

| AMA Policy Priority   | Party   |  |  |
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|   | Coalition   | ALP  | Greens   |
| <b>General practice and primary care</b>  |   |  |  |
| Funding to support and improve the continuity of care for patients in general practice.                                       | 2019/20 Budget provided \$448.5m to support GPs to improve continuity of care for patients over 70 with chronic conditions. | No formal election policy released, although the ALP issued a press release advising that it would match the Budget funding.   | Reorganise the current GP payment system, with \$1000 payments available to GP practices for each enrolled patient to compensate doctors for delivering high quality chronic disease care. |
| Increased support for longer GP consultations.  | No election policy announcement.  | No election policy announcement.   | No election policy announcement.   |
| Improved access to the after-hours GP services for patients.  | No election policy announcement.  | No election policy announcement.   | No election policy announcement.   |
| Specific MBS rebates for GP telehealth consultations.   | No further policy announcements beyond those announced in MYEFO.  | No election policy announcement.   | \$180m to fund rural infrastructure and provide rural patients with access to GP and allied health services via telehealth consultations.  |
| Support for patients with hard-to-heal wounds by funding the costs of dressings for patients.                                 | No election policy announcement.  | No election policy announcement.   | No election policy announcement.   |
| Enhanced access to GP-led team-based care for patients.   | No election policy announcement.  | No election policy announcement.   | No election policy announcement.   |
| Commitment to working with the profession to design and implement a more robust long-term funding model for general practice. | Will work with the various stakeholders in terms of formulating a primary health care policy into the future.               | Has announced that one of the first tasks for the Health Reform Commission under an elected Labor Government would be to look at the integration of primary health care. | Develop nationwide standards and models of care for the treatment of chronic disease.  |

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| <p>Other relevant issues:</p> <ul style="list-style-type: none"> <li>• More funding for the PIP Quality Improvement Incentive (PIPQII) and Aged Care Access Incentive (ACAI).</li> <li>• Lifting of Medicare Indexation freeze.</li> </ul>  | <p>As part of the 2019/20 Budget:</p> <ul style="list-style-type: none"> <li>• Provided \$201.5m to support the PIPQII.</li> <li>• Announced that the ACAI will be retained.</li> <li>• Committed to the lifting of the freeze on remaining Medicare items for general practice from 1 July 2019.</li> </ul> <p>Implemented a heart health check item through general practice.</p>  | <p>Commitment to end the freeze on remaining Medicare items for general practice by 1 July 2019.</p> <p>Committed to fund heart health check through general practice.</p>   | <p>Invest \$4.7b over the decade into Medicare to immediately lift the freeze in full and protect bulk billing, including investing in life saving diagnostic tests like X-rays and MRI scans.</p>   |
| <p><b>Public Hospitals</b></p>  |  |  |  |
| <ul style="list-style-type: none"> <li>• Boost funding for public hospital services beyond levels set out in the 2020-2025 agreement.</li> <li>• Stop penalising hospitals for adverse patient safety events.</li> <li>• Fully fund hospitals so they can improve patient safety and build infrastructure.</li> <li>• Include an explicit ongoing Commonwealth contribution above and beyond the activity-based formula.</li> <li>• Include an explicit ongoing Commonwealth contribution to fund reduction in potentially avoidable admissions.</li> </ul> | <ul style="list-style-type: none"> <li>• Health &amp; Hospitals Program <ul style="list-style-type: none"> <li>• \$1.25bn over 4 years from 2018-19 (Initially announced MYEFO Dec 2018. Re-announced in Budget 2019-20 \$1.25bn over 7 years) from 2018-19. Of the \$1.25bn, \$345.9m allocated 2018-19 to 2022-23.</li> <li>• Targeted to specialist hospital services, hospital infrastructure plus community-based services especially drug &amp; alcohol treatment, mental health.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Public Hospitals – Funding Better Hospitals Fund from 2019 and over life of 2020-25 Agreement: <ul style="list-style-type: none"> <li>• \$2.8bn ‘Better Hospitals Fund’ (BHF), equivalent to lifting Commonwealth contribution towards hospital funding to 50%, with 50/50 split retained beyond 2025.</li> <li>• Includes \$1bn towards infrastructure and \$250m towards elective surgery wait lists and \$250m towards ED staff and performance improvement.</li> <li>• Includes \$250m Better Care Fund focused on safety and quality improvement, chronic</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Public Hospital funding increase. Legislate 50/50 funding of hospitals between Commonwealth and States - \$2.8bn to 2025.</li> <li>• Create a single funding agency to stop Commonwealth and State cost shifting. \$970m over next four years.</li> <li>• Public hospital capital works. \$100m – allocated via competitive grants for urgent hospital upgrades. No detail on funding timeframe.</li> </ul> |

