Budget 2025–26

This information is accurate as of 25 March 2025.

# Strengthening Medicare

This measure contains a number of elements to strengthen Medicare, which include:

* more bulk billing for all Australians
* providing Medicare eligibility for magnetic resonance imaging (MRI) machines at 3 hospitals in New South Wales and Victoria
* listing new and amended services on the Medicare Benefits Schedule (MBS).

These elements will improve health care access and affordability for Australians.

## Strengthening Medicare with more bulk billing for all Australians

Bulk billing incentives are MBS items that provide additional payments to medical practitioners when they bulk bill children under the age of 16 and Commonwealth concession card holders for unreferred services.

This measure will expand eligibility for these bulk billing incentives to all Australians, supporting general practitioners (GPs) to bulk bill an additional 15 million people.

This measure will also implement the Bulk Billing Practice Incentive Program. The program will provide an additional payment, valued at 12.5% of MBS benefits, for GP non-referred attendance services each quarter if practices commit to bulk bill every patient for every service.

Services Australia will receive $211.7 million over 4 financial years to continue support through to 2027–28 for this element.

Amendments to the Health Insurance (General Medical Services Table) Regulations 2021 are required to implement changes to bulk billing incentive eligibility.

Medicare eligibility for MRI machines at 3 hospitals in New South Wales and Victoria

This measure will provide MRI licences to 3 hospitals from 1 July 2025:

* Lakeview Private, Norwest, New South Wales
* Barwon Health North, Geelong, Victoria
* Sandringham Hospital, Sandringham, Victoria.

MRI services at these hospitals will be eligible for Medicare rebates to support better access and affordability for patients in these regions.

Services Australia will receive $31,000 from 2025–26 through to 2026–27 to administer this element.

New and amended listings on the MBS

From 1 July 2025, new and amended listings include:

* reclassification of sport and exercise medicine physicians (SEMPs) from specialists to consultant physicians, which will allow SEMPs to access consultant face-to-face items
* 2 new items (16050 and 16055) for initial and continuing 177-Lutetium prostate-specific membrane antigen (LuPSMA) treatment for patients with metastatic castrate-resistant prostate cancer
* a new item (61528) for a whole-body prostate-specific membrane antigen positron emission tomography (PET) scan to assess patient eligibility for LuPSMA treatment
* ammendments to existing PET items 61612 and 61614 to expand their use from initial staging, recurrence and treatment planning of rare and uncommon cancers to be available for all patients with fluorodeoxyglucose (FDG)-avid cancers
* amendments to item 42504 to allow for micro-bypass glaucoma surgery device implantation
* amendments to 9 ophthalmology items to align with contemporary practice for treatment of glaucoma by tightening language and modifying item descriptors with preferred terminology
* amendments to 9 items in the M10 item group to include exercise physiologists and dieticians as eligible practitioners to support improved diagnosis and treatment for people under the age of 25 years with complex neurodevelopmental disorders and eligible disabilities
* a new item for comparative proton‑photon planning for proton beam therapy for the purpose of assessing applications under the Medical Treatment Overseas Program
* an extension of heart health assessment items 177 and 699 for a further 3 years to 30 June 2028.

From 1 November 2025, new and amended listings include:

