

## **REPLACEMENT EXPLANATORY STATEMENT**

**This Explanatory Statement replaces the Explanatory Statement registered on 22 August 2025 for the *Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025* [F2025L00963] to provide further information about delegation of administrative powers and functions in relation to the Supporting Living Organ Donors Program.**

**Issued by the Authority of the Minister for Finance**

*Financial Framework (Supplementary Powers) Act 1997*

*Financial Framework (Supplementary Powers) Amendment  
(Health, Disability and Ageing Measures No. 2) Regulations 2025*

The *Financial Framework (Supplementary Powers) Act 1997* (the FFSP Act) confers on the Commonwealth, in certain circumstances, powers to make arrangements under which money can be spent; or to make grants of financial assistance; and to form, or otherwise be involved in, companies. The arrangements, grants, programs and companies (or classes of arrangements or grants in relation to which the powers are conferred) are specified in the *Financial Framework (Supplementary Powers) Regulations 1997* (the Principal Regulations). The powers in the FFSP Act to make, vary or administer arrangements or grants may be exercised on behalf of the Commonwealth by Ministers and the accountable authorities of non-corporate Commonwealth entities, as defined under section 12 of the *Public Governance, Performance and Accountability Act 2013*.

The Principal Regulations are exempt from sunseting under section 12 of the *Legislation (Exemptions and Other Matters) Regulation 2015* (item 28A). If the Principal Regulations were subject to the sunseting regime under the *Legislation Act 2003*, this would generate uncertainty about the continuing operation of existing contracts and funding agreements between the Commonwealth and third parties (particularly those extending beyond 10 years), as well as the Commonwealth's legislative authority to continue making, varying or administering arrangements, grants and programs.

Additionally, the Principal Regulations authorise a number of activities that form part of intergovernmental schemes. It would not be appropriate for the Commonwealth to unilaterally sunset an instrument that provides authority for Commonwealth funding for activities that are underpinned by an intergovernmental arrangement. To ensure that the Principal Regulations continue to reflect government priorities and remain up to date, the Principal Regulations are subject to periodic review to identify and repeal items that are redundant or no longer required.

Section 32B of the FFSP Act authorises the Commonwealth to make, vary and administer arrangements and grants specified in the Principal Regulations. Section 32B also authorises the Commonwealth to make, vary and administer arrangements for the purposes of programs specified in the Principal Regulations. Section 32D of the FFSP Act confers powers of delegation on Ministers and the accountable authorities of non-corporate Commonwealth entities, including subsection 32B(1) of the FFSP Act. Schedule 1AA and Schedule 1AB to the Principal Regulations specify the arrangements, grants and programs.

Section 65 of the FFSP Act provides that the Governor-General may make regulations prescribing matters required or permitted by the FFSP Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the FFSP Act.

The *Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025* (the Regulations) amend Schedule 1AB to the Principal Regulations to establish legislative authority for government spending on activities to be administered by the Department of Health, Disability and Ageing.

Funding will be provided for the following:

- a grant to the Australasian Professional Society on Alcohol & Other Drugs to support the development and availability of scientific research and related materials in the alcohol and other drugs field through the publication and distribution of the Drug and Alcohol Review journal over the internet (existing funding of \$40,000 per year over four years from 2025-26);
- a grant to the Alcohol and Drug Foundation Incorporated to increase the availability of evidence-based information regarding alcohol and other drugs through the Alcohol and Drug Information Network (\$2.6 million over four years from 2025-26);
- a grant to the University of Sydney to improve the diagnosis, treatment, and prevention of Fetal Alcohol Spectrum Disorder (FASD) in Australian children by maintaining the FASD Australian Registry, a central database for collecting national FASD data to monitor FASD trends and outcomes throughout the Australian population (\$0.2 million in 2025-26);
- a grant to the University of Newcastle to deliver the SMS4dads project (\$1.3 million over three years from 2025-26);
- the Digital technologies for mental health program to provide targeted mental health and suicide prevention supports to priority population groups, including First Nations peoples, culturally and linguistically diverse communities and LGBTIQ+ communities, with resources, tools and services to be delivered through digital technologies (\$45.4 million over three years from 2025-26);
- the administration of the National Joint Replacement Registry to support an organisation to administer the data management component of the National Joint Replacement Registry (\$2.4 million over four years from 2025-26);
- the Long-Acting Reversible Contraception Centres of Excellence Program to improve access to long-acting reversible contraception by establishing centres of excellence to provide health services and training for health professionals in relation to such contraception (\$25.6 million over four years from 2025-26);
- the Endometriosis and Pelvic Pain Clinic Program to improve health outcomes for individuals experiencing endometriosis, pelvic pain, perimenopause or menopause by funding existing health clinics, expanding the range of services provided at existing health clinics and providing and commissioning additional health clinics to support such individuals (\$20.1 million over three years from 2025-26);
- the Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Program to improve health and social outcomes for individuals, families and communities affected by FASD, with a particular focus on communities with relevant demonstrated need (\$2.9 million in 2025-26);
- the United Nations Office on Drugs and Crime to support the operation of the Joint Global Programme on Access to Controlled Substances for Medical and Scientific Purposes, While Preventing Diversion and Non-medical Use (\$0.3 million over two years from 2025-26);
- the Supporting Living Organ Donors Program to provide direct and indirect financial assistance to organ donors (including potential donors) by increasing reimbursements for paid leave and out-of-pocket expenses incurred as part of the living organ donation process (\$0.9 million over five years from 2024-25 and \$0.3 million per year ongoing from 2029-30);

- the Primary Health Networks Commissioning of Multidisciplinary Teams to increase access for all Australians to affordable multidisciplinary health services across small, solo, rural, remote and/or Aboriginal Community Controlled Health Services to improve community health outcomes (existing funding of \$1.5 million over two years from 2025-26);
- the administration and delivery of services for the National Diabetes Services Scheme (NDSS) to assist in the administration and delivery of services for the NDSS by ensuring access to subsidised products required by Australians with diabetes, facilitate support, training and outreach for patients, carers and health professionals in relation to best-practice diabetes care and the operation of the NDSS and provide other supports to people with diabetes including information to assist them in understanding their condition and access to resources available to them (existing funding of \$195.6 million over four years from 2025-26);
- the Rural and Remote Pharmacy Workforce Program to support, improve and expand the pharmacy workforce in rural and remote areas, allowing access to the pharmaceutical benefits scheme medicines and pharmacy services to those in rural and remote areas (existing funding of \$6.9 million over two years from 2025-26);
- the Medication Management Reviews and Quality Use of Medicines Program to support the quality use of medicines and assisting with the minimisation of adverse medicine events (existing funding of \$91.4 million over two years from 2025-26); and
- the Indigenous Pharmacy Workforce Program to encourage and assist participation in the pharmacy workforce by Aboriginal and Torres Strait Islander people (existing funding of \$0.3 million over two years from 2025-26).

Details of the Regulations are set out at [Attachment A](#). A Statement of Compatibility with Human Rights is at [Attachment B](#).

The Regulations are a legislative instrument for the purposes of the *Legislation Act 2003*.

The Regulations commence on the day after registration on the Federal Register of Legislation.

## **Consultation**

In accordance with section 17 of the *Legislation Act 2003*, consultation has taken place with the Department of Health, Disability and Ageing.

**Details of the *Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025***

**Section 1 – Name**

This section provides that the title of the Regulations is the *Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025*.

**Section 2 – Commencement**

This section provides that the Regulations commence on the day after registration on the Federal Register of Legislation.

**Section 3 – Authority**

This section provides that the Regulations are made under the *Financial Framework (Supplementary Powers) Act 1997*.

**Section 4 – Schedules**

This section provides that the *Financial Framework (Supplementary Powers) Regulations 1997* (the Principal Regulations) are amended as set out in the Schedule to the Regulations.

**Schedule 1 – Amendments**

***Financial Framework (Supplementary Powers) Regulations 1997***

The items in Schedule 1 amend Schedule 1AB to the Principal Regulations to establish legislative authority for government spending on activities to be administered by the Department of Health, Disability and Ageing (the department).

**Item 1 – In the appropriate position in Part 3 of Schedule 1AB (table)**

This item adds four new table items to Part 3 of Schedule 1AB.

**Table item 89 – Grant to the Australasian Professional Society on Alcohol & Other Drugs**

New **table item 89** establishes legislative authority for the Government to provide a grant to the Australasian Professional Society on Alcohol & Other Drugs (APSAD) to publish and distribute the Drug and Alcohol Review journal (DAR).

The APSAD was established in 1981 as the Australian Medical Society on Alcohol and other Drugs (AMSAD). The APSAD is Australasia's leading multidisciplinary organisation for professionals involved in the drug and alcohol field. The DAR was established as the journal of the AMSAD in 1981 and has remained an integral part of the organisation ever since.

The DAR is funded under the department's Drug and Alcohol Program (DAP), which aims to improve health and social outcomes for individuals, families and communities at risk of, or currently affected by, substance misuse in Australia. Funding of \$13.0 million per year is provided under the DAP for alcohol and other drugs (AOD) research, data and emerging priorities, which includes funding of \$40,000 per year from 2025-26 for the DAR.

The Government has provided funding to the APSAD since 2006 to facilitate the publication of multi-disciplinary original scientific research in the AOD field through the DAR. This ensures the most up-to-date evidence is available to inform a range of stakeholders, including policy makers, researchers and the broader Australian community. Evidence-informed responses are a key principle of the *National Drug Strategy 2017-2026* ([www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf](http://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf)).

The DAR funding objectives align with that of the DAP, which are to:

- support AOD treatment services across Australia to reduce the impact of substance use on individuals, families, carers and communities;
- support prevention and early intervention activities and promote evidence-based information about AOD through education;
- support the development of AOD data to support evidence-based treatment services, national policy and service delivery; and
- support service linkages between AOD treatment services and mental health services, as well as with social, educational, and vocational long-term support services.

The DAR is the only professional journal covering the AOD field produced within Australia and represents an important source of information to clinicians, researchers, policymakers, and AOD service administrators. Current and previous funding has supported the publication by providing funding for operating expenses, resulting in increased accessibility of content. Open access content increased by 15 per cent between 2022 and 2024.

In publishing the DAR, the APSAD will aim to:

- expand the amount and quality of research in the AOD sector;
- expand access to emerging research in AOD harms prevention; and
- encourage, and participate in, collaboration within the AOD research community.

A key performance indicator for the APSAD is to publish and disseminate high-quality and innovative AOD research from reputable and respectable sources to the broader AOD community, which is measured through a number of publications and engagement to ensure the Government's policy objective for the grant have been met. APSAD continues to meet these performance goals, publishing seven issues of the DAR in 2024, increasing engagement as evidenced by a 23 per cent increase in full text downloads between 2023 and 2024, and a consistently high number of submissions to the DAR (242 papers received between 1 July and 31 December 2024). APSAD are required to provide annual performance reports to demonstrate progress towards these performance indicators.

#### *Funding amount and arrangements, merits review and consultation*

Existing funding of \$40,000 per year from 2025-26 for the item comes from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

The grant to the APSAD will be provided through a closed, non-competitive arrangement. The grant will be administered in accordance with the Commonwealth resource management framework, including the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule) and the *Commonwealth Grants Rules and Principles 2024* (CGRPs).

Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant. Grant opportunity guidelines and information about the grant will be made available on the Grant Connect website ([www.grants.gov.au](http://www.grants.gov.au)) and the grant will be administered by the Community Grants Hub, part of the Department of Social Services.

A delegate of the Secretary of the department under the *Financial Framework (Supplementary Powers) Act 1997* (FFSP Act), will be responsible for approving Commonwealth funding provided to APSAD for the DAR. The delegate will be at Senior Executive Service (SES) band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the DAR are not considered suitable for independent merits review, as they are decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met. In addition, any funding that has already been allocated would be affected if the original decision was overturned. The APSAD has maintained responsibility for the collation and dissemination of the DAR since its first publication and has the necessary existing infrastructure and professional relationships to continue its production at a high level.

The Administrative Review Council (ARC) has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the guide, *What decisions should be subject to merit review?* (ARC guide)).

The ARC does consider that administrative accountability in relation to such allocative decisions should be given greater emphasis, including ensuring that:

- the processes of allocating funds are fair;
- the criteria for funding are made clear; and
- decisions are made objectively.

The grant process is intended to achieve this, and the grant opportunity explicitly states that there is no appeal mechanism for decisions to approve or not approve a grant.

The review and audit process undertaken by the Australian National Audit Office (ANAO) also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The department has a long history of engagement with the APSAD regarding the DAR since 2006. The APSAD was consulted on the upcoming grant opportunity through a bilateral meeting on 15 November 2024 with the department. The department will continue to engage with the APSAD to ensure the grant's objectives are met. As the purpose of the DAR remains unchanged, the department considers public consultation is not necessary.

### *Constitutional considerations*

Noting that it is not a comprehensive statement of relevant constitutional considerations, the purpose of the item references the following powers of the Constitution:

- the communications power (section 51(v)); and
- the external affairs power (section 51(xxix)).

### *Communications power*

Section 51(v) of the Constitution empowers the Parliament to make laws with respect to 'postal, telegraphic, telephonic and other like services'. The DAR is a journal that is operated exclusively online, which will provide information to clinicians, researchers, policymakers and drug and alcohol service administrators.

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to 'external affairs'. The treaty implementation aspect of the external affairs power supports legislation implementing Australia's international obligations under treaties to which it is a party.

### *Convention on Psychotropic Substances*

The *Convention on Psychotropic Substances* requires parties to take all practicable measures for the prevention of abuse of psychotropic substances and subsequent treatment and rehabilitation (Article 20(1)). Parties are also required to assist persons whose work requires an understanding of the problems of abuse of psychotropic substances and its prevention to promote an understanding among the general public if there is a risk that abuse of such substances will become widespread (Article 20(2) and (3)).

The DAR may publish evidence relating to psychotropic substance abuse, including on its prevention and treatment, to assist clinicians, researchers, policymakers, and drug and alcohol service administrators.

### *International Covenant on Economic, Social and Cultural Rights (ICESCR)*

Australia is a party to the ICESCR [1976] ATS 5. Article 2 provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health'. Article 12(2) further provides a non-exhaustive list of 'steps' to be taken by the Parties to achieve the full realisation of the right to health. Article 12(2)(c) refers to steps necessary for 'the prevention, treatment and control of epidemic, endemic, occupational and other diseases'.



