



# Federal election platform 2025



## Modernise Medicare — more care, more time, more health



Medicare is meant to be for all Australians. We need a general practice that is funded and resourced so that it can meet the needs of patients today and tomorrow.

The AMA's plan to Modernise Medicare: Longer consults, smaller out of pockets.

We also want to support expanded access to nurses and allied health, including physiotherapists, mental health specialists and dietitians, to support Australian's diverse health issues, and grow our GP workforce.

Our plan will create a Medicare that provides more time, more care, and more health.

### More time:

It's time to Modernise Medicare to recognise the changing healthcare needs of patients, and support patients to spend more time with their GPs.

The AMA's proposed Medicare rebate structure will support comprehensive care — prevention, management on complex conditions, and helping avoid unplanned hospital admissions, and it will encourage longer consults when needed, rather than penalise them.

**Costing:** Seven-tier Modern Medicare rebate structure — \$4.5 billion over four years.

### More care:

The AMA proposed a comprehensive plan to grow Australia's GP workforce, which has now been adopted by both major political parties. It includes:

- Expanding GP training programs with an additional 200 training places per year from 2026, growing to 400 places annually from 2028
- Salary incentives to attract junior doctors to general practice, addressing our call for improved GP remuneration and replace with equitable employment conditions for GP trainees including paid parental leave and study leave
- Creating 200–400 additional rotations for junior doctors in primary healthcare, providing the early career exposure to general practice

**Costing:** Both major political parties have adopted the AMA's 'more care' component of the Modernise Medicare campaign, at \$600 million over four years.

### More health:

A well-funded, modernised Medicare that can support GPs as the central pillar of our health system.

That's why the AMA's plan includes initiatives to ensure general practice is supported to employ more nurses and allied health professionals (like physios, dietitians, psychologists and diabetes educators) through expansion of the current program that funds this — the Workforce Incentive Program.

**Costing:** Modernising Medicare to support more nursing and allied health workers in general practice through the Workforce Incentive Program — \$401.1 million over four years.

## New national health reform funding agreement to end the hospital logjam, ambulance ramping, and fix the surgery backlog



A lack of government funding is resulting in public hospitals that are in logjam — with ambulances ramping, emergency departments at capacity, and long waits for essential surgery. There are just not enough beds or staff to deal with the demand.

The AMA's end the Hospital Logjam campaign is about funding our public hospitals to improve their performance and increase capacity, and equipping them to address avoidable admissions and expand their services.

Urgent reform of public hospital funding is needed. Our current funding agreement funds our hospitals to be busier — but not better. The AMA's vision is for a new funding approach to supplement the current focus on activity — one that includes funding for positive improvement, increased capacity, and reduced demand, and puts an end to the blame game. It would also see the federal government increase its share of funding, and lift the cap on funding increases, and see the states also contribute additional funds to better meet the demand in the community.

**Costing:** An additional \$12.5 billion from the federal government over four years, and an additional \$15.3 billion from the state and territory governments over four years.



## Private health system — reform to promote affordability, sustainability and value

The private health system is an essential component of Australia's healthcare system, offering patients access to a wider range of services and reducing demand on the public sector. However, the viability of our private system is in trouble due to a significant shift in the demographics of the insured population. Without immediate intervention, the balance between the public and private sector will continue to be threatened, which will ultimately lead to patients not being able to access the care they need, when they need it. Patients are increasingly facing higher and higher insurance premiums, and reform is needed to ensure the private system is efficient, affordable and provides value.

### The establishment of an independent and well-resourced private health system authority (the authority)

The AMA's call for a private health system authority is based on experience. Australia needs a mechanism to ensure continual reform to the private system so it can adjust to changing demographics, introduce new models of care (including care in the community), and continually review our policy settings. As an independent body, it would have the capacity, objectivity, and expertise to ensure the system evolves as government policy intends, balancing the interests of patients, day hospitals, private hospitals, private health insurers, medical device manufacturers, and doctors. They would fill the gaps in the current regulatory environment and oversee the private healthcare system.

