

2025 Federal Election Priorities



Introduction

The Consumers Health Forum of Australia (CHF) is committed to amplifying the voice of Australian healthcare consumers and working with the 48th Parliament to ensure that consumers' needs and views directly inform healthcare reform.

This election comes at a challenging time for Australians. The cost-of-living crisis is making it increasingly difficult for consumers to afford the healthcare that they need. At the same time, consumers continue to experience long waiting times before they can access care and many struggle with navigating what can be a complex and confusing system.

The health of the Australian population post-pandemic is generally poorer, with an increase in disease due to COVID-19 itself, an increase in the prevalence of chronic conditions and significantly more Australians suffering mental ill-health. An already strained Australian health system emerged from the pandemic in even greater need of fundamental reform and strengthening to ensure it is well-placed to respond to the ongoing and changing needs of the Australian population.

The current context also brings challenges that will have an ongoing impact on Australians' health and how we experience healthcare. Artificial Intelligence (AI) technologies have been used in healthcare for many decades and bring great potential for innovation and digital solutions. However, the sudden rise of generative AI software may also pose significant risks to consumers when used in a healthcare setting and necessitates a focus on consumer safety and literacy. Further, the increasing impact of climate change and extreme weather events such as floods, heatwaves and bushfires, pose significant future challenges to our health, wellbeing and economic prosperity and must be addressed by Government in an ongoing and impactful way.

All Australians should have timely and equitable access to safe, quality and affordable healthcare. The two fundamental principles behind CHF's Election Priorities – **increasing access, affordability and agency** and **reducing inequity** – focus on achieving this.



Access, Affordability and Agency

CHF's goal is for **Australia to have an A+ health system** – achieved through three key focus areas: **Access, Affordability and Agency**. Each of CHF's Key Election Asks address one or more of these three areas.

The rising cost of living is having a concerning impact on Australians' ability to access the healthcare when and where they need it. Recent data shows one in ten Australians living in areas of most socio-economic disadvantage delayed or went without prescription medication when it was needed due to cost in 2023–24.¹ Further, the proportion of people citing cost as the primary reason for delaying or avoiding a visit to their GP rose from 7% in 2022–23 to 8.8% in 2023–24. Statistics regarding mental health are particularly concerning with 20.4% of people delaying or avoiding seeing a health professional for their mental health needs due to financial constraints. Clearly, more must be done to ensure that Australians are not missing out on healthcare because they simply can't afford it. Consumers who are unable to access the healthcare they need when they need are likely to become sicker, resulting in greater costs to them and the health system in the future.

Affordability is also directly linked to accessibility. We continue to hear from consumers that a lack of bulk billing and the high costs associated with allied health – particularly dental and oral health – seriously impact their access to care. Ongoing workforce shortages and long waiting times further exacerbate this problem. These issues are particularly significant in rural and remote areas of Australia. In recent data, while 28% of people said they waited longer than they felt was acceptable for a GP appointment, those living in regional, remote, or isolated areas were more likely to experience longer wait times compared to those in major cities (36.3% vs 26%).²

Australia has a mixed public-private health system and it is important that both parts of this system are integrated and working effectively. The sustainability of the private health system is important to ensuring all Australians have timely access to the care they need as it augments the capacity within the public system. Government has a role as regulator and uses a range of policy levers to help ensure the private system is robust and playing its part in the broader health system. Government action in the private system needs to benefit the whole system and make the best use of the strengths of both systems. The Government should consider developing a Private Health Strategy that looks at the complex interactions within the private sector as well as integration between the public and private sectors and ensuring that consumers can navigate safely and seamlessly between the two systems.

Australians should also be supported to make decisions about their own health and healthcare and provided with the opportunities and resources to advocate for their needs. Agency refers to an individual's capacity to make choices and decisions. Providing consumers with agency and education is a critical aspect of healthcare – both in terms of health management and seeking care, but also to support prevention.

As the national peak body representing consumer's health interests, CHF's focus is on federal health issues. However, we also recognise the important role that State and Territory governments play in influencing healthcare access, affordability and agency. State and Commonwealth relations during the next parliament will be an incredibly important contributor to securing better health outcomes for Australian healthcare consumers. We support mechanisms such as the Health Ministers Meeting and the National Cabinet as forums that can help to ensure that all Australians experience the same access to safe, timely and affordable healthcare, regardless of where they live.