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| <ul style="list-style-type: none"> <li>Fully compensate States and Territories for any loss in private patient revenue.</li> </ul> |  | <p>disease, improved discharge planning and data improvement.</p> <ul style="list-style-type: none"> <li>Additional \$250m new funding for emergency infrastructure upgrades.</li> <li>Cancer Care Package (\$2.3bn package over 4 years from 2020-21) – Public hospitals component includes: <ul style="list-style-type: none"> <li>\$500m for National Partnership Agreement (NPA) on Cancer Care, to reduce waiting times for surgery and consultations in Australia’s public hospitals.</li> <li>\$300m for better cancer centres across Australia</li> <li>\$50.5m for cancer nurses</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Abolish \$6.5bn per annum PHI premium subsidy and reinvest it in public hospital system.</li> <li>Clear public hospital elective surgery waiting lists in the next two years - no timing detail costings provided at this stage.</li> </ul> |
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| A futureproofed Medicare   |  |   |  |
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| <ul style="list-style-type: none"> <li>• Establish a Medicare Reinvestment Fund – one that ensures every cent taken out of the MBS Reviews is reinvested.</li> <li>• Ensure there is a robust and transparent implementation process.</li> <li>• Commit to ensuring that MBS indexation is never again frozen, and that patient rebates are indexed at an adequate rate.</li> <li>• Commit to an enduring process for reforming and reinvesting in the MBS, beyond the current time limited MBS Review Taskforce.</li> </ul> | <ul style="list-style-type: none"> <li>• Beyond indexation and the MBS Review, no announcements related to AMA’s requests to futureproof Medicare.</li> </ul>  | <ul style="list-style-type: none"> <li>• Cancer Care Package (\$2.3 billion package over 4 years from 2020-21) – Medicare component includes: <ul style="list-style-type: none"> <li>• Introduce a new Medicare item for follow up (ie subsequent) consultations by specialist medical and radiation oncologists and cancer surgeons - \$433m.</li> </ul> </li> <li>• Establish a permanent and independent Australian Health Reform Commission.</li> </ul> | <ul style="list-style-type: none"> <li>• Invest \$4.7b over 10 years to lift the indexation freeze on Medicare.</li> </ul>   |
| Medical care for older Australians   |  |   |  |
| <ul style="list-style-type: none"> <li>• Ensure quality of, and timely access to, specialist support and allied health.</li> <li>• Introduce a mandatory minimum staff to resident ratio, including 24 hr nurses.</li> <li>• Significantly increase Medicare rebates by 50 per cent.</li> <li>• Provide better funding support for services being delivered on</li> </ul>  | <ul style="list-style-type: none"> <li>• Reducing the misuse of medicines in RACFs - \$7.7m (Budget 2019-20).</li> <li>• Supporting implementation of Aged Care Workforce Strategy - \$2.6m (Budget 2019-20).</li> </ul> | <ul style="list-style-type: none"> <li>• \$2.4bn for a Pensioner Dental Plan - Funded via Medicare - Age Pensioners or Commonwealth Seniors Health Card, will get \$1,000 worth of free essential dental care, covered by Medicare, every two years.</li> <li>• Access to culturally appropriate RACFs for migrants - \$100m.</li> </ul>  | <ul style="list-style-type: none"> <li>• Additional 50,000 level 3 and 4 HCPs - \$5.491bn.</li> <li>• \$3bn Aged Care Workforce: <ul style="list-style-type: none"> <li>• Staff to resident ratios;</li> <li>• 24/7 registered nurse (at least one);</li> <li>• Increase hours of care per resident to 4 hrs 18 mins per day.</li> </ul> </li> </ul> |