Harmful drug and alcohol use is a significant contributor to disease burden and the research published by the DAR related to drug and alcohol use and treatment will inform and educate a range of stakeholders in addressing this issue.

*Single Convention on Narcotic Drugs*

The *Single Convention on Narcotic Drugs* requires Australia to ‘assist persons whose work requires to gain an understanding of the problems of abuse of drugs and of its prevention, and ... promote such understanding among the general public if there is a risk that abuse of drugs will become widespread’ (pursuant to Article 38(3)), and ‘give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved’ (pursuant to Article 38(1)).

The DAR grant measures are designed to increase knowledge and understanding of issues associated with the use of alcohol and other drugs and aim to prevent harmful use of or reduce demand for them.

*United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*

The *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* governs the regulation of narcotic drugs and psychotropic substances. Under Article 14(4), Australia and other parties must ‘adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances.’

The grant to the DAR supports research and information services about alcohol and other drugs and aims to reduce demand for narcotic drugs and psychotropic substances.

Table item 90 – Grant to the Alcohol and Drug Foundation Incorporated—Alcohol and Drug Information Network

New **table item 90** establishes legislative authority for the Government to provide a grant to the Alcohol and Drug Foundation Incorporated (ADF) to support education, prevention and early intervention activities and promote evidence-based information about AOD’s through the Alcohol and Drug Information Network (ADIN).

The ADF, established in 1959, is one of Australia’s leading evidence-based preventive health organisations in the alcohol and other drugs sector. The ADF is recognised as a leader in fostering a healthier alcohol culture and helping to build strategies to reduce harms from illicit and licit drugs. The ADIN provides up-to-date, credible information on AOD, the latest research, prevention and harm minimisation advice, access to support services and place-based approaches to support community wellbeing.

The ADIN is funded by the Commonwealth under the department’s DAP, which aims to improve health and social outcomes for individuals, families and communities at risk of, or currently affected by, substance misuse in Australia. Funding of \$13.0 million per year is provided under the DAP for AOD research, data and emerging priorities, which includes funding of \$0.7 million per year over four years from 2025-26 for the ADIN.

More specifically, the DAP aims to support:

- AOD treatment services across Australia to reduce the impact of substance use on individuals, families, carers and communities;
- prevention and early intervention activities and promote evidence-based information about AOD through education;
- the development of AOD data to support evidence-based treatment services, national policy and service delivery; and
- service linkages between AOD treatment services and mental health services, as well as with social, educational, and vocational long-term support services.

Since 2001, the Government has funded the ADF to promote evidence-based information about AOD through the ADIN. This funding supported development of the Drug Information Directory (DID) a directory of websites related to drugs and alcohol, mental health and health promotion. The DID provides a central point of access to quality-assured and evidence-based information. Total sessions using DID and associated Help and Support Service (HSS) pages surpassed the annual target for 2023-24 by 60 per cent.

Following an evaluation of the DID and HSS products, the ADF concluded the way individuals access information via the internet has changed. The Government's continued support for the ADIN will enhance access to evidence-based AOD information through increasing the quantity and quality of their Information Service offerings. These include, but are not limited to: Drug Facts webpages, Insights series spotlighting the latest issues, and the ADF Library.

Grant funding of \$2.6 million over four years from 2025-26 will be provided for AOD research, data and emerging priorities. This ensures the most up-to-date evidence is available to inform a range of stakeholders, including policy makers, researchers and the broader Australian community. Evidence-informed responses are a key principle of the *National Drug Strategy 2017-2026*.

Through the grant, the ADF will aim to:

- maintain and enhance ADIN as a central point of access to quality-assured, print and internet-based AOD information;
- ensure that ADIN remains a comprehensive and accessible source of evidence-based information to prevent and reduce AOD-related harm;
- maintain and enhance the ADIN as an effective and cost-efficient service; and
- undertake an evaluation of the ADIN project.

#### Funding amount and arrangements, merits review and consultation

Funding of \$2.6 million over four years from 2025-26 for the item comes from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

The department will deliver the grant through a closed, non-competitive grant process in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department have developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub.

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to ADF. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the grant are not considered suitable for independent merits review as they are decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met. In addition, any funding that has already been allocated would be affected if the original decision was overturned. Funding is provided via a closed, non-competitive grant as the ADF developed and maintained responsibility for the ADIN since 2001 and has the necessary existing infrastructure and professional relationships to continue its production at a high level. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The ARC does consider that administrative accountability in relation to such allocative decisions should be given greater emphasis, including ensuring that:

- the processes of allocating funds are fair;
- the criteria for funding are made clear; and
- decisions are made objectively.

The grants process is intended to achieve this, and the grant opportunity explicitly states that there is no appeal mechanism for decisions to approve or not approve a grant.

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

Since 2001, the department has had a long history of engagement with the ADF regarding the ADIN and other projects, with continuous funding provided to the organisation for the ADIN. Consultations with the ADF and discussions on how to improve the ADIN for the next grant opportunity began in March 2024, continuing through regular bilateral meetings with the department. The ADF provided a funding submission for the ADIN in December 2024 which provided details of what could be achieved for the ADIN with renewed funding. The department met with the ADF to discuss the submission and began developing the new grant opportunity.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the purpose of the item references the following powers of the Constitution:

- the communications power (section 51(v));
- the race power (section 51(xxvi)); and
- the external affairs power (section 51(xxix)).

#### *Communications power*

Section 51(v) of the Constitution empowers the Parliament to make laws with respect to ‘postal, telegraphic, telephonic and other like services’. The ADIN is a central access point for internet-based AOD information, including internet databases and webpages, eBooks on the ADF library, an anonymous 24/7 SMS service that provides information about the effects of specific drugs and an artificial intelligence chatbot supporting the delivery of AOD information.

#### *Race power*

Section 51(xxvi) of the Constitution empowers the Parliament to make laws with respect to ‘the people of any race for whom it is deemed necessary to make special laws’. The ADF currently offers 14 resources created with Aboriginal and Torres Strait Islander organisations to provide culturally relevant AOD information to First Nations people. These include eight resources on drug facts, one resource on why people use drugs, two resources on treatment information, and four resources on health and wellbeing.

#### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

### *Convention on Psychotropic Substances*

The *Convention on Psychotropic Substances* requires parties to take all practicable measures for the prevention of abuse of psychotropic substances and subsequent treatment and rehabilitation (Article 20(1)). Parties are also required to assist persons whose work requires an understanding of the problems of abuse of psychotropic substances and its prevention to promote an understanding among the general public if there is a risk that abuse of such substances will become widespread (Article 20(2) and (3)).

The ADIN grant measures are designed to educate the public, researchers, and AOD treatment or prevention workers about issues associated with misuse of psychotropic drugs and consequently prevent abuse of or reduce demand for psychotropic drugs.

### *ICESCR*

Australia is a party to the ICESCR. Article 2 provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. Article 12(2) further provides a non-exhaustive list of ‘steps’ to be taken by the Parties to achieve the full realisation of the right to health. Article 12(2)(c) refers to steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’.

Research related to AOD use and treatment, and the provision of information and education to the public, aims to reduce harmful drug and alcohol use which is a significant contributor to disease burden.

### *Single Convention on Narcotic Drugs*

The *Single Convention on Narcotic Drugs* requires Australia to ‘assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and of its prevention, and ... promote such understanding among the general public if there is a risk that abuse of drugs will become widespread’ (pursuant to Article 38(3)), and ‘give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved’ (pursuant to Article 38(1)).

The ADIN grant measures are designed to educate the public, researchers, and AOD treatment or prevention workers about issues associated with use of drugs and consequently prevent harmful use of or reduce demand for those drugs.

### *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*

The *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* relates to the regulation of narcotic drugs and psychotropic substances.

ADIN supports research and information services about alcohol or drugs and aims to reduce demand for narcotic drugs and psychotropic substances.

### *Table item 91 – Grant to the University of Sydney*

New **table item 91** establishes legislative authority for the Government to provide a grant to the University of Sydney to support the continuation and ongoing maintenance of the Fetal Alcohol Spectrum Disorder (FASD) Australian Registry (FASD Registry).

The FASD Registry forms part of the broader ‘Preventive Health, Wellbeing and Sport’ measure totalling \$132.0 million to improve health outcomes through preventative health and other health initiatives. In the 2025-26 Budget, the Government announced its commitment to continue supporting several critical projects focused on FASD prevention, treatment, and research.

Table item 91 supports the FASD Registry, established in 2015 to collect detailed information about children under fifteen years old diagnosed with FASD within Australia. The information collected through the FASD Registry serves to inform interested parties (Commonwealth and State Government agencies, research bodies and researchers) and support continued research including longitudinal studies to determine prognosis of FASD and its impacts on an affected individual's lifespan, and quality of life concerns for individuals and their families.

The University of Sydney has been funded \$0.7 million over five years from 1 May 2020 to 30 June 2025 to administer the FASD Registry. Funding for the FASD Registry aligns with the Government's strategic priorities and commitments to minimise the harms associated with the use of alcohol and other drugs, and reduce the incidence and prevalence of FASD and the impact it has on individuals, families, carers, and communities; as outlined in the *National Drug Strategy 2017-2026*, the *National Alcohol Strategy 2019-2028* ([www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf](http://www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf)), and the *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028* (FASD Action Plan) ([www.health.gov.au/sites/default/files/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028.pdf](http://www.health.gov.au/sites/default/files/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028.pdf)).

From its inception in January 2015, FASD have made 1,816 notifications to the national Australian Paediatric Surveillance Unit (APSU). 1,374 of these notifications had a Case Report Form (provides clinical details to support a FASD diagnosis) completed by paediatricians and provided sufficient FASD data to verify and confirm a diagnosis of FASD. The FASD Registry website received 4,436 visitors between 1 July 2024 and 31 December 2024, equivalent to an average of 24 unique visitors per day.

The FASD Registry has earned high regard internationally as a leading initiative in the tracking and understanding of FASD. Project leads at the University of Sydney provide ongoing advice to other international researchers seeking to develop their own surveillance studies and national registries, i.e. collaboration with the Canadian Public Health Agency on their Canadian Paediatric Surveillance Program, and the University of Auckland for the development of their FASD Registry in New Zealand.

In the 2025-26 Budget, the Government approved additional funding of \$0.2 million for the University of Sydney to further support the continuation of the FASD Registry through the following activities:

- increasing health professional, researcher and public awareness of the FASD Registry;
- supporting the collection of national epidemiological data and monitoring of FASD prevalence trends and prognosis, to support the development of evidence-based treatment, FASD research, national policy, and service delivery including:
  - collecting and analysing novel data on FASD in Australia, including identifying and recording data for estimated 80 new FASD diagnoses per annum; and supporting a greater than 85 per cent monthly reporting rate by paediatricians; and
  - maintaining current national APSU of FASD in Australia;
- working with clinicians to review the case report form to decrease the time required to report a FASD case and to increase ease-of-use/accessibility;
- developing a stand-alone FASD Registry website, and promote the new website;

- working collaboratively with key FASD stakeholders, and encourage key FASD stakeholders to promote the FASD Registry on their website and through other promotion methods, such as development and appearance of promotional material on key FASD stakeholder websites, e-newsletters and social media channels;
- identifying key clinics, assessment centres, and health professionals involved in undertaking FASD diagnoses, and work collaboratively with them to facilitate the reporting of new diagnoses to the FASD Registry;
- monitoring and evaluate the different sources from which FASD diagnoses are received, and identify opportunities to work with new stakeholders to increase the number of sources reporting diagnoses to the FASD Registry;
- increasing awareness and use of FASD Registry summary reports and raw datasets (where appropriate) for government agencies, researchers and others with an interest in FASD, and monitor and evaluate the number of times this information is accessed;
  - provision of information regarding the FASD Registry through academic journal publications, professional colleagues, conference and workshops, presentations, educational materials and a quarterly newsletter distributed to the APSU and FASD clinical network; and
- contribute variables and data to the National Institute of Alcohol Abuse and Alcoholism to inform their review of FASD diagnostic criteria identifying and resolving gaps in Australian FASD data to inform further research including hosting bi-annual FASD Australian Registry National Steering Group and Data Custodian Committee regarding strategic advice for direction of FASD Registry, and the identification of clinics, assessment centres, and health professionals involved in undertaking FASD diagnoses, and the identification and resolving of gaps in Australian FASD data.

The maintenance and continuation of the FASD Registry also contributes to the objectives of the broader DAP through providing drug and alcohol data to support evidence-based treatment, national policy and service delivery.

The intended outcomes of the grant include:

- increasing availability of national FASD epidemiological data through the maintenance of a central database; and
- continual and efficient analysis of FASD epidemiological data to monitor trends and outcomes in Australia's population and support the development of evidence-based treatment, research, national policy and service delivery.

#### Funding amount and arrangements, merits review and consultation

Funding of \$0.2 million for FASD Registry was included in the 2025-26 Budget under the measure 'Preventive Health, Wellbeing and Sport' for a period of one year commencing in 2025-26. Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 52 and 53.

Funding for this item will come from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

The grant to the University of Sydney will be provided through a closed, non-competitive arrangement and will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

The grant opportunity guidelines and information about the grant is available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act, will be responsible for approving Commonwealth funding provided to the University of Sydney. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

The provision of funds for the FASD Registry is not considered suitable for independent merits review because the funding will be delivered through a non-competitive grant to the University of Sydney as the only suitable organisation to facilitate the Registry. The decision to fund the University of Sydney is to ensure the continuity of the national FASD Registry. Eligibility is assessed against the assessment criteria and against other applications. Applications are considered on their merit and the following criterion:

- how well it meets the criteria;
- how it compares to other applications; and
- whether it provides value with relevant money.

In addition, the benefits of data collection for FASD in Australia is not directed towards the circumstances of particular persons, but rather applies generally to the community, and is therefore considered to be unsuitable for review. The FASD Registry, by its nature is unlikely to affect the interests of a sole individual. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

Consultation occurred during both the design of the FASD Registry and development of the FASD Action Plan, which oversees and supports these activities. The program is a direct implementation of the FASD Action Plan commitments and was shaped through targeted engagement with clinical, academic, and community stakeholders.



