNs) to deploy medical deputising services, nurse practitioners and practice nurses to conduct home visits to COVID-19 positive patients in RACFs.
- \$43.3 million in support for the Remote and Indigenous Response to COVID-19 and the transition to living with COVID, which includes:
 - the Remote Community Preparedness and Retrieval measure supporting the Royal Flying Doctor Service's response to outbreaks and vaccination delivery
 - critical support for access to COVID-19 services including testing and vaccination supported by Aboriginal Community Controlled Health Services
 - the Remote Point of Care Testing Program which operates in 150 rural and remote communities
 - targeted communications about COVID-19, vaccinations and boosters, and
 - support to rural and remote Aboriginal and Torres Strait Islander communities to shift focus beyond COVID-19 only, to also address broader infectious disease health risks.

National Partnership Agreement on COVID-19

The Australian Government is continuing the standing National Partnership on COVID-19 Response with the States and Territories until 30 September 2022, with \$1 billion to support the health system's capacity to respond to the ongoing COVID-19 challenges. This includes:

- \$597.2 million for activities to minimise the spread of COVID-19, including outbreak management response
- \$311.8 million for state and territory hospital services to support the diagnosis and treatment of COVID-19
- \$54.2 million to support hospital system and workforce surge capacity through the Private Hospital Viability Guarantee
- \$19.3 million to support infection prevention and control training for COVID-19 preparedness in residential aged care facilities through the Aged Care Response Payment, and
- \$38 million to support states and territories to deliver COVID-19 vaccines.

The Australian Government's COVID-19 Rapid Test Concessional Access (CRTCA) Program is being extended to provide support for concession card holders to access up to 20 rapid antigen tests (RATs) from participating community pharmacies. This program is jointly funded 50:50 with the states and territories.

These new investments bring the Government's total commitment to the COVID-19 Health Response to more than \$45 billion since the outbreak of the pandemic.

Why is this important?

The Australian Government's response to the COVID-19 pandemic, and the efforts of all Australians in battling the virus have helped save the lives of tens of thousands of Australians from COVID-19, when compared to the number of infections and fatalities in similar nations around the world.

This investment will continue to protect Australians, and underpins the COVID-19 response and Influenza Winter Response Plan.

Each of these measures contributes to the safety, surveillance, diagnosis and treatment of Australians during the pandemic. They also help deliver a strong and safe health care system that is able to cope with additional demand and pressure, to effectively respond to the challenges of living with COVID-19.

Securing significant supplies of PPE for the NMS has been critical to ensuring that frontline health facilities, including residential aged care facilities and vaccination providing GPs and pharmacies. Aside from the COVID-19 vaccines, PPE is the strongest form of first line defence for front line workers who can provide early intervention and care for COVID-19 positive cases preventing hospital admissions.

Access to RATs is an effective public health measure, ensuring that people who have symptoms of COVID-19 or close contact exposure can take a fast and simple test to confirm the infection. A positive RAT means a person can immediately take individual action to prevent further spread of the virus, such as isolation and alerting their close contacts.

Who will benefit?

All people in Australia benefit from the Australian Government's efforts to respond to the COVID-19 pandemic, whether it is helping deliver the care provided by our health services and health workforce, to supporting access to effective treatments and tests.

Many of these measures assist frontline health care providers, including GPs, nurses, aged care workers, and pathologists to deliver necessary care and services to patients, including those with COVID-19.

Australians experiencing poor mental health and wellbeing will benefit from continuing support for dedicated mental health support and services.

Targeted measures will support Australians in regional, rural and remote Australia, as well as vulnerable cohorts including Aboriginal and Torres Strait Islander people, senior Australians, people with a disability and those more likely to suffer from serious illness if they contract COVID-19.

How much will this cost?

The Australian Government is investing \$4.2 billion over four years from 2022–23 to 2025–26.



Response to the COVID-19 pandemic – Protecting Australia with COVID-19 vaccines

The Australian Government is providing an additional investment of more than \$900 million to keep Australians safe from COVID-19 by ensuring access to safe and effective vaccines for eligible populations until the end of 2022.

More than 56 million doses have been administered around Australia, making it one of the most vaccinated nations in the world.

Over 19.5 million (around 95%) Australians aged 16 years and over are now fully vaccinated, and more than 12.7 million people aged 16 years and over have had a third or booster dose.

Our Government has invested in a suite of effective, safe and proven COVID-19 vaccines, including both the revolutionary mRNA vaccine technology and more traditional protein-based vaccines. Securing a range of vaccine types has ensured there is sufficient supply of vaccines for everyone in Australia. Once approved for use by the Therapeutic Goods Administration (TGA) and in line with recommendations by the Australian Technical Advisory Group on Immunisation (ATAGI), having a range of effective vaccines available permits Australians to make an informed choice over which vaccine they receive.

This funding will mean those eligible Australians who have not yet had a primary course of vaccinations will be able to access a safe and effective vaccine should they choose to do so. It will also continue the booster dose program.