**Costing:** Establishing a private health system authority would cost \$146.9 million over four years.

## Increase the value of private health insurance for patients by mandating a minimum payout

Private health insurers aim to set premium levels to cover the expected costs of benefits (that is, the coverage paid for members' medical treatment), plus the fund's management costs. As a result, if management expenses as a proportion of payments are higher, a smaller proportion of premiums is being spent on treatment. Over time we have seen those management expenses increase.

To improve the value proposition of private health insurance, the AMA proposes there should be a mandated minimum return amount (e.g. 90 per cent) to the health consumer for every premium dollar paid. There needs to be a standardised return that is higher than the current private health insurance industry average.

**Costing:** This policy would encourage more Australians to take out private health insurance, which over the longer term would lower premiums and take pressure off the hospital system. AMA modelling indicates that, even with more private health insurance rebates, the measure would save the government money, while lowering the costs of premiums in the longer term.





## Prevention is better than cure — time to tax the Sickly Sweet soft drinks that drive ill health

**#Sickly Sweet**

The AMA's Sickly Sweet campaign calls for a tax on a subset of sugary drinks: all non-alcoholic drinks containing free sugars, excluding 100 per cent fruit juice, milk-based drinks, and cordial drinks. The focus is on drinks that provide no nutritional benefit — the key one being soft drinks. Sugar-sweetened beverages — or sugary drinks — contain way too much sugar and Australians are drinking too much of them. There are 8–12 teaspoons (33–50 grams) of sugar in the average 375 ml can of soft drink. This is more than the daily recommended amount of sugar in just one drink with almost no nutritional benefit. Frequent consumption of sugary drinks is associated with a range of health problems, such as poor dental health, as well as obesity — a major risk factor for chronic diseases like type 2 diabetes, heart disease, stroke, and cancer. It's an issue that impacts our quality of life, our health and wellbeing, and puts a huge strain on our health system.

The AMA's proposed tax is a specific excise (and customs) tax based on sugar content, set at \$0.50 per 100 grams of sugar (per unit of product).

A tax on sugary drinks is not a new or risky concept to the rest of the world. As of July 2022, at least 108 countries have applied national-level excise taxes on at least one type of sugar-sweetened beverage (SSB). There has been confirmed success already in a number of countries, including the United Kingdom (2018), Mexico (2014), France (2012), Chile (2014), Catalonia, Spain (2016), South Africa (2018), and some jurisdictions in the United States.

**Costing:** There is no cost — in fact, it raises money that can be reinvested into the health system, while also saving the health system money from creating a healthier population.

The AMA's modelling shows a tax on sugary drinks would drive down annual sugar consumption by 2kg per person while raising \$3.6 billion in government revenue over the forward estimates.