Engagement by the department with the University of Sydney was initiated when it submitted its application for funding to further develop, maintain, and promote the FASD Registry database. The application made claims about the proponent's ability to deliver the project at the scale required to meet the conditions of the program. The department undertook a due diligence assessment to verify the claims, including consulting with government agencies, such as the Department of Social Services (DSS), on their prior experience. The results of this process validated the organisation as having the required capabilities to deliver and maintain this project, established relationships with FASD stakeholders to support project activities, and the required knowledge and experience to deliver its objectives and outcomes.

The department has continued to work closely with the University of Sydney, the lead institution responsible for the FASD Registry, as part of its funding agreement. As part of these arrangements, the department has overseen the assessment of Activity Work Plans, reviewed progress/performance reports, and ensured compliance with financial reporting obligations. These oversight functions are supported by DSS, who administer the funding arrangements on behalf of the department. The University of Sydney has consistently demonstrated strong performance in meeting deliverables and objectives, including the effective management and expansion of the FASD Registry. Their work has highlighted a clear and sustained need for the role of the FASD Registry in supporting the development of evidence-based diagnostic services, informing research and policy, and improving health outcomes for individuals living with FASD.

Consultation on the FASD Action Plan included national and international experts in FASD diagnosis, clinicians, allied health professionals, academics, as well as carers and individuals with lived experience. These individuals provided input into the required areas of priority. The FASD Registry was developed to increase the collection of data to support the development of evidence-based treatment, research, national policy and service delivery, to reflect the insights gained from consultation.

In September 2019, the department established the National FASD Advisory Group (Advisory Group) to support the ongoing monitoring and implementation of the FASD Action Plan. There have been 11 meetings of the Advisory Group since its establishment, providing the department with an opportunity to engage experts in FASD to provide advice on emerging issues, trends, opportunities and gaps. The department also engages with its jurisdictional counterparts on a regular basis to monitor FASD-related activities across jurisdictions, improve visibility of services, and assess the effectiveness of the FASD Action Plan.

### *Constitutional considerations*

Noting that it is not a comprehensive statement of relevant constitutional considerations, the purpose of the item references the census and statistics power (section 51(xi)) of the Constitution.

### *Census and statistics power*

Section 51(xi) of the Constitution empowers the Parliament to make laws with respect to 'census and statistics'. The FASD Registry collects national FASD data for dissemination to support FASD related research and policy-making.

*Table item 92 – Grant to the University of Newcastle*

New **table item 92** establishes legislative authority for the Government to provide a grant to the University of Newcastle to deliver the SMS4dads project.

On 6 June 2021, the Government announced a \$16.6 million investment package for perinatal mental health services. The University of Newcastle received \$2.6 million as part of this package to deliver the SMS4dads project. Brief details of the original funding to University of Newcastle was announced in a media release: [www.greghunt.com.au/16-6-million-investment-for-perinatal-mental-health-services](http://www.greghunt.com.au/16-6-million-investment-for-perinatal-mental-health-services).

SMS4dads was established through the Perinatal Mental Health and Wellbeing Program. SMS4dads delivers tailored messages for rural and remote fathers including young Indigenous fathers, fathers with partners with mental illness, and fathers experiencing grief following miscarriage, stillbirth or neonatal death.

From 2022-24, 14,361 expectant and new fathers enrolled to receive messages. Additionally, 131,784 SMS4dads resources such as flyers and posters, have been disseminated across Australia. In 2024-25, SMS4dads was moved to be funded through the Digital Mental Health Program (DMHP) due to better alignment with the program objectives and type of service delivery.

The DMHP aims to expand on and improve equitable access to digital mental health services for people who prefer to seek help via digital means, experience barriers in accessing mental health support, and people waiting to access clinical or community services, or who are unable to access those services.

On 28 February 2025, the Government agreed to the continuation of funding to existing organisations currently funded under the DMHP for a further three years from 2025-26. The University of Newcastle will receive an additional \$1.3 million to continue delivering SMS4dads.

SMS4dads funding objectives are:

- improving access to perinatal mental health services for underserved groups and vulnerable sectors of communities across Australia, including partners of new mothers with mental illness, young Indigenous fathers, and fathers experiencing grief following miscarriage, stillbirth or infant death;
- delivering training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery; and
- raising awareness and reducing stigma in relation to perinatal mental health for fathers.

SMS4dads intended outcomes are:

- improving national access to perinatal mental health and wellbeing support services;
- improving health outcomes for expectant and new parents experiencing, or at risk of, perinatal mental health issues;
- improving the evidence base for perinatal mental health treatment and support;
- improving mental health outcomes for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death; and
- reducing stigma related to perinatal mental health issues.

SMS4dads aligns with the Government's commitment to implement the National Mental Health and Suicide Prevention Agreement ([www.federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement](http://www.federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement)) and to build and strengthen the mental health workforce through the *National Mental Health Workforce Strategy 2022-2032* ([www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf](http://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf)).

*Funding amount and arrangements, merits review and consultation*

Funding of \$1.3 million for SMS4dads was included in the 2025-26 Budget, under the measure 'Digital Mental Health' for a period of three years commencing in 2025-26. Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at page 46.

Funding for the item will come from Program 1.2: Mental Health and Suicide Prevention, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 50.

A closed non-competitive grant process will be undertaken by the department. The University of Newcastle is eligible for this grant opportunity as it has been assessed to have:

- capability to deliver the specified project activities;
- existing infrastructure and relationships to support the specified activities; and
- knowledge of and capability to deliver the activity objectives and outcomes.

The grant will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department has developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to the eligible organisation. The delegate will be at SES band 1 level and have the appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the grant are not considered suitable for independent merits review because the funding will be delivered through a non-competitive grant to the University of Newcastle as the only suitable organisation to facilitate the SMS4dads project.

The benefits of SMS4dads in Australia is not directed towards the circumstances of particular persons but rather applies generally to the community and is therefore considered to be unsuitable for review. SMS4dads by its nature is unlikely to affect the interests of a sole individual. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

Guided by the Mental Health Reform Advisory Committee, digital mental health reforms prioritise improving the quality of digital mental health services as a foundational step. The reforms aim to enhance accessibility, affordability, and delivery of person-centred care, especially for individuals with severe and complex mental health needs.

The department undertook extensive consultation with the mental health services sector beginning in 2022 to assist in the redesign of digital mental health supports and services for all Australians (including the SMS4dads project). The outcomes of those consultations marked the first phase of mental health reforms in the 2023-24 Mid-Year Economic and Fiscal Outlook and the evaluation of Better Access undertaken by the University of Melbourne in 2022 ([www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report](http://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report)). It is shaped by findings from the Productivity Commission Inquiry into Mental Health in 2020, and the University of Melbourne's evaluation of digital mental health services in 2022.

The department has had ongoing consultation with the University of Newcastle on the SMS4dads project and will continue to engage with the University of Newcastle to ensure the grant's objectives are met.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the purpose of the item references the communications power (section 51(v)) of the Constitution.

### *Communications power*

Section 51(v) of the Constitution empowers the Parliament to make laws with respect to 'postal, telegraphic, telephonic, and other like services'. SMS4dads involves funding activities that are delivered via telephonic services such as SMS.

## **Item 2 – Part 4 of Schedule 1AB (table item 207)**

Item 2 amends table item 207 by repealing and substituting the full text of the item. Table item 207 in Part 4 of Schedule 1AB establishes legislative authority for government spending on the Digital technologies for mental health program (the program). The amended item supports the continuation of the program and expands the program's scope to provide counselling services and peer-support services to individuals who are experiencing distress or grief, or who are at increased risk of suicide.

The program was announced in the 2005-06 Budget as part of the then Council of Australian Governments' mental health measure for Telephone Counselling, Self Help and Web-Based Support. Over the years, various supports were extended in response to recommendations from an independent evaluation of the program.

In December 2023, the Government agreed for a first stage of mental health reform, investment of \$341.5 million over four years in digital mental health, including 24/7 crisis support services and 12-month extension of current providers to ensure service continuity and sector readiness ahead of a transition to a new competitive funding model for digital mental health services from July 2025.

Under the department's Program 1.2: Mental Health and Suicide Prevention, the Government is committed to improving the mental health and wellbeing of people living in Australia by driving national reforms to the mental health and suicide prevention systems and by improving equity of access to services, including better access to, and choice in, high quality, free and low-cost digital mental health services.

The program aims to expand on and improve equitable access to digital mental health services for people who prefer to seek help via digital means, people who experience barriers in accessing mental health support; and people waiting to access clinical or community services, or who are unable to access those services. The program provides targeted mental health and suicide prevention supports to priority population groups, including First Nations peoples, culturally and linguistically diverse communities and LGBTIQ+ communities.

The intended outcomes of the program are:

- driving national reforms to the mental health and suicide prevention systems to ensure access and equity for all Australians;
- working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules and build and strengthen the mental health workforce through the National Mental Health Workforce Strategy;
- improving equity of access to Medicare-subsidised mental health care for patients, their families and carers;
- delivering critical suicide prevention initiatives, in partnership with states and territories;
- enhancing the capacity of youth mental health services and improving access to community based mental health services for adults;
- improving the mental health and wellbeing of children and their families through support for new and expectant parents, early intervention, and multidisciplinary care;
- implementing targeted mental health and suicide prevention supports to priority population groups, including First Nations peoples, culturally and linguistically diverse communities and LGBTIQ+ communities;
- providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme; and
- ensuring all Australians have access to, and choice in, high quality, free and low-cost digital mental health services.

On 28 February 2025, the Australian Government agreed to the continuation of funding totalling \$45.4 million for 15 organisations currently funded under the program for a further three years from 2025-26.

The 15 streams of activity under the program include:

*Stream 1 - Batyr Australia Limited*

Funding under Stream 1 will support the continuation of the OurHerd app, managed by Batyr Australia Limited. The grant opportunity will deliver outcomes to support stigma reduction, improve mental health literacy and increase early help-seeking for young people aged 14-30 experiencing mental ill-health. Building on previous investments to design and develop OurHerd, funding to Batyr Australia Limited will improve and maintain the platform, including:

- enhancing the service design and interface;
- moderating each story of lived experience to ensure OurHerd remains a safe and positive outlet for all users; and
- building sophisticated machine learning and data analysis capabilities to support research and evaluation activities.

*Stream 2 - Black Dog Institute*

Funding under Stream 2 will support the continuation of the programs Bite Back, Healthy Mind, and myCompass. Activities under the stream will aim to improve the mental health and wellbeing of Australians by engaging health professionals in the use of e-mental health through the provision of digital mental health services.

The stream intended outcomes are as follows:

- reducing the prevalence of mental illness and suicide;
- preventing and detecting mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

*Stream 3 - Griefline Community and Family Services Inc.*

This stream aims to deliver a telephone counselling service for those experiencing grief and loss. The service provides free counselling by trained volunteers to people across Australia every day. The intended outcome of the stream is to ensure that people who are experiencing loss and grief have access to adequate telephone counselling to provide early intervention and prevention of mental health difficulties which may compound a person's experience of grief, loss and trauma.

*Stream 4 - Karitane*

Karitane will support the continuation of the implementation of a national comprehensive stepped care navigation system (ForWhen) for families experiencing moderate to severe Perinatal and Infant Mental Health (PIMH) concerns. Specialised trained navigators will be based in each state and territory at an Australian Association of Parenting & Child Health partner site. Navigators will work collaboratively with each other, within their host organisation and across the wider PIMH ecosystem in their state/territory.

The stream's objectives are to deliver:

- national perinatal mental health services for expectant and new parents experiencing or at risk of perinatal mental illness, including activities aimed at improving access to support services for underserved groups and vulnerable sectors of communities across Australia;
- national prevention and early intervention support services for parents at risk of perinatal mental illness following birth trauma, miscarriage, stillbirth or infant death to prevent the development of mental illness;
- training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery;
- awareness, information and stigma reduction initiatives for perinatal mental health and wellbeing; and
- market services in a way that ensures inclusive, culturally appropriate and safe access for all people.

The stream intended outcomes are:

- improving national access to perinatal mental health and wellbeing support services;
- improving health outcomes for expectant and new parents experiencing, or at risk of perinatal mental health issues;
- improving the evidence base for perinatal mental health treatment and support;
- improving mental health outcomes for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death; and
- reducing stigma related to perinatal mental health issues.

#### *Stream 5 - Red Nose*

Funding under Stream 5 will support Red Nose to continue:

- delivering national peer support and counselling services for parents and families experiencing distress after miscarriage, stillbirth or prevent the development of mental illness; and
- maintaining appropriate service delivery capacity to accept referrals from the national Pregnancy, Birth and Baby Helpline.

The stream's objectives are to deliver:

- national perinatal mental health services for expectant and new parents experiencing or at risk of perinatal mental illness, including activities aimed at improving access to support services for underserved groups and vulnerable sectors of communities across Australia;
- national prevention and early intervention support services for parents at risk of perinatal mental illness following birth trauma, miscarriage, stillbirth or infant death to prevent the development of mental illness;
- training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery;
- awareness, information and stigma reduction initiatives for perinatal mental health and wellbeing; and
- marketing services in a way that ensures inclusive, culturally appropriate and safe access for all people.

The stream intended outcomes are:

- improving national access to perinatal mental health and wellbeing support services;
- improving health outcomes for expectant and new parents experiencing, or at risk of perinatal mental health issues;
- improving the evidence base for perinatal mental health treatment and support;
- improving mental health outcomes for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death; and
- reducing stigma related to perinatal mental health issues.

*Stream 6 - Raising Children Network (Australia) Limited*

This stream provides funding for the Raising Children Network's Supporting Parent Mental Health Literacy Program. The Raising Healthy Mind app (the app) aims to improve parents' literacy of child mental health and wellbeing by delivering proactive, evidence-based, bite-sized information and push notifications. It supports parents, carers and professionals by increasing their understanding of children's emotions, behaviours, and overall social and emotional wellbeing. The app also provides evidence-based information on parents' self-care and family wellbeing, and links to relevant information and supports pathways and resources, improving access to additional child/parent mental health and wellbeing services.

The stream aims to increase Australian parents and carers' access to reliable child-focused mental health and wellbeing information and improve their mental health literacy skills.

The stream intended outcomes are:

- improving literacy of child mental health of Australian parents and carers;
- improving confidence of parents and carers to identify the signs of social or emotional problems in their children; and
- improving the ability of parents and carers to know where to seek help if their child experienced a mental health issue.