¹ ABS (2024) Patient Experiences 2023–24, abs.gov.au/statistics/health/health-services/patient-experiences/2023-24

² Ibid.

Introduction

Reducing Inequity

CHF recognises that broader social, economic, cultural, environmental and political factors shape the circumstances of people's lives, including their health. People experiencing disadvantage often have poorer health and are less able to access healthcare. At the same time, poor health itself can exacerbate disadvantage and exclusion. All of CHF's Key Election Asks and any proposed new initiatives aim to promote equitable health outcomes. CHF also supports ACOSS' call to raise the rate of all income support payments to at least \$82 a day so that everyone can afford the basics, including healthcare and medication.

CHF recognises that Aboriginal and Torres Strait Islander peoples are Australia's first peoples and have the right to self-determination. We are committed to supporting the priorities of Aboriginal Community Controlled Organisations (ACCOs) to promote equitable health outcomes. We will actively endorse key recommendations from First Nations organisations to drive meaningful and impactful change. We also support the recommendations of other groups advocating for equitable health outcomes and the associated needs of particular cohorts within our community.

CHF also strongly recommends that Government ensures there is a well-defined and resourced process in place to facilitate consumer engagement and involvement in the design and implementation of all new health initiatives, including those called for in this document.



Ensure health care is more affordable to consumers

Key Asks

Institute a range of measures to reduce out-of-pocket costs to see general practitioners and specialists

The up-front costs associated with seeing a GP or specialist significantly impact on consumers' access to care. Reducing out-of-pocket costs when consumers see their GP and/or a specialist should be a priority and involve:

- Increasing Medicare bulk billing incentives to encourage more practitioners to bulk bill more people. Consumers continue to tell us that they struggle to find general practice clinics that will bulk bill them. While there have been some improvements made in this area, more needs to be done. New incentives should target areas with low bulk billing rates and local government areas with lower Socio-Economic Index for Areas (SEIFA) scores as these are areas of greater disadvantage.
- Reforming the Medicare Safety Net to ensure it is more effective in reducing costs for those who need to access care, including:
 - Moving from the set calendar year threshold limits to a rolling 12-month period, linked to a particular extended episode of care. This is particularly important for patients receiving cancer treatments.
- Maintaining only one Medicare Safety Net based on the current Extended Medicare Safety Net and abolishing the Greatest Permissible Gap and Ordinary Medicare Safety Net arrangements.

Ensure automatic application of Pharmaceutical Benefits Scheme (PBS) Safety Net pricing

There is currently a lack of automatic application of the PBS Safety Net pricing when a consumer reaches the payments threshold. This results in consumers unnecessarily continuing to pay the full price for medicines.

- Services Australia should be tasked with codesigning with all users an automated system to ensure everyone gets the benefits of cheaper medicines as soon as they meet the safety net thresholds.

Make allied health care more affordable

Allied health is simply unaffordable for many consumers. Addressing this issue should focus on consumers with chronic diseases and incorporate:

- Increasing the number of MBS rebate-able allied health appointments available to consumers on chronic disease management plans.
- Supporting blended funding models for GP clinics whereby non-fee-for-service funding is used to support multidisciplinary care.

Improve consumer **access** to health care

Key Asks

Implement the next 10-year National Oral Health Plan, towards a universal dental and oral scheme

Oral health should be treated the same way as any other form of healthcare. Government should take initial steps towards establishing universal access to affordable dental healthcare. This should include:

- Taking initial steps by establishing a Seniors Dental Scheme and a low-income Dental Scheme, linked to current concession cards.
- Providing increased funding for public dental services.
- Appointing a Commonwealth Chief Dental/Oral Health Officer.
- Implementing the recommendations of the Royal Commission into Aged Care Quality & Safety and the recommendations of the Senate Select Committee into the Provision of and Access to Dental Services in Australia.
- Ensuring all oral health providers are able to deliver care in line with their full scope of practice.

Support longer and more flexible specialist referrals

Consumers consistently express frustration around costly and inflexible referral processes. A move towards longer and more flexible specialist referrals would save consumers time and money and may be particularly beneficial for those with ongoing and chronic conditions.