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| <p>site (such as mobile radiology services).</p> <ul style="list-style-type: none"> <li>• Introduce new telehealth Medicare items.</li> <li>• Prevent older people from prematurely entering RACFs and hospitals by increasing the number of home care packages to reduce waiting times.</li> </ul>  | <ul style="list-style-type: none"> <li>• Skills Organisation package - \$41.7m (partially for aged care as a first priority).</li> <li>• Aged Care Workforce Research Centre - \$34 million.</li> </ul> | <ul style="list-style-type: none"> <li>• Announced, but no costing provided: <ul style="list-style-type: none"> <li>• Investigate greater access and prioritisation in home care.</li> <li>• RACFs - one 24/7 registered nurse on site, publish RACF staff skills mix.</li> <li>• Workforce - fast-track implementation of <i>Matter of Care</i> workforce strategy to address inadequate staffing, consider further incentives for GPs.</li> <li>• Make dementia, ATSI, CALD, LGBTIQ support a national priority.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Increase pay for aged care workers by 15 per cent.</li> <li>• End use of restraints in RACFs.</li> </ul>   |
| <p><b>Private health</b></p>   |   |   |   |
| <ul style="list-style-type: none"> <li>• Ensure the development of a fee transparency website that covers insurers.</li> <li>• Consider changing policy of current rebates reverting back to the MBS figure if the gap rate is exceeded.</li> <li>• Ensure that a future review of private health insurance addresses insurer-related gaps; indexation of rebates; variation in rebates; insurer contracts.</li> </ul> | <ul style="list-style-type: none"> <li>• No additional specific initiatives announced during Budget or Election campaign.</li> </ul>  | <ul style="list-style-type: none"> <li>• Productivity Commission review of the private health system to develop long-term reforms to the private health sector.</li> <li>• Impose a 2 per cent cap on private health insurance price rises for two years.</li> <li>• Remove the rebate for junk / basic policies.</li> <li>• Review out of pockets for cancer patients.</li> <li>• Invest \$10m to establish a national standard for informed financial consent.</li> </ul>   | <ul style="list-style-type: none"> <li>• Reduce out of pocket costs, improve fee transparency, work with stakeholders to find a model. No further details provided.</li> <li>• Removal of PHI rebate from private health insurance. No detailed costings, no timeframes.</li> </ul> |

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| <b>Diagnostic imaging</b>  |  |  |   |
| <ul style="list-style-type: none"> <li>• Ensure that Medicare rebates for diagnostic imaging services are adequately funded.</li> <li>• Introduce new MBS rebates for diagnostic imaging services.</li> <li>• Introduce a billing system to allow patients to pay just the gap up front.</li> <li>• Scrap the MRI licensing system.</li> <li>• Fund referral arrangements that support better access to high quality, timely, and affordable services in regional and remote Australia.</li> </ul> | <ul style="list-style-type: none"> <li>• Improved access to diagnostic imaging - \$231.2m in budget for: <ul style="list-style-type: none"> <li>• Increase the Medicare rebate for all diagnostic radiology and ultrasounds from 1 July 2020.</li> <li>• New MBS items for breast cancer patients to claim PET and MRI scans under Medicare.</li> </ul> </li> <li>• Additional funding to increase total new MRI Bulk billing licenses to 50.</li> </ul> | <ul style="list-style-type: none"> <li>• Cancer Care Package includes: <ul style="list-style-type: none"> <li>• Increase rebates for diagnostic imaging for cancer patients provided they are bulk billed (\$600m).</li> <li>• Remove Medicare licensing restrictions on MRI units for cancer scans to enable bulk billed cancer scans.</li> <li>• Establish Ministerial Working Group on Out-of-Pocket Cancer Imaging Costs to assist with the implementation of the diagnostic imaging cancer policy.</li> </ul> </li> <li>• Will match LNP's 50 licenses, and deliver new MRI licences – named 10 new licences and promises a further 10 if wins government (additional \$135m).</li> <li>• ALP will match LNP's unfreezing of all other diagnostic imaging items.</li> </ul> | <ul style="list-style-type: none"> <li>• Stated support for a review of MRI licensing and improved rebates– but not costing or detail provided.</li> </ul>  |
| <b>Pathology</b>   |  |  |   |
| <ul style="list-style-type: none"> <li>• Ensure that Medicare rebates for pathology services are adequately funded so that patients receive quality services.</li> </ul>   | <ul style="list-style-type: none"> <li>• No specific announcement.</li> </ul>  | <ul style="list-style-type: none"> <li>• Cancer Care Package includes \$200m for pathology bulk billing for older Australians and Australians with cancer.</li> </ul>  | <ul style="list-style-type: none"> <li>• Have stated support but not provided costing for “fully reinstate indexation on MBS payments”; investment in sustainable, diverse pathology workforce; increased investment</li> </ul> |