*Stream 7 - Roses in the Ocean Ltd*

This stream will support the continuation of the Peer Connection, Acceptance, Respect and Empathy (CARE) Connect warmline service, a call-back service providing a safe place for people with lived experience of suicide to connect with others with a similar lived experience of suicide. Peer CARE Connect warmline utilises an Australia-wide lived experience of suicide volunteer workforce, designed to complement the emerging specialist and formal suicide prevention peer workforce. The service uses the CARE framework and highlights how emotional support is a key part of personal recovery, which can come from a range of sources including peer support.

The stream aims to increase capacity for:

- connecting a caller with a Peer CARE Companion with similar lived experience of suicide;
- assisting in providing relief from emotional distress, explore coping strategies and collaboratively identify appropriate support services; and
- providing a national network of locally recruited Peer CARE Connect Companions.



The stream intended outcomes are:

- reducing emotional distress for people with a lived experience of suicide;
- providing an alternative to clinical or crisis-focused suicide prevention services; and
- increasing the capacity of the trained lived experience of suicide workforce to support people currently at risk of suicide.

*Stream 8 - Swinburne University of Technology*

This stream will support the continuation of mental health services provided by the Mental Health Online, which is a comprehensive suite of online services and programs for people experiencing mental health difficulties.

The stream objectives are:

- providing online information, education, and psychological treatment to members of the community affected by high prevalence mental health disorders;
- providing clinicians with information and support in the provision of mental health treatments;
- supporting and supervise the education of clinicians in the practice of online treatment;
- providing an online service that is secure, accountable, and reputable; and
- enhancing the science and practice of eTherapy.

The stream intended outcome is to improve the mental health and wellbeing of Australians with high prevalence mental disorders through the provision of digital mental health services.

*Stream 9 - E-Hub Health Pty Ltd*

E-Hub Health Pty Ltd will provide top-up funding to the eligible organisation to support the continued expansion of quality mental health services provided by E-Hub Health. The stream objectives are:

- continuing the successful delivery of the MoodGYM and e-couch websites to the Australian community;
- ongoing evaluation of e-hub web services, incorporating measures of service use, effectiveness and consumer satisfaction; and
- promoting the MoodGYM and e-couch websites to the Australian community and provision of support for clinicians to integrate MoodGYM and e-couch with existing clinical services.

The stream intended outcomes are:

- reducing the prevalence of mental illness and suicide;
- preventing and detect mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

*Stream 10 - Headspace National Youth Mental Health Foundation Ltd*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services to improve mental health outcomes for young people and their families by providing national, evidenced-based, accessible and responsive digital mental health counselling services. The Youth Mental Health: eheadspace program seeks to overcome barriers to help those seeking advice or support and reduce stigma via delivering online and telephone counselling to young people with, or at risk of, mental illness.

The stream objectives are:

- providing an integrated, clinically supervised, youth-friendly telephone and online therapeutic counselling and information service for young people aged 12-25 years, particularly those who face crisis, emotional distress and mental health difficulties;
- increasing the availability and geographical accessibility of confidential telephone and web based early intervention services;
- complementing and link to headspace and other youth mental health programs and services already in place; and
- assisting young people and their families with appropriate referral pathways to headspace sites and other mental health, physical health, alcohol and drug, and social and vocational services and supports as appropriate.

The stream intended outcomes are:

- improving mental health outcomes for young people;
- improving the help seeking behaviours of young Australians and their families; and
- assisting young people with issues as they arise by providing real-time support.

*Stream 11 - LGBTIQPlus Health Australia*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services provided by QLife for:

- maintaining governance and oversight of the QLife program;
- providing QLife services to LGBTIQ+ communities;
- developing resources to support QLife partners and mainstream professionals; and
- collaborating with Primary Health Networks, other Teleweb services and Indigenous communities.

The stream objectives are:

- reducing the prevalence of mental illness and suicide;
- preventing and detect mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

The stream intended outcome is to improve the mental health and wellbeing of LGBTIQI+ people through the provision of digital mental health services.

### *Stream 12 - MQ Health Pty Ltd*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services provided by the MindSpot clinic. The stream objectives are:

- reducing the prevalence of mental illness and suicide;
- preventing and detecting mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

The stream intended outcome is to improve the mental health and wellbeing of Australians by engaging health professionals in the use of e-mental health through the provision of digital mental health services.

### *Stream 13 - Perinatal Anxiety and Depression Australia (PANDA) Inc*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services to deliver:

- national telephone-based support services for parents and families experiencing or at risk of perinatal mental illness;
- appropriate service delivery capacity to accept referrals from the national Pregnancy, Birth and Baby Helpline; and
- online information resources for parents and families experiencing or at risk of perinatal mental illness.

The stream objectives are to deliver:

- national perinatal mental health services, including prevention and early intervention initiatives, for expectant and new parents experiencing or at risk of perinatal mental illness;
- national support services for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death to prevent the development of mental illness;
- training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery;
- awareness, information and stigma reduction initiatives for perinatal mental health and wellbeing; and
- marketing services in a way that ensures inclusive, culturally appropriate and safe access for all people.

The stream intended outcomes are:

- improving national access to perinatal mental health and wellbeing support services;
- improving health outcomes for expectant and new parents experiencing, or at risk of perinatal mental health issues;
- improving the evidence base for perinatal mental health treatment and support;
- improving mental health outcomes for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death; and
- reducing stigma related to perinatal mental health issues.

### *Stream 14 - ReachOut Australia*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services provided by ReachOut Australia. The stream objectives are:

- reducing the prevalence of mental illness and suicide;
- preventing and detecting mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

The stream intended outcome is to improve the mental health and wellbeing of young people, especially young people aged 12-25, through the provision of digital mental health services.

### *Stream 15 - SANE Australia*

This stream will provide top-up funding to the eligible organisation to support the continued expansion of services provided by SANE's Carers and Lived Experience Forums.

The stream objectives are:

- reducing the prevalence of mental illness and suicide;
- preventing and detect mental illness early; and
- increasing understanding of and improved attitudes towards mental health and illness resulting in changed behaviour.

The stream intended outcome is to improve the mental health and wellbeing of Australians affected by complex mental illness and their families and carers, through the provision of digital mental health services.

### *Funding amount and arrangements, merits review and consultation*

Funding of \$45.5 million for 15 organisations to provide mental health services and support delivered via digital platforms was included in the 2025-26 Budget under the measure 'Digital Mental Health' for a period of three years commencing in 2025-26. Additional funding of \$0.4 million in 2025-26 for LGBTIQPlus Health Australia to deliver the QLife service was included in the 2025-26 Budget under the measure 'Preventive Health, Wellbeing and Sport'. Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 46, 52 and 53.

Funding for the item will come from Program 1.2: Mental Health and Suicide Prevention and Program 1.5: Preventive Health and Chronic Disease Support, which are part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 2, Health and Aged Care*, at pages 50 and 51.

The department will deliver the program through a non-competitive grant process where only eligible organisations are invited to apply. The purpose of the funding is to ensure activities currently provided by organisations through the program will continue to provide services at the level currently delivered.

The grant will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. The identified organisations are eligible for this grant opportunity as they have been assessed by the department to have:

- capability to deliver the specified stream project activities;
- existing infrastructure and relationships to support the specified stream activities; and
- knowledge of and capability to deliver the activity stream objectives and outcomes.

Consistent with the CGRPs, the department has developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to eligible organisations. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the grant are not considered suitable for independent merits review. This is because the department will finalise a list of eligible applicants, whereby the providers of the respective streams have established networks in the community that will be leveraged during the activity period. The providers also have connections with local and state governments, demonstrating the positive reputation they have developed within the community and their established administrative arrangements and infrastructure will help ensure service continuity.

The benefits of the respective streams in Australia are not directed towards the circumstances of particular persons but rather applies generally to the community and is therefore considered to be unsuitable for review. The streams, by their nature, are unlikely to affect the interests of a sole individual. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

Extensive consultation was undertaken in the redesign of the program. The grant opportunity marks the first phase of mental health reforms following the 2023–24 Mid-Year Economic and Fiscal Outlook announcement and the Better Access evaluation. It is shaped by findings from the Productivity Commission Inquiry into Mental Health and the University of Melbourne’s evaluation of digital mental health services. Guided by the Mental Health Reform Advisory Committee, the initiative prioritises improving the quality of digital mental health services as a foundational step. The reforms aim to enhance accessibility, affordability, and delivery of person-centred care, especially for individuals with severe and complex mental health needs.

These organisations have already built networks in the community that will be leveraged during the activity period. The organisations have connections with local and state governments, demonstrating the positive reputation they have developed within the community. Furthermore, the identified organisations already deliver nationally available digital mental health services. Their established administrative arrangements and infrastructure will help ensure service continuity.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the communications power (section 51(v)) of the Constitution.

### *Communications power*

Section 51(v) of the Constitution empowers the Commonwealth to make laws with respect to ‘postal, telegraphic, telephonic, and other like services’. The program will fund organisations under 15 grant streams to deliver activities related to the provision of mental health services and support via telephonic means or via the internet.

### **Item 3 – In the appropriate position in Part 4 of Schedule 1AB (table)**

This item adds 11 new table items to Part 4 of Schedule 1AB.

### Table item 726 – Administration of the National Joint Replacement Registry

New **table item 726** establishes legislative authority for government spending for the administration of the National Joint Replacement Registry (the NJRR).

The NJRR, established in 1999, is a world class clinical quality registry that collects information about hip, knee, shoulder, elbow, wrist, ankle and spinal disc replacement from all hospitals undertaking joint replacement surgery within Australia. The purpose of the collection is to define, improve and maintain the quality of care of individuals receiving joint replacement surgery.

The NJRR is administered by the Australian Orthopaedic Association (AOA), a peak professional organisation for orthopaedic surgery in Australia that is the leading authority in the provision of orthopaedic information in the community. Established in 1937 as a not-for-profit organisation, the AOA has over 2,000 members that:

- provide specialist education, training and continuing professional development for Australian orthopaedic surgeons;
- is committed to ensuring the highest possible standard of orthopaedic care; and
- actively supports scientific research and orthopaedic humanitarian initiatives in Australia and overseas.

Joint replacement is a commonly performed major operation that has considerable success in alleviating pain and disability. According to the AOA, between 2015 and 2023, joint replacement procedures increased by 204 per cent for primary ankles, 71 per cent for shoulders, 17 per cent for hips and 19 per cent for knees. Demand for joint replacements is projected to rise in the future, driven by an ageing population and obesity.

The outcomes of joint replacement are variable. There are many factors known to influence this including age, gender and diagnosis of patients, the type of prosthesis and the surgical techniques used. Superimposed on this is the rapid rate of change in medical technology. There is continual development and use of new types of prostheses and surgical techniques, the results for many of which remain uncertain.

To ensure a more accurate measurement on joint replacement outcomes, the NJRR aims to:

- establish demographic data related to joint replacement surgery in Australia;
- provide accurate information on the use of different types of prostheses;
- determine regional variation in the practice of joint surgery;
- identify the demographic and diagnostic characteristics of patients that affect outcomes;
- analyse the effectiveness of different prostheses and treatment to specific diagnoses;
- evaluate the effectiveness of the large variety of prostheses currently on the market by analysing their survival rates;
- educate orthopaedic surgeons on the most effective prostheses and techniques to improve patient outcomes and provide surgeons with an auditing facility; and
- provide information that can instigate tracking of patients if necessary and for comparison of the practice of joint replacement in Australia and other countries.

The overall intended outcomes of the NJRR are to collect a defined minimum data set that enables outcomes to be determined on the basis of patient characteristics, prosthesis type and features, method of prosthesis fixation and surgical technique used. This information is used to inform orthopaedic companies, surgeons, other health care professionals, governments, and the community.

As a direct result of the NJRR data, the number of revision surgeries, and associated costs to patients and private health insurers, has declined significantly as surgeons use NJRR data to assess their performance and improve their own practice. The NJRR now has over two million entries, with over 120,000 procedures added to the NJRR each year.

Funding amount and arrangements, merits review and consultation

Funding of \$2.4 million for the NJRR was included in the 2025-26 Budget under the measure 'Critical Health Infrastructure and Systems' for a period of four years commencing in 2025-26 (and \$0.6 million per year ongoing from 2029-30). Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at page 45.

Funding for the item will come from Program 2.4: Private Health Insurance, which is part of Outcome 2. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 76.

A closed, non-competitive grant process will be undertaken to fund the AOA to administer the NJRR. The grant will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs.

Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant. Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub.

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to AOA. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function. The delegate will perform their powers consistent with the PGPA Act and the FFSP Act.

The Commonwealth standard grant conditions have remedies available to the department, where the grantee is not performing expected duties. For example, the department can vary, suspend, recover monies, terminate or cancel the grant.

Funding decisions for the NJRR are not considered suitable for independent merits review because the funding will be delivered through a non-competitive grant to AOA as the only suitable organisation to facilitate the program. The decision to fund the NJRR is to ensure a continuation of the national register of joint replacement surgery to define, improve and maintain the quality of care of individuals receiving joint replacement surgery. The benefits of data collection from all hospitals undertaking joint replacement in Australia is not directed towards the circumstances of particular persons, but rather applies generally to the community, and is therefore considered to be unsuitable for review.

The NJRR, by its nature is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.



In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

There has been ongoing consultation between the department, the AOA and the Medical Technology Association of Australia (MTAA) which is the peak national association representing companies in the medical device industry relating to the NJRR funding model. Consultation with broader stakeholder groups was not deemed necessary. The department meets with the AOA and the MTAA on a monthly basis, whereby the development, manufacture and regulation of medical devices are discussed.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the census and statistics power (section 51(xi)) of the Constitution.

### *Census and statistics power*

Section 51(xi) of the Constitution empowers the Parliament to make laws with respect to ‘census and statistics’. The purpose of the NJRR is to define, improve and maintain the quality of care of individuals receiving joint replacement surgery. It achieves this by collecting a defined minimum data set that enables outcomes to be determined on the basis of patient characteristics, prosthesis type and features, method of prosthesis fixation and surgical technique used.

### Table item 727 – Long-Acting Reversible Contraception Centres of Excellence Program

New **table item 727** establishes legislative authority for government spending for the Long-Acting Reversible Contraception (LARC) Centres of Excellence Program (the program).