This funding will support the potential rollout of COVID-19 vaccines for newly eligible cohorts, in line with approvals by the TGA and in line with advice from ATAGI. This includes potential primary course vaccinations for children aged under four years, booster doses for children five years and over, and winter boosters for priority populations.

It will also ensure the nation is prepared should it be determined that future booster doses will be of benefit before the end of the year.

The funding supports the:

- Whole of Government COVID Vaccine Administration Partners Program (VAPP) channel
- Primary Care Vaccination channels, and
- State and territory channels (which have flexibility to activate as required to meet prevailing demand).

Among the investment is:

- \$839.8 million to support continued access to COVID-19 vaccines through current administration channel arrangements including:
 - primary care, through the Medicare Benefits Schedule, associated Practice Incentive Payments and in-reach clinics, Community Pharmacies and Commonwealth Vaccination Clinics
 - the Whole of Government VAPP panel for targeted vaccinations for priority populations including aged care and shared disability accommodation sites and Aboriginal and Torres Strait Islander communities
 - Primary Health Networks and tailored communications to reach vulnerable populations, and
 - state and territory clinics to deliver primary course and booster vaccinations (as outlined in the Fact Sheet *Response to the COVID-19 Pandemic – Health response extension*).
- \$70.9 million to extend the current operations of the National COVID Vaccine Taskforce to support the planning and delivery of COVID-19 vaccines until 31 December 2022, and
- \$66.7 million to continue the necessary data and digital systems underpinning the vaccine rollout; enabling ordering and distribution of vaccines, providing easy access to book vaccine appointments, reporting and recording vaccinations and adverse events, and enabling consumers to view COVID-19 information.

This new investment brings the total expenditure on COVID-19 vaccines and the vaccine rollout to more than \$17 billion since the pandemic began.

Why is this important?

Maintaining high levels of vaccination against COVID-19 is the best way to protect Australians against the worst impacts of the virus, preventing severe disease, hospitalisation and death.

The Australian Government is committed to providing all people in Australia access to safe and effective COVID-19 vaccines in line with TGA approvals and ATAGI recommendations.

The National COVID Vaccine Taskforce has been successful in delivering more than 56 million COVID-19 vaccine doses across the country, making us one of the most vaccinated populations in the world.

The Taskforce has worked closely with health care providers, general practitioners, pharmacists, state and territory governments, advisory groups and industry to ensure supplies of safe and effective COVID-19 vaccines are equitably distributed around the country.

The planning and delivery of millions of doses of safe and effective COVID-19 vaccines will continue as health experts assess relevant information from Australia and around the world including about immune response to COVID-19 and emerging variants.

Who will benefit?

All Australians benefit from continued access to free, safe and effective COVID-19 vaccines, including booster doses.

Continuing the current successful administration channel arrangements will help to maintain protection of at-risk groups and children as they become eligible.

Funding certainty is assured for vaccination providers for the remainder of the year.

How much will this cost?

The Australian Government is investing \$977.4 million over two years from 2021–22 to 2022–23.



Response to the COVID-19 pandemic – Investing in effective treatments

The Australian Government is investing in pandemic treatments to ensure Australians can access effective and proven medical treatments for COVID-19 to prevent and reduce the worst effects of the disease and speed their recovery.

A range of medicines have been approved for use in Australia for treating people with differing severity of COVID-19 disease, and for the prevention of COVID-19, including:

- sotrovimab (XEVDY®), casirivimab with imdevimab (RONAPREVE®), nirmatrelvir with ritonavir (PAXLOVID®), and molnupiravir (LAGEVRIO®) for mild to moderate COVID-19, particularly among high risk patients
- tixagevimab with cilgavimab (EVUSHELD®) for pre-exposure prophylaxis (prevention) for moderate to severely immunocompromised patients, and
- remdesivir (VEKLURY®) for moderate to severe COVID-19 in patients requiring oxygen supplementation.

The Australian Government has invested in significant courses of these medications, many of which have been added to the National Medical Stockpile (NMS) for distribution to states and territories in response to outbreaks of COVID-19.

In January and February 2022, in response to the Omicron variant outbreak, more than 7,500 doses of sotrovimab, 3,705 doses (22,230 units) of remdesivir were deployed from the NMS.

In February 2022, deliveries of COVID-19 antivirals arrived into the NMS and 69,618 doses of lagevrio (previously known as molnupiravir) were deployed from the NMS including delivery to all 2,902 residential aged care facilities. This is a total of 80,823 doses across all treatments.

In addition, molnupiravir has also been added to the Pharmaceutical Benefits Scheme (PBS) for Australians with mild to moderate COVID-19 who have a high risk for developing severe disease. This medication has been listed from 1 March 2022 to 31 January 2024, including for use among:

- adults aged 65 or older, with two other risk factors for severe disease
- people identifying as of Aboriginal or Torres Strait Islander, who are 50 years of age or older with two other risk factors for severe disease, or
- the moderately to severely immunocompromised.

Why is this important?

The availability of effective and approved treatments for COVID-19 improve the chances and speed of recovery and saved the lives of many Australians who have contracted COVID-19 since the outbreak of the pandemic.