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| <ul style="list-style-type: none"> <li>Invest in a sustainable, diverse pathology workforce, including in regional areas.</li> <li>Increase investment in the development of a health genomics workforce and patient access to genomics-based health services in both the private and public sector.</li> </ul>  |  |  | <p>in health genomics workforce and patient access to genomics health services.</p>  |
| <b>Mental Health</b>   |  |  |  |
| <ul style="list-style-type: none"> <li>Base policies and funding on sound research with input from clinicians, consumers &amp; carers.</li> <li>Fund and resource an appropriately sized, skilled, and resourced mental health workforce.</li> <li>Invest in initiatives that will build up workforce capacity and service delivery for those living in regional and remote areas.</li> <li>Provide increased access to e-health and telemedicine for service delivery.</li> </ul> | <p>Budget committed:</p> <ul style="list-style-type: none"> <li>\$503m Youth Mental Health/Suicide Prevention, \$375m to 30 extra headspaces &amp; \$125m for Million Minds Mission.</li> <li>\$70.2m for residential eating disorders treatment.</li> <li>\$34.1m for Indigenous leadership/youth suicide)</li> <li>\$98.6m mental health program in schools.</li> <li>\$114.5m to trial new adult mental health centres.</li> <li>\$43.9m for a perinatal mental health.</li> <li>\$11.5m for Mental Health Workplace Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Committed \$200m for headspace Plus.</li> <li>\$35m for early intervention services (12-25 year olds).</li> <li>\$29.6m to reduce Indigenous youth suicide.</li> <li>\$6m for Kids Helpline.</li> <li>\$20 million for National Plan for Eating Disorders.</li> <li>\$20 million for mental health nurses based on need and delivered through Primary Health Networks.</li> </ul> | <ul style="list-style-type: none"> <li>\$491m for assertive outreach programs.</li> <li>\$25m for children/young people to access group sessions of CBT &amp; \$761m to fund online CBT.</li> <li>\$450m for community psychosocial services for people who cannot access NDIS.</li> <li>\$604m for mental health in small businesses; \$50m per year for larger businesses.</li> <li>\$166m for peer workforce.</li> <li>\$13m for National Survey of Mental Health and Wellbeing.</li> </ul> |

| Asylum Seekers & Refugees  |  |   |   |
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| <ul style="list-style-type: none"> <li>• Guarantee no children and their families on Nauru and Manus and appropriate health care (access to GPs, specialists, telemedicine) provided, preferably in Australia.</li> <li>• Support and fund the Independent Health Advice Panel (IHAP) and cover all costs associated with its operations.</li> </ul>   | <ul style="list-style-type: none"> <li>• Continue existing policies of offshore processing and detention of asylum seekers. LNP will not bring refugees from Manus/Nauru to Australia. Will maintain the policy of boat turn-backs.</li> <li>• Oppose the transfer of refugees to Australia for medical purposes.</li> </ul>   | <ul style="list-style-type: none"> <li>• Maintain existing policies of offshore processing and detention of asylum seekers and will not bring refugees from Manus/Nauru to Australia. Maintain the policy of boat turn-backs.</li> <li>• Will accept New Zealand's offer to resettle 150 refugees and negotiate resettlement or refugees in other countries.</li> </ul>   | <ul style="list-style-type: none"> <li>• Committed to end offshore processing and detention of asylum seekers.</li> <li>• Allow all asylum seekers on Manus and Nauru to be brought to Australia. End the policy of boat turn-backs.</li> </ul>   |
| Climate Change   |  |   |   |
| <ul style="list-style-type: none"> <li>• Adopt mitigation targets and develop and fund a national strategy for climate change and health.</li> <li>• Transition from fossil fuel energy to renewable energy.</li> <li>• Reduce exposure to air pollution and align current air quality standards with international best practice.</li> <li>• Establish an Australian Sustainable Development Unit (SDU).</li> <li>• Establish an Australian National Centre for Disease Control (CDC).</li> </ul> | <ul style="list-style-type: none"> <li>• Will continue to pursue a 26-38% emissions reduction target by 2030 (from 2005 levels). Main avenue for achieving reductions will be a \$2 billion Climate Solutions Fund, which will provide grants to big emitters for projects that lower their carbon footprint.</li> <li>• Will set up a \$15 billion renewables fund, including funding to create Snowy Hydro 2.0.</li> </ul> | <ul style="list-style-type: none"> <li>• Will adopt a 45% emissions reduction target by 2030 (from 2005 levels).</li> <li>• Will aim to have 50% of all energy powered by renewable sources by 2030. This will include a \$10b package for the Clean Energy Finance Corporation, and \$100m to support people on lower incomes invest in solar panels.</li> <li>• Will adopt target to ensure 50% of 50% new vehicles sold are electric by 2030.</li> <li>• Implement National Strategy on Climate, Health and Well-being.</li> </ul> | <ul style="list-style-type: none"> <li>• Will aim to have 90% of all energy powered by renewable sources by 2030. This would include the development of a publicly funded energy retailer to drive investment in renewables. Companies that use fossil fuels would cease to receive subsidies from the Government.</li> <li>• Will adopt target to ensure 100% of new vehicles sold are electric by 2030.</li> <li>• Have committed to implementing a National</li> </ul> |