LARCs are a group of contraception methods that include hormonal and non-hormonal intrauterine devices and the contraceptive implant. LARC is the most effective form of contraception at preventing pregnancy (outside of sterilisation) with over 99 per cent effectiveness, a set-and-forget approach and long-term effect. However, several persistent barriers impede access and uptake of LARC such as limited availability of health professionals trained in LARC insertion and removal and up-front costs associated with the process.

To address these challenges, the Government will provide funding of \$25.6 million over four years from 2025-26, to establish eight LARC Centre of Excellence (CoE) for the program to:

- increase access to LARC services to women who choose LARC as their contraceptive of choice;
- serve as a referral point for health professionals to refer women where they are not trained, skilled or confident in delivering LARC services themselves; and
- increase the number of health professionals who provide LARC insertion and removal services, particularly in rural and remote areas.

The Government is committed to improving health outcomes for all women and girls. This is a priority under the *National Women's Health Strategy 2020-2030* ([www.health.gov.au/sites/default/files/documents/2021/05/national-women-s-health-strategy-2020-2030\\_0.pdf](http://www.health.gov.au/sites/default/files/documents/2021/05/national-women-s-health-strategy-2020-2030_0.pdf)), *Working for Women: A Strategy for Gender Equality* ([www.genderequality.gov.au/sites/default/files/2024-03/working-for-women-a-strategy-for-gender-equality.pdf](http://www.genderequality.gov.au/sites/default/files/2024-03/working-for-women-a-strategy-for-gender-equality.pdf)), the *National Plan to End Violence against Women and Children 2022-2032* ([www.dss.gov.au/system/files/resources/national-plan-end-violence-against-women-and-children-2022-2032.pdf](http://www.dss.gov.au/system/files/resources/national-plan-end-violence-against-women-and-children-2022-2032.pdf)) and *Woman-centred care: Strategic directions for Australian maternity services* ([www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf](http://www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf)). Improving choice, access and affordability of LARCs would also deliver on the Government's response to recommendations of the final report of the Senate Inquiry into universal access to reproductive healthcare.

The program will build on initial investments to help address the significant gap in the number of health professionals trained in LARC services and accessibility of training opportunities for health professionals wishing to upskill. It will leverage existing infrastructure and services to increase the number of health professionals who are able to deliver appropriate care to a patient for LARC insertion and removal, including effective pain management options. The program will also build capacity within the primary care sector to better meet the needs of Australian women and address gender bias in the health system.

Outreach services will be delivered to health professionals and available to women in rural and remote areas. This will provide greater access to essential healthcare and reduce the need for women to travel long distances at great cost to access healthcare.

The CoE will be commissioned through Primary Health Networks (PHNs). PHNs play a key role in supporting general practice and other health service providers to improve the integration of health services at the local level. PHNs are well-positioned to commission the LARC CoE due to their in-depth knowledge of local priorities, needs, demographic and healthcare services and pathways within their regions. PHNs have the necessary existing established networks and ongoing relationships with services, as well as administrative arrangements that can be leveraged to deliver the program effectively and efficiently. It is expected that there will be one CoE operating in each Australian state and territory.

#### *Funding amount and arrangements, merits review and consultation*

Funding of \$25.6 million for the program was included in the 2025-26 Budget under the measure 'Strengthening Medicare – Women's Health' for a period of four years commencing in 2025-26 (and \$7.0 million per year ongoing). Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 57 and 58.

Funding for the item will come from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

Funding will be provided to PHNs through a competitive grants process. Grant funding will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department has developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

The applicants will be selected on their ability to build capacity within the primary care sector to better meet the needs of Australian women and address gender bias in the health system. In particular, the applicant should be able to increase the primary care workforce's capacity to perform LARC insertions and removals. Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub.

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to PHNs for the program. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the program are not considered suitable for independent merits review because these decisions relate to the allocation of a finite resource from which all potential claims for a share of the resource cannot be met. Funding will be delivered through a competitive grants process to establish eight LARC CoEs. Through this process, the department will ensure the following criteria are satisfied:

- the processes of allocating funds are fair;
- the criteria for funding are made clear; and
- decisions are made objectively.

In addition, the benefits of the program are not directed towards the circumstances of particular persons but rather applies generally to the community and is therefore considered to be unsuitable for review. The program, by its nature, is unlikely to affect the interests of any one person. The LARC CoEs aims to increase access to LARCs and make it easier for women in Australia, regardless of age, to access and afford LARCs as their contraception choice. The LARC CoEs will also increase training opportunities for health professionals in LARC insertion and removals. This demonstrates the benefits to Australian women, and practitioners seeking to consolidate training and competence in LARC, which also benefits the health care profession. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The department has consulted with relevant key experts in the sexual and reproductive sector in the design and delivery of the program. The discussions focussed around how the LARC CoEs could be implemented within the broader health system. These discussions helped inform the development of the grant opportunity guidelines to ensure the program is tailored to meet gaps and to avoid duplication with existing services and programs.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the external affairs power (section 51(xxix)); and
- the social welfare power (section 51(xxiiiA)).

#### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

#### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(2)(c) recognises the prevention, treatment and control of epidemic, endemic, occupational and other diseases. Article 12(2)(d) outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program will involve the delivery of LARC services that can assist in the prevention and treatment of endometriosis and other diseases. The program will also support training in delivering LARC services, which may prevent sickness or disease arising from the poor delivery of such services.

#### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including medical services (but not as to authorise any form of civil conscription).

The program will involve the provision of medical services and deliver professional development for health professionals to support the effective provision of medical services.

### Table item 728 – Endometriosis and Pelvic Pain Clinic Program

New **table item 728** establishes legislative authority for government spending for the Endometriosis and Pelvic Pain Clinic (EPPC) Program.

The EPPC Program forms part of the Preventive Health and Chronic Disease Support Program, which supports the Government’s commitment to reduce the incidence of preventable mortality and morbidity. This is accomplished through national public health initiatives, promoting healthy lifestyles and approaches covering disease prevention, health screening and palliative care.

The EPPC Program aligns with the *National Action Plan for Endometriosis* ([www.health.gov.au/sites/default/files/national-action-plan-for-endometriosis.pdf](http://www.health.gov.au/sites/default/files/national-action-plan-for-endometriosis.pdf)), which aims to improve the lives of those affected by endometriosis by increasing awareness, improving clinical management, and boosting research efforts, and the *National Women's Health Strategy 2020-2030*.

The EPPC Program was initially announced in the 2022-23 Budget, with funding of \$17.4 million over four years to 2025-26 to support 22 specialised EPPC's across Australia. These EPPC's were established to provide multi-disciplinary care with a focus on improving diagnostic delay and to promote early access to intervention, care and treatment options for endometriosis and pelvic pain.

EPPC's provide direct primary care to patients by delivering activities to support women living with endometriosis and pelvic pain. This includes raising awareness of endometriosis and pelvic pain, building professional knowledge and skills within the primary care workforce, and improving access to information and care pathways for patients, their families and carers.

In the 2025-26 Budget, the Government agreed to provide funding of \$20.1 million over three years from 2025-26 to expand the EPPC Program by extending the existing 22 EPPC's funding to 2027-28 and establishing 11 additional EPPCs. This includes funding existing health clinics to support individuals experiencing endometriosis or pelvic pain and expanding the range of services provided by existing health clinics to support individuals experiencing perimenopause or menopause.

It is intended that the 11 new EPPCs will be established in New South Wales, Queensland, Victoria and Western Australia (in the 11 Primary Health Network (PHN) regions that currently do not possess an EPPC), to provide support to individuals experiencing endometriosis, pelvic pain, perimenopause or menopause.

The EPPC Program expansion will occur through the commissioning processes of all 31 PHNs. The department will assist PHNs to select and implement their respective new EPPCs.

The department is funding PHNs to administer and manage the program on behalf of the department, including entering into agreements and making eligible payments to the successful GP practices. The PHN program model is designed to provide funding to a PHN, which then commissions services based on their knowledge of the sector and the capability to deliver outcomes required for the department.

EPPC's operate under bespoke models of care which allow each GP practice to build upon the skills of their individual clinic and regional needs. The objectives of the EPPCs are to:

- improve access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain;
- improve access for patients to care, treatment and management for perimenopause and menopause;
- increase access to allied health and support services;
- increase access to healthcare for patients from priority populations, particularly those in underserved communities;
- provide access to new information, care pathways and networks; and

- provide an appropriately trained workforce with expertise in endometriosis, pelvic pain, perimenopause and menopause.

By 1 July 2026, all 33 EPPC's will have an expanded scope that includes provision of information, support and services for menopause and perimenopause. Implementation will be undertaken primarily by the department, with delivery of the program components to be achieved by individual GP practices, commissioned by PHNs.

*Funding amount and arrangements, merits review and consultation*

Funding of \$20.1 million for the expansion of the EPPC Program was included in the 2025-26 Budget under the measure 'Strengthening Medicare – Women's Health' for a period of three years commencing in 2025-26. Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 57 and 58.

Funding for the item will come from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio*, at page 51.

Funding for new EPPC's will be made available for the 11 PHNs currently without an EPPC, as part of a closed non-competitive (application based) grant opportunity. Grant opportunity guidelines have been developed by the department for the new EPPC's, consistent with the CGRPs, and with regard to the nine key principles in administering grants.

As part of the grant opportunity process, applicant PHNs must be able to demonstrate capacity to commission an EPPC and may nominate up to two existing GP practices within their region to become an EPPC. These must be GP practices that specialise in women's health, including endometriosis, pelvic pain management, perimenopause and menopause. Funding for this expansion is only available for one of the nominated GP practices in the 11 targeted PHN regions. In addition, a closed non-competitive (non-application-based) grant opportunity will be conducted to provide additional funding to the 20 PHNs that currently commission an EPPC, to extend the services of the existing 22 EPPCs (with two PHNs currently commissioning two EPPCs in their region).

Clear guidelines will be provided to EPPC's as part of the PHN contract variation process, to ensure that all clinics are aware of and are satisfied with, the requirements placed upon them. These grants will be administered, and recipients selected, by the department in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs.

Grant opportunity guidelines and information about these grants will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grants will be administered by the department's PHN Branch and the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to the PHN. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the EPPC Program are not considered suitable for independent merits review. The decision to fund existing EPPC's is to ensure a continuation of services to women, and an ongoing commitment by the Australian Government to improve women's health, particularly in relation to endometriosis, chronic pelvic pain, perimenopause and menopause.

The benefits of EPPC's in Australia is not directed towards the circumstances of a sole individual but rather applies generally to the community such as women and health practitioners and is therefore considered to be unsuitable for review. The program, by its nature, is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit processes undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The department has consulted with internal and external stakeholders on the proposed expansion and extension of the EPPC Program and is continuing to consult with PHNs, and the women's health services that currently act as EPPC's, to implement the extension and expansion of the EPPC Program.

Engagement with Commonwealth entities took place between October and November 2024. Feedback was received from the following Commonwealth departments: Social Services, Finance, the Prime Minister and Cabinet, Treasury, Attorney General's and the National Indigenous Australians Agency.

Consultation with PHNs was undertaken by Nous Group between March and May 2025 with all 20 PHNs currently commissioning an EPPC as part of an external evaluation of the EPPC program. The outcomes of this evaluation are being presented in July 2025 and will inform the final implementation and ongoing monitoring of the EPPC Program.

Further consultation with GP practices will be undertaken by PHNs as part of their individual commissioning processes in the third quarter of 2025. This consultation will inform the contracts signed by PHNs, to enable the provision of funding to establish EPPC's.

The department will consult with the existing EPPC's and all PHNs, as part of the implementation of the extension and expansion of the EPPC Program, to ensure that all parties understand and are comfortable with the expansion of scope of the EPPCs'. This consultation is expected to be undertaken throughout the remainder of 2025 and will guide the final implementation of the expansion of scope of the EPPC's.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the social welfare power (section 51(xxiiiA)); and
- the external affairs power (section 51(xxix)).

#### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including medical services (but not as to authorise any forms of civil conscription).

The EPPC Program involves funding for health practitioners to provide medical services and promotes access to equal and timely access to medical treatment.

#### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

#### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. Article 12(2) further provides a non-exhaustive list of ‘steps’ to be taken by the Parties to achieve the full realisation of the right to health. Article 12(2)(c) refers to steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and Article 12(2)(d) refers to ‘creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The EPPC Program aims to improve delivery of, and support access to, specialised health care and support services.

### Table item 729 – Fetal Alcohol Spectrum Disorder Diagnostic Program

New **table item 729** establishes legislative authority for government spending on the Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Program.

The FASD Diagnostic Program forms part of the broader ‘Preventive Health, Wellbeing and Sport’ measure totalling \$132.0 million to improve health outcomes through preventative health and other health initiatives. In the 2025-26 Budget, the Government announced its commitment to continue supporting several critical projects focused on FASD prevention, treatment, and research.



Consistent with the FASD Register (supported by table item 91 in Part 3 of Schedule 1AB), funding for the FASD Diagnostic Program aligns with the Government's strategic priorities outlined in the *National Drug Strategy 2017-2026*, the *National Alcohol Strategy 2019-2028* and the FASD Action Plan.

The FASD Diagnostic Program helps to diagnose individuals with FASD and support them as well as their families and carers. A key objective identified in the FASD Action Plan is to consider how access to appropriate and evidence-based diagnosis and support services can be improved. Previous consultations also identified many gaps for people living with and/or impacted by FASD in accessing diagnostic, early intervention and support services.

Funding of \$2.8 million will be provided to support the expansion of FASD diagnostic services to ensure availability across Australia, with particular focus on communities with relevant demonstrated need. Funding activities will support the expansion of FASD diagnostic services to the following existing service providers:

#### *University of Sydney*

The University of Sydney delivers FASD diagnostic services in New South Wales (NSW), building on existing Care and Intervention for Children and Adolescents affected by Drugs and Alcohol (CICADA) services to expand provision of FASD diagnostic services to include a minimum of ten diagnostic clinics per year available and accessible in regional NSW locations. Funding of \$1.7 million in 2025-26 will help to support this innovative model for capacity building and sustainable community-driven screening, diagnosis and intervention in high-risk groups. This also includes education, research and awareness raising activities.

#### *University of Queensland*

The service provided by the University of Queensland (UQ) aims to establish and expand diagnostic services in southern and central Queensland, including regional locations, through a 3-tiered system of care:

1. areas without specialist FASD diagnostic services are provided with telehealth support;
2. a mixed model of service delivery is provided, depending on provider needs, whereby local teams request support for specific questions or to complete components of the assessment that are not available locally; and
3. local teams are referred to UQ where diagnosis is challenging.