* a new item for faecal calprotectin testing, used for the management of symptomatic patients with diagnosed inflammatory bowel disease
* a new item for dihydropyrimidine hydrogenase genotyping, used to predict or diagnose fluoropyrimidine-induced toxicity in patients who either are about to commence, are undergoing or have had a treatment protocol that includes fluoropyrimidine
* a new item for a whole-body 68Ga-DOTA-octreotate or somatostatin receptor agonist PET study of patients with advanced or metastatic inoperable neuronendocrine neoplasms
* a new item for 177-Lutetium-somastatin receptor agonist treatment for advanced or metastatic neuroendocrine neoplasms
* amendments to 4 diagnostic imaging items to remove several non-requested services from the items podiatrists can claim and to clarify the situations in which an upper limb x-ray item can be claimed
* application of provider claiming restrictions to MBS items in Category 3, Group T3 to ensure services are only provided by specialists and consultant physicians with appropriate training
* new non-medical surgical assistance items, which mirror current items for medical practitioner surgical assistance, for appropriately qualified nurse practitioner surgical assistants. The reform aims to address the lack of medical surgical assistants in rural and metropolitan areas, leading to longer waiting times for surgery and poor health outcomes. Over 4 years, it is estimated up to 191 nurse practitioners will be eligible to access the new items
* amendments to ­73374, 73375 and 73376 for somatic gene testing of sarcomas to allow clinicians to choose which genes to test and to allow more frequent testing. The proposed changes will ensure NTRK2 testing is supported and future-proof the item to support testing in other new, relevant genes
* a new item for fibroblast growth factor 23 testing for people with a high probability of X-linked hypophosphatemia. This will assist in determining eligibility for the Pharmaceutical Benefits Scheme-listed treatment burosumab
* amendments to items for examination of placentas in perinatal deaths that are listed in the table of complexity levels from the Health Insurance (Pathology Services Table) Regulations 2020, from current level 4 complexity tissue examinations to level 5 and level 6 complexity tissue examinations
* amendments to 7 pathology items to restructure the items to be consistent with the latest Medical Services Advisory Committee-approved co-dependent non-small cell lung cancer items and amend items to refer to ‘relevant treatments under the Pharmaceutical Benefits Scheme’ in a consistent manner
* the expantion of ultrasound requesting rights for participating midwives to enable them to request ultrasound item 55065
* amendments to descriptors for items 59302 and 59305 for digital breast tomosynthesis (DBT) to clarify patient eligibility by removing references to breast disease and amending to breast malignancy to avoid use beyond the proposed clinical indications
* amendments to 2 ultrasound items to enable sexual health physicians to render ultrasound services under items 55282 and 55284
* a new MBS item for ultrasound assessment of severe endometriosis, to address the unique diagnostic challenges of this condition. The new item will have a higher schedule fee, which reflects the specialised nature, increased complexity and time involved in diagnosing endometriosis
* amendments to the Health Insurance Regulations 2018 to allow participating midwives to request Rhesus D non-invasive pre-natal testing of eligible pregnant patients under items 73420 and 73421
* updates to terminology relating to Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners in the MBS legislative framework
* amendments to the comprehensive facility requirements for PET services to align with facility requirements for MRI services
* amendments to nurse practitioner telehealth items to introduce eligibility requirements and exemptions, including selected services that have no established clinical relationship requirement
* amendments to GP telehealth items to extend the eligibility criteria for GP telehealth services for a patient to meet either the existing established clinical relationship criteria, or be registered in MyMedicare at the practice providing the telehealth service to be eligible for an MBS rebate
* 8 new subsequent attendance telephone items for consultant physician services to replace previously ceased items on 1 January 2022. These items will have the same claiming requirements as their in-person and video service equivalents. This measure implements part of recommendation 2 of the *MBS Review Advisory Committee: telehealth post-implementation review final report*.

From 1 March 2026, new and amended listings include:

* new patient-end support items to improve support for patients during telehealth consultations that involve more than one service provider. This listing will reinstate some GP and nurse practitioner services that ceased on 1 January 2022
* the addition of stuttering, speech sound disorder and cleft lip and palate to the list of eligible disabilities under the M10 item group of the MBS.

From 1 July 2026, new and amended listings include:

* amending several administrative measures for women’s diagnostic imaging, which includes an increase from 7 to 14 days for administering all requests on a single request form, removing co-claiming restrictions, and removing the multiple services rule for certain items.

The MBS is managed by the Department of Health and Aged Care and administered by Services Australia.

Services Australia will receive $2.8 million from 2025–26 to 2028–29 for this element.

This measure is led by the Department of Health and Aged Care.

This measure is subject to legislation passing.

## Who this measure affects

This affects patients eligible for these MBS items and health professionals providing these services.

## When this starts and finishes

Strengthening Medicare with more bulk billing for all Australians starts on 1 November 2025.

The Medicare eligibility for MRI machines to 3 hospitals in New South Wales and Victoria starts on 1 July 2025 and ends on 1 July 2027. After 1 July 2027, hospitals will no longer need a licence to provide Medicare eligible MRI services.

The new and amended MBS listings are effective from dates stated above and are ongoing.