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|  | <ul style="list-style-type: none"> <li>Will develop a national electric vehicle strategy.</li> </ul>  | <ul style="list-style-type: none"> <li>Establish a National Environmental Protection Authority.</li> </ul>  | Strategy on Climate, Health and Well-being   |
| <b>Indigenous Health</b>   |   |   |  |
| <ul style="list-style-type: none"> <li>Properly fund Indigenous health.</li> <li>Adopt recommendations from AMA Report Cards (end RHD, address chronic otitis media.)</li> <li>Fund ACCHOs according to need.</li> <li>Increase access to primary care &amp; medical specialists.</li> <li>Address the shortfall of Indigenous health workers.</li> <li>Increase funding for mental health services/suicide prevention and family violence.</li> <li>Raise the age of criminal responsibility to 14.</li> <li>Commit to the Uluru Statement from the Heart.</li> </ul> | <ul style="list-style-type: none"> <li>Budget allocated \$4.1b to the Indigenous Australians Health Program, including: \$160m to address preventable health challenges, \$35m for RHD, \$34.1m for suicide prevention/mental health initiatives and \$12.5m from the Million Minds Mission.</li> </ul> | <ul style="list-style-type: none"> <li>Will commit \$29.6m for youth suicide/mental health.</li> <li>Develop an Aboriginal and Torres Strait Islander Mental Health Plan.</li> <li>\$33m for RHD.</li> <li>\$13m to Close the Gap on vision loss.</li> <li>\$20m for sexual health promotion and resource.</li> <li>\$16.5m to promote healthy choices, including Deadly Choices campaigns.</li> <li>\$3m for Aboriginal Medical Services to develop justice outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>Will raise the age of criminal responsibility to 14 years.</li> <li>Decommission Don Dale and Alice Springs Youth Detention Centres (NT).</li> <li>Invest in mental health, drug and alcohol services, and housing for young people [costings not specified].</li> <li>\$10m to establish an independent National Centre for Justice Reinvestment.</li> <li>\$50m for a Justice Reinvestment Grants Program.</li> </ul> |
| <b>Prevention</b>  |   |   |  |
| <ul style="list-style-type: none"> <li>Establish and support a dedicated preventive health promotion agency or organisation.</li> <li>Fund prevention and early intervention services.</li> </ul>  | No overall prevention policies announced but specific policy commitments are noted in other sections.   | Many prevention policies are noted in specific policy areas, but Labor will provide \$8.6m to launch a renewed sun protection awareness campaign –  | <ul style="list-style-type: none"> <li>Will provide \$196m (4 years) and \$54m per year ongoing to establish an independent Preventive Health Commission to roll out</li> </ul>  |