Funding of \$0.6 million in 2025-26 will help to support local areas of need where FASD diagnoses is complex.

#### *Monash Health*

Monash Health delivers FASD diagnostic services in regional Victoria by building on existing networks in the east, west and northern regions. Monash Health provides direct multidisciplinary assessment of regional children for FASD diagnosis, conducts training of local clinicians to recognise and manage FASD, provides secondary consultation clinics to regional paediatricians, and supports the establishment of regional clinicians to diagnose FASD independently. Funding will help to reduce waiting times for FASD diagnostic services in regional Victoria, and support individuals.

### *Small & Up*

Small & Up service aims to establish and expand FASD diagnostic activities with a particular focus on regional NSW and other communities with a demonstrated need. The primary site is Newcastle with outreach to Port Macquarie, Ballina and Lismore. FASD is over-represented in justice settings due to the issues people with FASD may experience. Navigating the justice system and accessing appropriate therapeutic supports is often difficult for those who have or may have FASD. Small & Up will receive shared funding with Monash Health of \$0.6 million to provide continued support for this vulnerable cohort.

The University of Sydney, UQ, Monash Health and Small & Up will support the delivery of FASD diagnostic services through the following activities:

- increasing access to FASD diagnostic services;
- contributing where possible to the FASD diagnostic processes in existing interdisciplinary teams in the context of their established service model;
- implementing targeted screening for identified high risk groups including, but not limited to, out of home care, justice settings, Aboriginal and Torres Strait Islander populations;
- children of alcohol dependent mothers, and those referred to child mental health services;
- delivering FASD diagnostic services in a flexible and consistent manner utilising the Australian FASD Diagnostic Tool and Referral Guidelines;
- providing services to geographical locations that have been identified as having an increased risk of FASD;
- capturing FASD diagnostic data for the purpose of continuing to build knowledge and an understanding of the prevalence and incidence of FASD in Australia (FASD diagnostic data should be contributed to the Australian FASD Register);
- contributing to building the capacity of the broader health system to recognise FASD and contribute to the FASD diagnostic process; and
- leverage resources produced through the National Information and Awareness Campaign to raise awareness of FASD.

The overall intended outcomes of the expansion of these services include:

- improving capacity for screening and diagnosis of FASD in Australia;
- increasing access for children and families impacted by FASD to services based on need and level of functional impairment;
- increasing understanding of the lifelong impacts of FASD, in those with the condition, their families and carers, and the community;
- ongoing data collection on the incidence of FASD using a nationally consistent diagnostic tool and to inform a national prevalence pattern;
- establishing models of care that align with the National FASD Action Plan; and
- integrating FASD diagnosis and models of care into the local Aboriginal and Torres Strait Islander communities.

Funding amount and arrangements, merits review and consultation

Funding of \$2.9 million for the FASD Diagnostic program was included in the 2025-26 Budget under the measure ‘Preventive Health, Wellbeing and Sport’ for a period of one year commencing in 2025-26. Details are set out in *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 52 and 53.

Funding for the item will come from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

A competitive grant process was undertaken in 2025 to fund the University of Sydney, UQ, Monash Health and Small & Up as providers of the FASD Diagnostic Program. A closed, non-competitive grant process will be held for future grant opportunities.

The grant will be administered by the Community Grants Hub in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)). A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to the relevant providers. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions for the FASD Diagnostic Program are not considered suitable for independent merits review because the funding will be delivered through a competitive grant to University of Sydney, UQ, Monash Health and Small & Up. These organisations were found to be the only suitable providers to facilitate the program. The decision to fund these organisations will ensure support for the expansion of the FASD Diagnostic Program, as well as diagnose and support affected individuals.

The competitive grants process will be conducted in accordance with the CGRPs. Eligibility will be assessed against the assessment criteria and against other applications. Applications will be considered on their merit and the following criterion:

- how well it meets the criteria;
- how it compares to other applications; and
- whether it provides value with relevant money.

The benefits of the FASD Diagnostic Program are not directed towards the circumstances of particular persons, but rather applies generally to the community, and is therefore considered to be unsuitable for review. The FASD Diagnostic Program, by its nature is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

Consultation occurred during both the design of the FASD Diagnostic Program and development of the FASD Action Plan, which oversees and supports these activities. The program is a direct implementation of the FASD Action Plan commitments and was shaped through targeted engagement with clinical, academic, and community stakeholders.

Engagement with the University of Sydney, UQ, Monash Health, and Small & Up was initiated when the entities submitted their applications for funding to deliver FASD diagnostic services at sites around Australia. The applications made claims about the ability of their organisations to deliver the project at the pace and scale required to meet the conditions of the program.

The department undertook a due diligence assessment to verify the claims made in the applications, including consulting with government agencies, such as DSS, on their prior experience. The results of this process validated the organisations as having a demonstrated track record of delivering suitable services within the FASD and broader alcohol and other drugs sector.

The department has continued to maintain strong collaborative relationships with the University of Sydney, UQ, Monash Health, and Small & Up, as recipients of funding under formal agreements to support FASD diagnostic services. As part of these arrangements, the department has overseen the assessment of Activity Work Plans, reviewed progress/performance reports, and ensured compliance with financial reporting obligations. These oversight functions are supported by DSS who administer the funding arrangements on behalf of the department.

All grant recipients have consistently demonstrated a high level of accountability and capability in delivering the outcomes set out in their funding agreements; and have provided clear evidence of the ongoing need for accessible and continuous FASD diagnostic services, reinforcing the importance of sustained investment in these programs to meet the growing demand and support improved health outcomes across affected communities.

Consultation for the FASD Action Plan included national and international experts in FASD diagnosis, clinicians, allied health professionals, academics, as well as carers and individuals with lived experience. These individuals provided input into the required areas of priority, opportunities to address barriers to access, and need for culturally appropriate service models. The FASD Diagnostic Program was developed to include regional outreach components and capacity building elements, to reflect the insights gained from consultation.

In September 2019, the department established the National FASD Advisory Group (Advisory Group) to support the ongoing monitoring and implementation of the FASD Action Plan. There have been 11 meetings of the Advisory Group since its establishment (November 2019, November 2020, February, October and December 2021, March and August 2022, February and September 2023 and February and November 2024), providing the department with an opportunity to engage experts in FASD to provide advice on emerging issues, trends, opportunities and gaps.

The department also engages with its jurisdictional counterparts on a regular basis to monitor FASD-related activities across jurisdictions, improve visibility of services, and assess the effectiveness of the FASD Action Plan.

### *Constitutional considerations*

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the external affairs power (section 51(xxix)), and
- the social welfare power (section 51(xxiiiA)).

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

Australia has relevant obligations under the following treaties to which it is a party.

### *Convention on the Rights of Persons with Disabilities (CRPD)*

Australia is a party to the CRPD [2008] ATS 12. States Parties to the CRPD are required to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability (Article 4(1)). In particular, the CRPD requires States Parties to:

- raise awareness of persons with disabilities and combat stereotypes, prejudices and harmful practices (Article 8); and
- ‘recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability’ and ‘provide those health services needed by persons with disabilities...including early identification and intervention ... and services designed to minimise and prevent further disabilities...’ (Article 25).

The FASD Diagnostic Program increases understanding of the lifelong impacts of FASD in those with the condition, their families and carers, and the community, provides FASD education and awareness raising activities and provides health services for persons with disabilities.

### *Convention on the Rights of the Child (CRC)*

Australia is a party to the CRC [1991] ATS 4. Article 4 of the CRC provides the general obligation that States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of all rights recognised in the Covenant. Article 18(2) requires States Parties to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and ensure the development of institutions, facilities and services for the care of children. Article 24(2)(b) requires States Parties to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.

The FASD Diagnostic Program contributes to building the capacity of the broader health system to recognise FASD, whereby resources are leveraged to inform the National Information and Awareness Campaign to raise awareness of FASD. The program involves providing health care to children with FASD, as well as support and counselling services for the parents and families of children with FASD.

### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. Article 12(2)(a) requires States Parties to reduce the incidence of the stillbirth rate, and infant mortality for the healthy development of a child.

The FASD Diagnostic Program is designed for FASD prevention, treatment, and research, which will support the healthy development of children diagnosed with FASD.

### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including medical services (but not as to authorise any form of civil conscription).

The FASD Diagnostic Program provides diagnostic services, education, awareness-raising, and referral pathways to medical services to support individuals affected by FASD and their families and carers.

### *Table item 730 – Support for the United Nations Office on Drugs and Crime*

New **table item 730** establishes legislative authority for the Government to provide support for the United Nations Office on Drugs and Crime (UNODC).

The Government support for the UNODC will implement the Drug and Alcohol Program’s objective for prevention and reduction of harm to individuals and communities from alcohol, tobacco and other drugs.

Since 2012, the Government has provided funding to the UNODC to support the operation of the Joint Global Programme on Access to Controlled Substances for Medical and Scientific Purposes, While Preventing Diversion and Non medical Use (the JGP) to assist developing countries to access internationally controlled drugs required for medical treatment. The JGP was initially launched as a pilot program in Ghana, and later implemented in Timor-Leste. In recent years, work has been expanded in the Southeast Asia-Pacific region, specifically Fiji and Indonesia. The JGP has a particular focus on providing access to essential pain medication, while simultaneously controlling non-medical use and diversion.

The UNODC was established in 1997 to address drugs, crime, terrorism and corruption. It carries out work in 150 countries, building networks of cooperation across borders and providing reliable data and analysis. UNODC also trains judges, police officers and border officials as well as healthcare and social workers to make communities safer and more resilient.

Australia has a long-standing commitment in ensuring adequate global availability of controlled medications for the relief of pain, and plays a prominent role in promoting international cooperation to respond to synthetic drugs and their precursors. This commitment forms part of Australia's role as a member of the *United Nations Commission on Narcotic Drugs* (CND) since 1973. Member States are invited to provide extrabudgetary contributions to support the implementation of international drug policy commitments, in this case, the commitment to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering.

Funding for the JGP also aligns with priorities within the *National Drug Strategy 2017-2026*, endorsed by the Commonwealth and State and Territory Governments. These include supporting medically assisted treatment for substance dependence and regulating the supply of substances to ensure their availability for legitimate uses while preventing their diversion into illicit channels.

Through the JGP, the UNODC will work closely with international organisations and national governments to form a deeper understanding of specific situations, including existing gaps and challenges facing each country to develop a way forward and plan of action.

In administering the JGP, the UNODC's objectives are:

- developing and implementing training packages for policy makers, medical and healthcare professional at the national and local level;
- improving the management policies and procedures related to access to controlled drugs, in particular pain medication for medical purposes;
- scaling up the multisectoral efforts to ensure access to and availability of controlled medicines; and
- scaling up the capacity building of health professionals and expand it to other regions through the establishment of a capacity building mechanism.

The intended outcomes of the UNODC to support the JGP are:

- building capacity of health professionals in accessing essential medicines for palliative care and pain relief;
- improving health and health system outcomes post-COVID-19 pandemic within the Southeast Asia and Pacific regions; and
- reducing inadequate availability of and access to medicines experienced by people living in low-and middle-income countries (Southeast Asia and Pacific region, specifically Fiji and Indonesia) while simultaneously controlling for non-medical use and diversion.

Funding amount and arrangements, merits review and consultation

Funding of \$0.3 million over two years from 2025-26 for this item comes from Program 1.5: Preventive Health and Chronic Disease Support, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

A closed non-competitive grant process will be undertaken to fund UNODC to support the activities of the JGP. The grant will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding. The delegate will be at the SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions made in connection with the UNODC are not considered suitable for independent merits review, as they are decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met. Any funding that has already been allocated would be affected if the original decision was overturned.

In addition, the UNODC is an established and reputable international organisation that provides assistance to Member States to improve their capacity to respond to persisting and emerging challenges relating to the world drug situation. Adopted resolutions at the Commission on Narcotic Drugs mandated the UNODC to establish the JGP in 2012 to address the global disparity in the availability of and access to controlled medicines. The UNODC has since implemented work under the JGP in Ghana, Timor-Leste, Indonesia and Fiji, providing training for officials and health professionals, establishing multisectoral regulatory networks, and developing national strategies and plans. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The ARC does consider that administrative accountability in relation to such allocative decisions should be given greater emphasis, including ensuring that:

- the processes of allocating funds are fair;
- the criterion for funding is made clear; and
- decisions are made objectively.



The grants process is intended to achieve this, and the grant opportunity explicitly states that there is no appeal mechanism for decisions to approve or not approve a grant.

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

The right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may also be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The department, through the Alcohol and Other Drugs Branch has a long-standing history of engagement with the UNODC, providing voluntary contributions to the JGP since 2012. Regular engagement occurs with the UNODC through individual bilateral contract management meetings, as well as meetings that include the Community Grants Hub.

Engagement with the UNODC typically occurs on a quarterly basis and provides an opportunity for the UNODC to update the department on implementation progress as well as challenges and future opportunities. During the contract period, this has included discussions regarding the impact of the COVID-19 pandemic, lack of capacity from local government officials, and funding constraints. Face-to-face meetings also take place with the UNODC when departmental officers are in Vienna for CND meetings.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the external affairs power (section 51(xxix)) of the Constitution.

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation with respect to matters or things outside the geographical limits of Australia, and with respect to matters concerning Australia’s relations with other nations.

Funding will be provided to the UNODC to assist developing countries access internationally controlled drugs required for medical and scientific purposes, with a particular focus on providing access to essential pain medication, while simultaneously controlling diversion and non-medical use.

### Table item 731 – Supporting Living Organ Donors Program

New **table item 731** establishes legislative authority for government spending on the Supporting Living Organ Donors Program (the program).

Organ donation can save and transform the lives of people, who in many cases are seriously ill or dying. People with chronic kidney failure may require life-long dialysis treatment, and will have significantly improved quality of life, or be saved by a kidney transplant.

Organ donation is major surgery and carries risks for the donor. Prospective donors undergo extensive work-up testing to ensure they are physically and mentally able to donate, and medical appointments may require the donor to take time off work. If donation surgery proceeds, the donor will require a significant amount of time off to recover. The donor may also need to travel long distances to undertake work-up testing and donation surgery and incur out-of-pocket expenses.