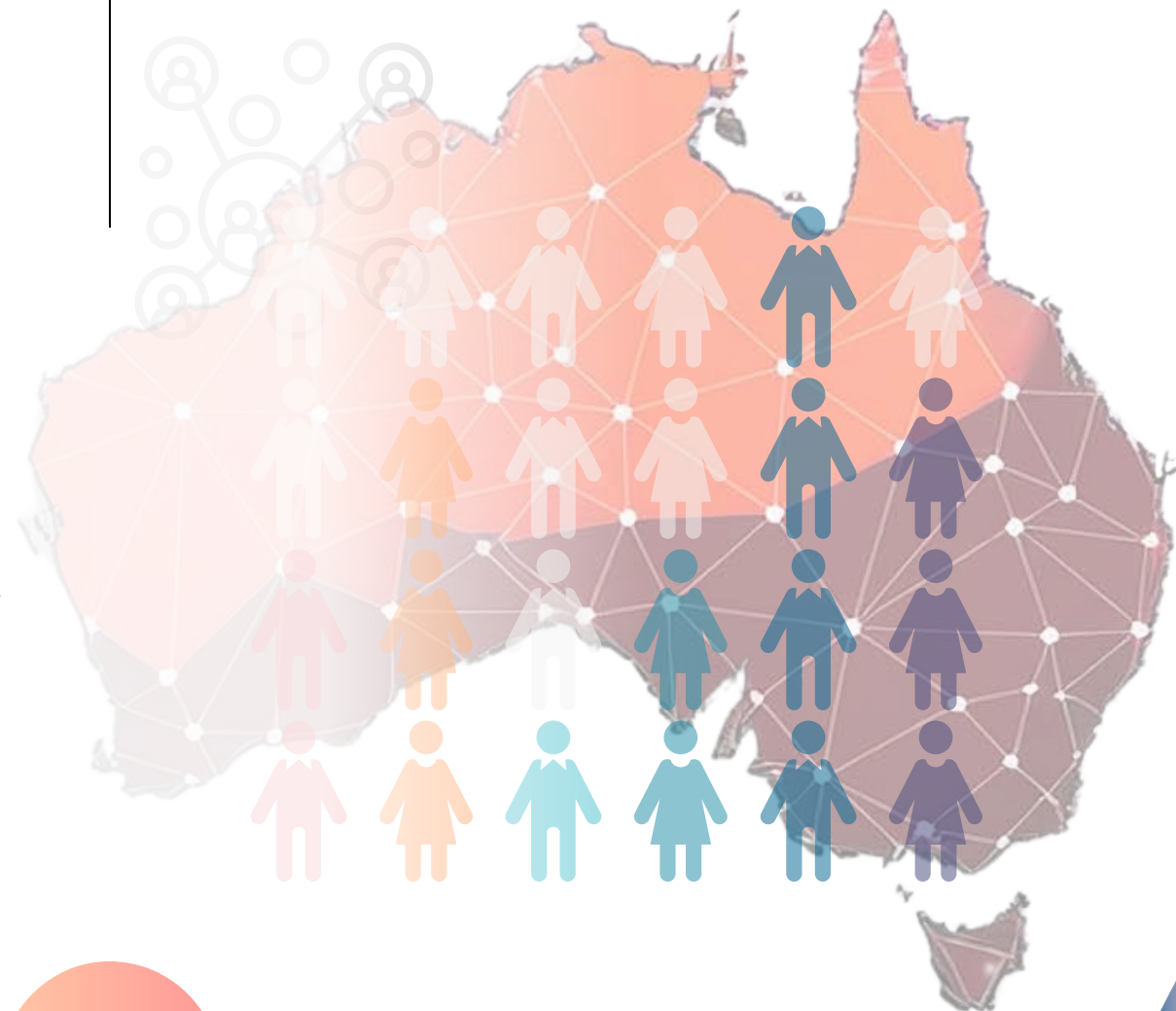
## The right medical workforce at the right time

We need to create a healthcare system that is ready for the future, and this is contingent on building a sustainable healthcare workforce. The effectiveness and efficiency of the healthcare services area is intrinsically linked to the availability of a workforce that can meet the evolving needs of communities. In Australia, there are many regions where access to the appropriate healthcare professionals remains a challenge due to the maldistribution of healthcare professionals. The consequences of this maldistributed or insufficient workforce include prolonged wait times for appointments, delayed diagnosis, and a backlog in care, which ultimately impacts patient health outcomes.

### Establish and fund an independent national health workforce planning agency

The AMA is proposing an independent national health workforce planning agency, where the primary role is to ensure the healthcare workforce meets the current and future healthcare needs of the population, through planning, co-ordination and policy advice. The agency would consider factors such as population demographics, healthcare trends, technological advancements, and the changing nature of diseases to make informed decisions about workforce requirements.

**Costing:** Establishing an independent national health workforce planning agency would be a major step forward in ensuring Australia has the medical and health staff it needs to keep its world-class health system one of the best in the world — \$182.6 million over four years.



**The AMA's costed pre-budget submission 2025-26 is available  
on the AMA website**