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| <ul style="list-style-type: none"> <li>• Provide dedicated funding for a national physical activity strategy.</li> </ul>   |   | <p>encouraging the next generation of Aussie kids to slip, slop, slap.</p>  | <p>evidence-based prevention programs.</p> <ul style="list-style-type: none"> <li>• Ban all advertising and sponsoring of junk food, alcohol and gaming/betting companies at sporting events and during sports broadcasts.</li> </ul> |
| <b>Obesity</b>   |   |   |   |
| <ul style="list-style-type: none"> <li>• Implement a National Strategy.</li> <li>• Introduce a tax or levy on sugar-sweetened beverages.</li> <li>• Legislate restrictions on the marketing and promotion of junk food and soft drinks to children and adolescents.</li> <li>• Make active transport measures a priority.</li> <li>• Increase participation in physical activity.</li> </ul> | <p>No specific announcements on obesity.</p>                              | <ul style="list-style-type: none"> <li>• Will implement National Obesity Strategy, including specific plans to increase physical activity and improve nutrition, and consideration of mandating the Health Star Rating system and food reformulation targets.</li> <li>• Commit \$39m to roll out LiveLighter as the national anti-obesity campaign.</li> <li>• \$6m to restore federal funding to the Stephanie Alexander Kitchen Garden Program.</li> <li>• Reviewing junk food advertising to children.</li> <li>• \$260m for National Bike Paths Strategy.</li> </ul> | <ul style="list-style-type: none"> <li>• COAG pre-election (October 2018) commitment to develop a national strategy on obesity.</li> <li>• Will implement comprehensive, evidence-based strategy to combat obesity.</li> </ul>        |
| <b>Alcohol</b>   |   |   |   |
| <ul style="list-style-type: none"> <li>• Implement National Alcohol Strategy.</li> </ul>   | <p>No specific policy on National Alcohol Strategy or other measures.</p> | <ul style="list-style-type: none"> <li>• Will finalise a new National Alcohol Strategy (expired 2005).</li> </ul>   | <ul style="list-style-type: none"> <li>• Dedicated campaign to raise awareness of the harms of alcohol and drinking during</li> </ul>   |

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| <ul style="list-style-type: none"> <li>• Implement volumetric taxation on alcohol products.</li> <li>• Legislate mandatory front-of-pack warnings and fund targeted advertising campaigns.</li> <li>• Increase targeted prevention and treatment services.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Committed \$10m in targeted campaigns to reduce harmful drinking, such as the successful Pregnant Pause and Women Want to Know campaigns.</li> <li>• Will work to limit alcohol advertising to children and reduce children’s exposure in other settings.</li> </ul>  | <p>pregnancy, in order to prevent fetal alcohol spectrum disorder (FASD).</p> <ul style="list-style-type: none"> <li>• Ban all advertising and sponsoring of alcohol at sporting events and during sports broadcasts.</li> </ul>  |
| <b>Tobacco</b>  |   |  |   |
| <ul style="list-style-type: none"> <li>• Fund the National Tobacco Strategy and national advertising and awareness raising campaign.</li> <li>• Monitor and assess the evidence around the effectiveness of e-cigarettes as cessation aids.</li> <li>• Provide appropriate funding for doctors to support patients through smoking cessation.</li> <li>• Increase funding for the Tackling Indigenous Smoking program.</li> </ul> | <p>\$20m for anti-smoking campaign.</p> <p>There were also specific measures to tackle Aboriginal and Torres Strait Islander smoking announced in the April Budget.</p> | <ul style="list-style-type: none"> <li>• Will commit \$40m to reboot Australia’s landmark National Tobacco Campaign to drive Australia’s smoking rate below 10%.</li> <li>• \$6m to support Tobacco Free Portfolios work to eliminate tobacco from investment portfolios so people aren't unknowingly contributing to tobacco profits via their superannuation and pension funds.</li> </ul> | <ul style="list-style-type: none"> <li>• Update and fund the National Tobacco Strategy.</li> <li>• Monitor and assess evidence around the effectiveness of e-cigarettes as cessation aids.</li> <li>• Support funding for doctors to provide patients with appropriate advice about smoking cessation.</li> </ul> |
| <b>Immunisation</b>   |   |  |   |
| <ul style="list-style-type: none"> <li>• Ensure new vaccines recommended by ATAGI and PBAC be included on the NIPS.</li> </ul>  | <ul style="list-style-type: none"> <li>• Budget committed \$39.5m for whooping cough vaccine for pregnant women.</li> </ul>   | <ul style="list-style-type: none"> <li>• Supports current immunisation programs.</li> </ul>  | <ul style="list-style-type: none"> <li>• Support current immunisation programs.</li> </ul>  |