The organ donation process is proven to be a financially and emotionally stressful time for both donors and transplant recipients. Established in 2013, the program aims to reduce financial stress associated with being a living organ donor, raise the profile of living organ donors and encourage employers to support employees who have chosen to donate an organ.

Funding under the program will support donors by reimbursing some paid leave and out-of-pocket expenses incurred as part of the donation process. The reimbursement payment is made to a donor's employer, to either replenish a donor's leave or contribute towards reimbursing the employer where they have made a payment to their employee in place of income lost due to donation. The program provides a financial contribution to employers who have paid an employee leave for:

- attending medical appointments to assess their suitability to become a donor;
- undergoing surgery for donation; and
- recovering from surgery after donation.

The program does not provide full reimbursement of an Australian donor's income, should this income exceed the national minimum wage. Standard reimbursement payments are calculated for up to nine weeks of leave, based on a 38-hour week (maximum of 342 hours of leave), at up to the national minimum wage. If the donor requires additional recovery time following surgery for medical complications, they are eligible to claim up to 18 weeks (or 342 hours) of leave with supporting evidence from their surgeon.

The program provides all Australian donors with a lump sum payment of \$500 for out-of-pocket expenses associated with the donation process. If a donor's out-of-pocket travel and accommodation expenses exceed \$500, donors are eligible to be reimbursed up to \$4,000 (evidence is required for reimbursement, including for the first \$500). Travel and accommodation out-of-pocket expenses incurred by a support person during the donor's hospital admission for surgery can also be claimed.

Potential Australian donors who have attended medical appointments to assess their suitability, but did not proceed to donation, including those who are not employed, will not receive the \$500 lump sum payment but are eligible to be reimbursed for out-of-pocket expenses incurred, up to a total of \$4,000 (evidence is required for reimbursement).

Overseas donors will not receive the \$500 lump sum payment but are eligible to be reimbursed for out-of-pocket expenses incurred up to a total \$4,000 (evidence is required for reimbursement). Overseas donors are not eligible for leave reimbursement entitlements.

The reimbursement for leave or out-of-pocket expenses will be made following assessment of the donor's application. Reimbursement payments will be made directly to the employer and/or donor, using the electronic payment system hosted by the department.

Strict eligibility criteria are put in place for individuals looking to become a donor, including:

- the donor must be donating to, or has undertaken work-up testing with the intention of donating to, an Australian resident (as defined by the *Health Insurance Act 1973*) who has a valid Medicare card;
- the donor must be 18 years of age or older;
- the donor must be intending to donate a kidney or partial liver;
- the donor must be donating in Australia; and
- (if seeking reimbursement for leave taken) the donor must be employed by:
  - a registered Australian business with an active Australian Business Number (ABN); and
  - an employer willing to participate in the program (or be self-employed with an active ABN).

#### Funding amount and arrangements, merits review and consultation

Additional funding of \$0.9 million for the program was included in the 2025-26 Budget under the measure 'Strengthening Medicare' for a period of five years from 2024-25 (and \$0.3 million per year ongoing from 2029-30) to increase reimbursements and reduce barriers in access to the program. Details are set out in the *Budget 2025-26, Budget Measures, Budget Paper No. 2* at pages 53 and 54.

Funding for this item will come from Program 1.1: Health Research, Coordination and Access, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 50.

The department will deliver the program through a non-competitive grant process in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department will develop grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant will be made available on GrantConnect ([www.grants.gov.au](http://www.grants.gov.au)) and the department website and the grant will be administered by the department.

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to individual donors and/or their employers, under the program. The delegate will be at Executive Level 2 (EL2) or above and have appropriate experience and knowledge to exercise this function. The delegate will perform their powers consistent with the PGPA Act and the FFSP Act.

The EL2 would approve a grant where the value of the payment is within their delegation in accordance with the department's approved financial delegation, which allows the delegate to approve grant funding of up to \$1.0 million. The delegate is required to have appropriate experience and knowledge in the Government's policy objective on organ and tissue matters to support the administration of the program. Safeguards and/or limitations applicable to the delegate exercising their administrative powers are provided in the CGRPs, the PGPA Act, the PGPA Rule and the FFSP Act.

This would be appropriate to support the department to deliver the grant effectively and efficiently in line with the intent of the financial delegation's framework, while complying with all the department's financial accountability and spending requirements.

Independent merits review is not considered suitable for decisions made in connection with the program, as decisions in relation to the grant are automatic or mandatory in nature. The decision to make a payment by the departmental official will be procedural, for example, confirming that a donor has met the eligibility criteria of the program, confirming the donor's employer or ABN if self-employed and assessing the relevant evidence required for all respective out-of-pocket reimbursements to the donor. The department is required to keep all relevant information for audit purposes. In addition, any funding that has already been allocated to the program would be affected if the original decision was overturned. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 3.8 to 3.11 and 4.3 to 4.7 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The department consulted with the Organ and Tissue Authority, donors, transplant coordinators and clinicians to understand the limitations of the current program and inform the proposed expanded parameters for the program. Consultation meetings were held in November 2023. The consultations directly informed the proposed program updates, such as increased leave for medical complications, \$500 lump sum to reduce administration burden of the application process, increased out-of-pocket reimbursement to \$4,000 to provide greater coverage, and extending out-of-pocket eligibility for overseas donors donating to an Australian.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the social welfare power (section 51(xxiiiA)) of the Constitution.

### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including sickness and hospital benefits.

The program will provide payments directed to making a donor available for a transplant and to provide a form of material aid to satisfy the wants of the donor arising from an illness.

*Table item 732 – Primary Health Networks Commissioning of Multidisciplinary Teams*

New **table item 732** establishes legislative authority for government spending for the Primary Health Networks (PHN) Commissioning of Multidisciplinary Teams (the program).

The program aims to strengthen the role of PHNs in commissioning multidisciplinary health care teams to improve the management of chronic conditions and reduce avoidable hospitalisations for all Australians. It is designed to improve access for all Australians to affordable multidisciplinary health care across small, solo, rural, remote and/or Aboriginal Community Controlled Health Services (ACCHS) to deliver better patient outcomes.

The program responds to findings from the *Strengthening Medicare Taskforce Report* (Taskforce Report), which called for improved multidisciplinary team (MDT) access across Australia to improve clinical outcomes and reduce hospital admissions, particularly in financially disadvantaged communities. The Australian Government released the Taskforce Report on 3 February 2023 ([www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report\\_0.pdf](http://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf)).

The Strengthening Medicare Taskforce (the Taskforce) was established by the Australian Government in 2022. The Taskforce aims to provide recommendations for reform to primary care with a focus on increasing access and affordability of primary health care services (including to general practitioners and multidisciplinary team care), improving prevention and management approaches for chronic health conditions, and reducing pressure on the hospital system.

The program aims to implement recommendations relating to PHN commissioning MDT care in the Taskforce Report, in particular:

- supporting local health system integration and person-centred care PHNs working with Local Hospital Networks, local practices, National Aboriginal Community Controlled Health Organisations (ACCHOs), pharmacies and other partners to facilitate integration of specialist and hospital services with primary care, and integrate primary care with mental health, aged care, community and disability services; and
- increasing commissioning of allied health and nursing services by PHNs to supplement general practice teams in underserved and financially disadvantaged communities.

The Taskforce also recommended growth and investment in ACCHOs to commission primary care services for their communities, building on their expertise and networks to service local community needs. The World Health Organization has also identified a range of benefits from multidisciplinary collaboration and practice, including higher levels of patient satisfaction, better acceptance of care and better health outcomes.

Health professionals that can be commissioned to form part of the MDTs include:

- allied health professions - art therapists, audiologists, chiropractors, dietitians, exercise physiologists, genetic counsellors, medical radiation practitioners, music therapists, occupational therapists, optometrists, orthoptists, orthotists/prosthetists, osteopaths, perfusionists, pharmacists, physiotherapists, podiatrists, psychologists, rehabilitation counsellors, social workers, sonographers, speech pathologists;
- Aboriginal health workers and practitioners;
- nurses and nurse practitioners;
- midwives; and
- assistant health workers.

Funding for the program was made available to all 31 PHNs as part of a closed non-competitive (application-based) grant opportunity over five years to 2027-28. The objectives of the grant opportunity are:

- designing an approach for multidisciplinary team services in the PHN region based on:
  - identifying, and consulting with, small or solo general practices or ACCHS that are unable to engage an MDT through other funding streams; and
  - identification and prioritisation of areas of need in underserved or financially disadvantaged communities (such as treating chronic conditions and injuries, coordinating care for priority patients, mobilising social supports for at risk patients);
- successfully commissioning MDTs that address the prioritised need in the region, with a focus on supporting smaller general practices that do not have the size or scale to engage the range of health professionals required to provide effective multidisciplinary care;
- extending PHNs' existing role in general practice to support private allied health, nursing and/or midwifery practices;
- establishing reporting processes supported by data collection and data management practices, including both activity and outcome measures; and
- monitoring implementation of the activity, utilising relevant outcome measures, and develop adjustments to the approach if required.

The intended outcome of the program is to increase access to allied health, Aboriginal Health Workers/Practitioners, nurse practitioners, nursing and/or midwifery services to provide person-centred care for Australians that improves health outcomes and reduces avoidable hospitalisations, particularly in relation to chronic disease. It will also aim to improve attraction and retention of allied health, Aboriginal Health Workers/Practitioners, nursing, nurse practitioners and midwifery professionals in the primary care sector by increasing access to practice support from PHNs.

The program targets practices and services that are unable to engage a multidisciplinary workforce through other funding mechanisms. Practice support could include (but is not limited to):

- professional development/networking opportunities;
- business efficiency and navigating funding streams;
- quality improvement activities and accreditation support;
- digital health training; and

- localised information regarding PHN and region priorities and nearby health practices for referral pathways or care coordination.

Funding amount and arrangements, merits review and consultation

Existing funding of \$1.5 million over two years from 2025-26 has been allocated specifically for the program. Funding for this item comes from Program 1.6: Primary Health Care Quality and Coordination, which is part of Outcome 1. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 51.

Under the program, a new grant opportunity will be made available to the Country to Coast PHN, commencing in 2025-26. The grant will be administered in accordance with the Commonwealth Resource Management Framework, including the PGPA Act, the PGPA Rule and the CGRPs. Consistent with the CGRPs, the department has developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

Grant opportunity guidelines and information about the grant has been made available on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)), and the grant will be administered by the Community Grants Hub. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding provided to the relevant providers. The delegate will be at SES band 1 level and have appropriate experience and knowledge to exercise this function.

Funding decisions for the program are not considered suitable for independent merits review as the funds are being offered via a closed non-competitive grant process and are being made available to PHN organisations only. The introduction of this program is a result of the recommendations made in the 2022 Taskforce Report. PHNs are proven to be the most efficient and effective mechanism for implementing reform in primary care and for flexibly and quickly addressing gaps in services for their communities.

The benefits of the program are not directed towards the circumstances of particular persons, but rather applies generally to the community and is therefore considered to be unsuitable for review. The program, by its nature, is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The Taskforce was the original mechanism by which health consumers, and key stakeholders from within the sector, were consulted on the initiatives of the program. The Taskforce comprises a selection of health policy leaders including representatives of the Australian Medical Association, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Consumer Health Forum, and the National Aboriginal Controlled Community Health Organisation. The recommendation relating to PHN commissioning of multidisciplinary team care can be found in the Taskforce report (page 7).



Over the course of the program, the department will continue to engage with PHNs to guide the implementation and success of the program through the PHN Chief Executive Officer Forum and the National Collaborative Forum of PHNs and Allied Health Peaks. The latter is made up of representatives of each PHN and a range of allied health peak body organisations including Allied Health Professions Australia, Australian Council of Deans of Health Sciences, Indigenous Allied Health Australia, National Alliance of Self-Regulating Health Professionals, Services for Australian Rural and Remote Allied Health, and the National Allied Health Advisors and Chief Officers Committee.

### *Constitutional considerations*

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the external affairs power (section 51(xxix)); and
- the race power (section 51(xxvi)).

#### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which Australia is a party.

#### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’ including the necessary steps described in Article 12(2)(d) for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The provision of funding to PHNs to commission allied health services to supplement general practice and ACCHS teams, and to fund PHNs to build the capabilities of general practices and nursing, midwifery, Aboriginal and Torres Strait Islander health, and allied health practices, will improve access to medical services in prioritised areas of need in underserved or financially disadvantaged communities.

#### *Race power*

Section 51(xxvi) of the Constitution empowers the Parliament to make laws with respect to ‘the people of any race for whom it is deemed necessary to make special laws’.

The program will include funding for PHNs to arrange the delivery of health services by small or solo ACCHOs to Aboriginal or Torres Strait Islander people. PHNs will also be funded to provide specific practice support services to Aboriginal and Torres Strait Islander health practitioners and workers.

Table item 733 – Administration and Delivery of Services for the National Diabetes Services Scheme

New **table item 733** establishes legislative authority for government spending for the administration and delivery of services for the National Diabetes Services Scheme (the NDSS).

The NDSS was established in 1987 to provide subsidised products for the self-management of diabetes. In recent years, its services expanded to deliver education and training programs to people with diabetes and related healthcare professionals. The NDSS is a key mechanism to achieve the Australian Government's goals as described in the *Australian National Diabetes Strategy 2021-2030* (National Diabetes Strategy) ([www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030.pdf](http://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030.pdf)).

The key objectives of the NDSS are to:

- ensure Australians diagnosed with diabetes are provided with information to assist them in understanding their condition, and the products and resources available to them;
- facilitate training for patients, carers and health professionals in relation to best-practice diabetes care; and
- provide access to subsidised products for the management of diabetes.

Diabetes Australia (DA) has been responsible for administering and delivering the NDSS on behalf of the Commonwealth since its inception and is the national body for people affected with all types of diabetes that provides education, care and advocacy for people living with diabetes. As the NDSS administrator, DA manages engagement with people registered with the NDSS including enrolment of new participants and ongoing engagement, the development and delivery of training and support services, management of NDSS information technology systems, and coordination of product ordering and supply arrangements. The role of the NDSS Administrator does not currently include the supply and delivery of NDSS products.