The Australian Government has invested significant funding in securing reliable supplies of medication which has enabled it to respond by providing medication from the NMS to states and territories dealing with outbreaks.

Many of the treatments have been used in high risk populations and settings including in residential aged care facilities experiencing an outbreak and among immunocompromised individuals at risk of contracting severe disease from the virus.

The Australian Government's investment secured a strong position with considerable purchasing power to ensure access to these life-saving medications, in a competitive marketplace and in circumstances where supply has been constrained.

Who will benefit?

All Australians will benefit from a secure and reliable supply of effective and approved treatments for COVID-19.

These medications will be available for use when clinically recommended by clinicians treating people with COVID-19 ranging from mild to severe disease.

The availability of molnupiravir on the PBS will also mean eligible patients with COVID-19 and a prescription will be able to access subsidised treatment in the community for their infection, which may prevent them needing to be hospitalised.



Response to the COVID-19 pandemic – Securing access to rapid antigen tests (RATs)

The Australian Government is investing more than \$1.6 billion to ensure equitable access to rapid antigen tests (RATs) to help detect COVID-19 and provide reassurance to Australians and their families as we continue to live with COVID.

The community spread of COVID-19, particularly the Omicron variant, and the easing of many pandemic-related restrictions has increased the need for RATs.

This investment supports a number of measures.

- The COVID-19 Rapid Test Concessional Access (CRTCA) Program which commenced on 24 January 2022 and provided support for concession card holders to access 10 RATs from participating community pharmacies. This investment also supports a three-month extension of the program to 31 July 2022, providing access to an additional 10 RATs each over this period. This program is jointly funded 50:50 with the states and territories.
- Securing RATs for residential aged care facilities (RACFs), Aboriginal Community Controlled Health Services (ACCHS), general practice-led respiratory clinics (GPRCs), and Supported Independent Living (SIL) residential disability care. This funding helped secure RAT supplies for a strategic reserve within the National Medical Stockpile (NMS).
- Supplying RATs for school children and Early Childhood Education and Care (ECEC). This program offers 50% reimbursement for state and territory government costs to provide two RATs per week over four weeks for COVID-19 surveillance testing of students, teachers and staff.

The Australian Government's investment in RATs has secured significant supplies to ensure frontline health and care sectors can access these tests to improve protection for vulnerable Australians.

More than 71.6 million RATs have been made available across all Department of Health delivery channels, including:

- 27.4 million distributed to aged care
- 23.5 million accessed through pharmacies, and
- 19.7 million distributed through all other channels.

The provision of RATs further supports the Australian Government's significant and ongoing investment in COVID-19 polymerase chain reaction (PCR) testing and pathology to diagnose COVID-19 positive cases.

Why is this important?

RATs play an increasingly important role in detecting the virus, managing public health and safety, protecting vulnerable Australians and minimising disruptions to daily life, particularly as we live with COVID-19.

RATs can indicate a positive COVID-19 case in less than 15 minutes and have been an important additional COVID-19 detection and surveillance measure, particularly in frontline health settings, in schools and businesses to ensure the health and safety of patients, vulnerable people, children, workers and the public.

People who depend on these services can have confidence that residents, staff, patients, students and visitors can all be screened for COVID-19 to detect cases early, take necessary infection prevention and control measures, alert close contacts, and possibly prevent wide-spread outbreaks.

The Australian Government is committed to ensuring all citizens have equitable access to COVID-19 tests as Australia continues to live with COVID-19.

Extending the support for concession card holders to access RATs through participating community pharmacies ensures that low or limited income is not a barrier to accessibility of the tests.

Supporting primary care providers through a new Medicare Benefits Schedule item to offer medically supervised RAT screening to patients where clinically appropriate, increases access to this important detection method. It also helps improve the protection for clinicians and other patients from COVID-19 where an infection may previously have gone undetected.

RATs provide reassurance that Australians can go about their daily activities with confidence in their safety. They also provide an important screening tool to preserve public health, helping detect COVID-19 cases and prompting those with the virus to isolate to protect their friends, family and community.

Who will benefit?

All Australians benefit from the COVID-19 disease surveillance provided through RAT screening, and this is especially important for those working in health care settings with vulnerable people.

The Australian Government has secured supplies of RATs for RACFs, ACCHS, SIL residential disability care, GP-led respiratory clinics, and has established a strategic reserve in case of emergency.

Concession card holders will also benefit from continued access to free RATs through their local participating community pharmacy. The extension of the program until 31 July 2022 will mean concession card holders can access an additional 10 tests, for a maximum of 20 free RATs.

Australian school students, children in childcare, teachers and staff will also benefit from the provision of RATs to allow surveillance screening in schools and ECECs.

Primary care providers will also benefit from a new MBS item for medically supervised RATs, which will improve access to RAT screening and ensure the time taken for a RAT result is properly compensated.

More than 25.3 million RATs have been deployed to all 2700 Residential Aged Care facilities since August 2021.

How much will this cost?

The Australian Government is investing \$1.6 billion over two years, 2021–22 to 2022–23.