- Support GPs to routinely provide 12-month referrals to specialists, as well as longer/ indefinite referrals for ongoing conditions, enabling follow up where needed. This will reduce demand on GPs and free up their time to see other patients, as well as reducing out of pocket costs for consumers and saving the Government on MBS rebates. Regulatory change should also be enacted to ensure that GPs and specialists cannot refuse these referrals.
- Encourage unnamed referrals. This will increase flexibility and enable consumers to more easily use a referral for a specialist of their choosing.
- Implement new direct referral pathways to specialists from specific named non-GP health practitioners – as detailed in Recommendation 12 of the Scope of Practice Final Report.

Increase timely access to Primary Health Care

Many consumers face significant waiting times before they can access the care that they need – particularly in rural and remote areas. Working to alleviate this should involve:

- Addressing workforce shortages and maldistributions.
- Ensuring all people working in primary care are working to their full scope of practice and funding mechanisms are in place to enable this.

Support consumer agency

Key Asks

Invest in the critical role of consumer health peak bodies

Consumer health peak bodies, including CHF, are central to consumer agency, providing critical and ongoing systemic advocacy, engagement, research and education activities. Current peak body funding, however, is far from adequate. The government must better support consumer health peak bodies' vital function through more appropriate funding, including indexation, and longer grant tenures to ensure long-term viability:

- Double the core funding allocated to consumer health peak bodies to restore it to its original real value.
- Provide five-year grants that are indexed appropriately for the life of the grant.

Prioritise preventative health

Preventative health approaches help improve a community's overall health and help lower presentations for non-urgent medical care. They also support consumers to be more health literate, equipped and enabled to make decisions about their health and healthcare. Government has previously committed to investment in preventative health rising to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030 and released associated strategies – including The National Preventive Health Strategy, the National Health and Climate Strategy, and the National Obesity Strategy. However, to date there has been a lack of adequate funding and action in this area. To address this, Government should prioritise the following:

- **Respond to the asks of the Coalition for Preventative Health funding.**
The Coalition for Preventative Health Funding is a newly formed alliance of 19 consumer health organisations, working together to progress investment in community-based preventive health measures. The Coalition is calling for:

- The Australian Government and the 48th parliament to commit to 5% of total health expenditure (across Commonwealth, state and territory) being spent on prevention by 2030.
- The Coalition for Preventative Health Funding to be engaged in a co-design/advisory capacity about how the funding should be spent.
- The 5% funding to flow through to Member organisations to do prevention work with their communities.
- The Commonwealth to fund a Secretariat component, based at CHF, to administer the Coalition for Preventative Health Funding.
- **Finalise the National Health Literacy Strategy and develop a funded Implementation Plan**
The development of the National Health Literacy Strategy is one of eight immediate priorities under the National Preventive Health Strategy 2021–30. It has yet to be finalised. Government should seek to finalise the Strategy and then work with the States and Territories to develop a funded Implementation Plan with clear priorities and timelines.
- **Develop and implement a health levy on sugar sweetened beverages (SSBs)**
Implementing a health levy on SSBs can encourage manufacturers to reformulate drinks to reduce sugar content and the funds from such a levy could then be used to fund preventive health measures. A health levy would create a supportive environment for healthier drink choices, encourage reformulation, reduce sugar consumption and help manage and prevent obesity. It will also contribute to better oral health and reduce the need for dental care.

Support consumers to better understand and navigate the health system

The Australian health system is complex and difficult for consumers to understand, utilise and navigate effectively, particularly when they are very unwell. Supporting consumers to understand and navigate the health system is an important role undertaken by many CHF member organisations, who have the specialist expertise and knowledge to assist consumers navigate their health issues. Broadly, however, many consumers are not fully aware of what they can access under Medicare. This impacts on how accessible and affordable healthcare is for them. These issues could be addressed through:

- Funding CHF to lead the delivery of 'Understanding Medicare – understanding your health' community education sessions across Australia. This should include educating consumers on how referral processes work and link to the implementation of the National Health Literacy Strategy.
- Funding health system navigators and peer support workers – Government has committed to a 'nationally consistent health navigation framework' as part of the National Health Reform Agreement. This should include navigators and peer supporters specific to certain communities (e.g. people with disability) who are able to respond to the needs of particular groups and intersectionality. It should also involve putting systems in place to ensure that it is easy for consumers to find health system navigators and/or peer support workers when they need them. This could involve, for example, providing a directory of health navigation services on the Healthdirect website.