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| <ul style="list-style-type: none"> <li>• Continue support for No Jab No Pay.</li> <li>• Target those geographic areas known to have low levels of immunisation.</li> <li>• Consider the potential benefits of a no-fault vaccines compensation program.</li> </ul>  | <ul style="list-style-type: none"> <li>• \$52m to expand access to the meningococcal vaccine providing protection against the ACWY strains.</li> <li>• \$12m to extend the reach of the childhood immunisation education Campaign.</li> </ul>                        | <ul style="list-style-type: none"> <li>• Will commit \$21m to expand the Children’s Medical Research Institute.</li> </ul>  | <ul style="list-style-type: none"> <li>• Consider the potential benefits of a no-fault vaccine compensation program.</li> </ul>   |
| <b>Family &amp; Domestic Violence</b>   |  |   |   |
| <ul style="list-style-type: none"> <li>• Establish effective family and domestic violence programs and initiatives recognising issues relating to family and domestic violence within the community.</li> <li>• Fund family and domestic violence supports and services, including housing and crisis accommodation.</li> <li>• Flexibility and support when an employee is dealing with family and domestic violence.</li> </ul> | <ul style="list-style-type: none"> <li>• Committed over \$840m since 2013 covering: family, domestic and sexual violence, ‘Recognise, Respond, Refer’ pilot, \$2.1m to improve the domestic violence response of GPs and primary care workers nationally.</li> </ul> | <p>Will commit \$660m for Fourth Action Plan, including \$60m for refuges accommodating older children and pets, \$88m Safe Housing Fund, \$90m Preventing Family Violence Legal Services Fund, \$21.5 for Family Violence Prevention Legal Centres &amp; \$21m to double the number of Specialist Domestic Violence Units and Health Justice partnerships.</p> <ul style="list-style-type: none"> <li>• \$62m in Local Community Prevention/Service Grants.</li> <li>• \$60m for 20,000 Flexible Support Packages of up to \$10,000.</li> <li>• Paid domestic violence leave.</li> </ul> | <ul style="list-style-type: none"> <li>• Will commit \$500m per year to crisis services, which represents a significant increase in funding.</li> <li>• Introduce domestic violence leave.</li> </ul> |
| <b>Rural health</b>   |  |   |   |
| <p>Provide funding and resources to support improved staffing levels and workable rosters for rural doctors.</p>  | <p>Further funding in the 2019/20 for the National Rural Generalist Pathway.</p>   | <p>Committed to developing a National Rural Health Strategy.</p>  | <p>Proposal for the development of a new national Rural Health Strategy and minimum standards for service access. This includes the</p>   |

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|   |                                  |                                  | development of national minimum standards for service access in rural and regional areas.   |
| Expand the successful Specialist Training Program to 1,400 places by 2021.  | No election policy announcement. | No election policy announcement. | No election policy announcement.  |
| Fund a further 425 rural GP infrastructure grants of up to \$500,000 each.  | No election policy announcement. | No election policy announcement. | \$10m for a 'Rural health workforce innovation fund' to allow community organisations to use this funding to develop solutions which are appropriate to the needs of their communities. |
| Provide additional funding/grants to individual GPs and practices to support non-vocationally registered doctors to attain fellowship.  | No election policy announcement. | No election policy announcement. | Will investigate increasing the rural bulk billing incentive.   |
| Support further reforms to medical school selection criteria for Commonwealth-supported students and introduce changes to the structure of courses so that the targeted intake of medical students from a rural background is lifted. | No election policy announcement. | No election policy announcement. | No election policy announcement.  |
| <b>Medical workforce</b>  |                                  |                                  |   |
| Regulate full-fee paying domestic and international medical student numbers, and to commit to no further increase in the total number   | No election policy announcement. | No election policy announcement. | No election policy announcement.  |

|   |                                  |                                  |                                  |
|---|----------------------------------|----------------------------------|----------------------------------|
| of medical school places to address issues of oversupply.   |                                  |                                  |                                  |
| Commit to fund and resource the appropriate agencies to undertake the accreditation of all prevocational training positions.                                | No election policy announcement. | No election policy announcement. | No election policy announcement. |
| Work with medical colleges and jurisdictions to increase specialty training positions and create employment opportunities in areas of unmet community need. | No election policy announcement. | No election policy announcement. | No election policy announcement. |
| Introduction of a national system to recognise public hospital employment service/leave accruals when moving interstate.                                    | No election policy announcement. | No election policy announcement. | No election policy announcement. |
| <b>Supporting GP training</b>   |                                  |                                  |                                  |
| Commit to an immediate review of the employment model for the GP training program.  | No election policy announcement. | No election policy announcement. | No election policy announcement. |