DA has agreements with NDSS agents in all states and territories for providing training, education and other support for people with diabetes. This includes maintaining the NDSS website, helpline, online courses, factsheets and other materials, and face to face training activities. The NDSS website provides a comprehensive range of support including topic specific information and online resources, online and face-to-face training and educational activities including, but are not limited to:

- Beat It program – an eight-week group exercise and lifestyle program to help people better manage diabetes and improve general health;
- Dose Adjustment For Normal Eating (DAFNE) – a five-day training program for people with type 1 diabetes;
- Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) – a two-day training program for people with type 2 diabetes;
- Keepsight program for people with diabetes which is a national diabetes eye check reminder program;
- Diabetes in schools program which provides nationally consistent information and training for parents and families, principals and school staff and health professionals to ensure students with type 1 diabetes are supported to manage their condition while at school;

- Baby Steps supports women who have had gestational diabetes during pregnancy, to make healthy choices. It is designed to empower women to implement lifestyle changes and reduce their risk of developing type 2 diabetes; and
- Diabetes Yarning program – an e-learning program for people living with diabetes which provides a foundational understanding about diabetes and aims to help form positive and powerful engagement with their health care team to manage, prevent, or help care for family living with diabetes.

DA also has agreements with subcontractors to provide training and education for health professionals working with people with diabetes. The NDSS website includes a health professional section with dedicated resources and training options accessible either as self-paced online learning programs or specialist health professional run online programs. The website also includes a link to the Health Professional Portal which enables a quicker and more efficient process to register people with diabetes to the NDSS and the completion of other NDSS forms online such as for access to subsidised diabetes products. Online training options include:

- diabetes and foot health;
- diabetes and intellectually disability;
- health workforce education modules;
- National Diabetes Nursing Education Framework;
- diabetes management in aged care;
- pre-pregnancy planning and care for women with diabetes;
- Aboriginal and Torres Strait Islander Health e-learning modules to upskill Aboriginal and Torres Strait Islander health workers and practitioners to enhance their support for people living with diabetes in the community; and
- diabetes management in aged care handbook and factsheets.

When a patient is diagnosed with diabetes, their health professional can register them with the NDSS via an online portal or using a hardcopy form. Registration with the NDSS entitles the patient to access subsidised products and receive information and support services from the NDSS.

The NDSS provides subsidised diabetes products to eligible people for the self-management of their condition. The scheme provides access to syringes and needles, blood glucose test strips, urine ketone test strips, insulin pump consumables and continuous glucose monitoring (CGM) products.

As of 1 April 2017, access to subsidised CGM products has been provided through the NDSS. CGM products are supplied in a similar manner to other NDSS products. CGM products are available to people with type 1 diabetes, and to people under 21 years old who have certain conditions similar to type 1 diabetes.

All NDSS products are approved by the Therapeutic Goods Administration and are listed on the Australian Register of Therapeutic Goods. These products are supplied to the eligible people through community pharmacies by wholesalers known as Community Service Obligational Distributors.

Funding amount and arrangements, merits review and consultation

Existing funding of \$195.6 million over four years from 2025-26 has been allocated for this item. Funding will come from Program 2.7: Assistance through Aids and Appliances, which is part of Outcome 2. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9, Health and Aged Care Portfolio* at page 77.

DA was engaged in 2021 to administer the NDSS following the publication of a grant opportunity on 11 March 2021 (Ref: GO4707). The grant opportunity was conducted in accordance with the PGPA Act and the then *Commonwealth Grants Rule and Guidelines 2017*. The grant agreement with DA will expire on 30 June 2026.

Funding arrangements for the administration of the NDSS from 1 July 2026 will be delivered by the department through a procurement or one-off grant arrangement in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rules, the *Commonwealth Procurement Rules* (CPRs) and the CGRPs. Information about new grant opportunity guidelines or approach to market will be published respectively on the GrantConnect website ([www.grants.gov.au](http://www.grants.gov.au)) or made available on AusTender ([www.tenders.gov.au](http://www.tenders.gov.au)).

All grant and procurement decisions are based on value for money, including capability and capacity to deliver, and price and risk considerations.

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth grant funding provided to the eligible organisation. The delegate will be at SES band 1 level or SES band 2 level and have the appropriate experience and knowledge to exercise this function.

The following delegates of the Secretary of the department will make final decisions for any procurement processes based on their appropriate skills and experience:

- Director (EL2) – Diabetes Support and CSO Section;
- Assistant Secretary (SES Band 1) – Pharmacy Branch;
- First Assistant Secretary (SES band 2) – Technology Assessment and Access Division; and
- Deputy Secretary (SES Band 3) – Health Resourcing Group.

The delegate will perform their powers consistent with the PGPA Act and the FFSP Act. The delegate will have sufficient understanding and oversight of the program to comply with the department's financial accountability requirements. This would be appropriate as it is anticipated that some procurements will be low value and within the delegation of EL2 officers. Administering the procurements in accordance with the approved financial delegations will support the department to deliver the procurement expenditure effectively and efficiently in line with the intent of the financial delegation's framework, while complying with all the department's financial accountability and spending requirements.

Funding decisions related to the grant process are not considered suitable for independent merits review. The funding relates to the provision of a one-off grant to a certain service provider, DA, for a specific purpose and an allocation already made from the funding would be affected by overturning the original decision including the impact on any individuals who are receiving support under the NDSS.

Funding decisions related to the procurement process are also not considered suitable for independent merits review because the funding decision will relate to the allocation of finite resources and an allocation already made from the funding would be affected by overturning the original decision.

The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

Further, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The NDSS is a long-running program that delivers life-saving support to people with diabetes. Consequently, the program has strong support within the diabetes community. The NDSS is currently administered by DA, the peak body for diabetes in Australia. The department works closely with DA on the administration of the NDSS and the continued operation of the scheme is considered a core component of the Australian Government's support for people with diabetes. The department considers that public consultation is not required as the fundamental objectives of the NDSS have not changed.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the social welfare power (section 51(xxiiiA));
- the external affairs power (section 51(xxix)); and
- the executive power and the express incidental power and (sections 61 and 51(xxxix)).

### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits including sickness benefits.

The NDSS provides subsidised syringes, needles, blood glucose test strips, urine ketone test strips, insulin pump consumables and CGM products to people with diabetes.

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(1) recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. Article 12(2)(c) refers to steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and Article 12(2)(d) refers to ‘creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The NDSS offers a range of activities for supporting people with diabetes, such as facilitating support, training and outreach for health professionals within the diabetes sector. In addition, education to manage diabetes is provided through the NDSS National Helpline and NDSS website.

### *Executive power and express incidental power*

The express incidental power in section 51(xxxix) of the Constitution empowers the Parliament to make laws with respect to matters incidental to the execution of any power vested in the Parliament, the executive or the courts by the Constitution. Section 61 of the Constitution supports activities that are peculiarly adapted to the government of a nation and cannot be carried out for the benefit of the nation otherwise than by the Commonwealth.

The NDSS facilitates the delivery of nationally consistent support services to people with diabetes using the state and territory agent organisations. Further, NDSS engages with the state and territory diabetes organisations and the Australian Diabetes Educators Association to support the delivery of the scheme.

### *Table item 734 – Rural and Remote Pharmacy Workforce Program*

New **table item 734** establishes legislative authority for government spending for the Rural and Remote Pharmacy Workforce Program (the program).

Pharmacy Programs are Australian Government funded programs that deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. Pharmacy Programs have been periodically established as part of Community Pharmacy Agreements (CPA). The First CPA was established in 1990 through to the Eighth CPA, signed in 2024.

These patient-focussed Programs and services support access to medicines, minimising adverse medicine events and support medication compliance and the quality use of medicines. The intent of these Programs is directly linked to a number of government and industry policies and frameworks including the Australia’s *National Medicines Policy 2022*

([www.health.gov.au/sites/default/files/2022-12/national-medicines-policy.pdf](http://www.health.gov.au/sites/default/files/2022-12/national-medicines-policy.pdf)), the *National Agreement on Closing the Gap* ([www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf](http://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf)), the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* ([www.health.gov.au/sites/default/files/2025-01/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031\\_0.pdf](http://www.health.gov.au/sites/default/files/2025-01/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_0.pdf)), the *Australia's Primary Health Care 10 Year Plan 2022-2032* ([www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032.pdf](http://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032.pdf)), Pharmaceutical Society of Australia's National Competency Standards and the Aged Care Quality Standards.

From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a CPA will continue to operate independently of the current Eighth and future CPAs. Table item 734 provides legislative authority for ten initiatives within this program, which was previously established through the third CPA.

The following ten initiatives intend to increase the rural pharmacy workforce and thereby support access to Pharmaceutical Benefits Scheme (PBS) medicines and pharmacy services for people living in rural and remote regions of Australia.

#### *Rural Continuing Professional Education (RCPE) Allowance*

The RCPE Allowance assists pharmacists from rural and remote areas to access Continuing Professional Development (CPD) activities by providing financial support for travel and accommodation. The RCPE Allowance also provides funding for professional educators to travel to a rural location to deliver CPD activities to a group of practising pharmacists.

Participants can be practising pharmacists, intern pharmacists, a pharmacist re-entering the workforce in a rural location, or professional educator delivering CPD activities in a rural location. Participants apply through the Pharmacy Programs Administrator (PPA) portal.

The PPA is responsible for administering, processing and paying claims for pharmacy programs funded by the Australian Government. The PPA also undertakes monitoring and compliance activities to ensure that programs are being delivered according to the established rules.

#### *Intern Incentive Allowance for Rural Pharmacies (IIARP)*

The IIARP is aimed at improving the rural and remote workforce by providing incentive payments to pharmacy owners or eligible hospital authorities offering a placement for a pharmacy graduate during their intern year in a rural or remote pharmacy.

Participants are eligible pharmacies and hospital authorities in rural or remote areas. Participants must register for the IIARP through the PPA portal and once successfully registered, participants must then submit an application for the IIARP.

#### *Intern Incentive Allowance for Rural Pharmacies – Extension Program (IIARP-EP)*

The IIARP-EP improves the rural and remote workforce by providing funding to community pharmacies located in rural and remote communities in order to retain newly registered pharmacists beyond their internship training year.

Participants are community pharmacies located within modified Monash areas with a classification of five to seven. Participants must register for the IIARP-EP through the PPA portal and once successfully registered, participants must then submit an application for the IIARP-EP.

#### *Rural Intern Training Allowance (RITA)*

The RITA provides financial support for pharmacy interns practicing in rural and remote areas to access compulsory training activities required as part of their Intern Training Program.

Participants are intern pharmacists practicing in rural and remote areas. Participants must register for the RITA through the PPA Portal and once successfully registered, participants must then submit an application for the RITA.

#### *Emergency Locum Service (ELS)*

The ELS provides support to pharmacy owners in rural and remote areas through direct access to pharmacist locums in emergency situations such as illness, bereavement, or family emergencies. The service aims to place a locum in any location in Australia within 24 hours, for a maximum of seven days.

Participants are rural pharmacies in modified Monash categories three to seven in true emergency situations. Applications can be made via an online form or contacting the ELS line by phone.

#### *Rural Pharmacy Scholarship Scheme (RPSS)*

The RPSS provides financial support to students from rural and remote communities to undertake undergraduate or postgraduate studies in pharmacy at university. Scholarship holders are encouraged to seek employment in rural and remote areas following graduation.

Eligible participants must be fulltime students studying to be a pharmacist from rural and remote communities. Participants apply for the RPSS through the PPA portal during the opening round from November to January each year.

#### *Rural Pharmacy Scholarship Mentor Scheme (RPSMS)*

The RPSMS aims to encourage and support Aboriginal and Torres Strait Islander scholars and scholars from rural and remote locations to undertake undergraduate and graduate studies in pharmacy at an Australian university, by providing guidance and support from a practising rural pharmacist mentor during each year of their pharmacy studies. Mentors can choose to be paid for participating in the scheme and if so, can receive a payment per mentored scholar per year.

Eligible participants must be fulltime students studying to be a pharmacist from rural and remote communities. Participants apply for the RPSMS through the PPA portal during the opening round from November to January each year.



### *Rural Pharmacy Student Placement Allowance (RPSPA)*

The RPSPA program provides financial support to Australian universities to facilitate pharmacy student placements in rural and remote communities. The RPSPA assists with students' travel and accommodation costs for participating in placements in rural and remote areas. The RPSPA aims to facilitate positive rural and remote placement experiences for pharmacy students to encourage students to return to rural and remote communities upon graduation. Pharmacy schools receive support for administration of rural and remote placement programs via the Administrative Support to Pharmacy Schools Scheme.

Students apply directly to their university. Application forms are available from the applicant's university and are assessed by the university.

### *Administrative Support to Pharmacy Schools Scheme (ASPSS)*

The ASPSS provides support to pharmacy schools for administration of rural and remote placement programs. Only universities can deliver ASPSS. Additionally, the university must be registered for RPSPA. Participating universities must enter into a formal agreement with the PPA.

### *Rural Pharmacy Liaison Officer Program (RPLO)*

The RPLO aims to support pharmacists and pharmacy students practising in rural and remote areas and to deliver local programs that support clinical placements and promote intra-professional collaboration and support. These local programs facilitate professional development and networking opportunities between pharmacies, pharmacy departments, pharmacists, pharmacy students, and university pharmacy schools.

Universities participating in the RPLO will enter into a contract with the PPA for the delivery of local rural program and services.

### *Funding amount and arrangements, merits review and consultation*

Funding of \$6.9 million over three years from 2025-26 (and \$3.5 million per year ongoing) has been allocated specifically for the program. Funding for the item will come from Program 2.3: Pharmaceutical Benefits, which is part of Outcome 2. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9 Health and Aged Care Portfolio* at page 76.

Eligibility for funding under each initiative within the program will be determined by the Commonwealth in accordance with agreed program rules specific to each pharmacy program and as per the requirements of the PGPA Act and the CPRs.

Funding will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CPRs. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding for the program. The delegate will be at SES Band 1 level and have appropriate experience and knowledge to exercise this function.

Information about the resultant contracts will be made available on AusTender ([www.tenders.gov.au](http://www.tenders.gov.au)) once the contracts are signed. Procurement decisions will be based on value for money, including capability and capacity to deliver, and price and risk considerations. After execution of contracts, the department will manage the contracts and make the required payments based on the contracts. Pharmacy Programs data is published on the department's website at [www.health.gov.au/resources/collections/pharmacy-programs-data](http://www.health.gov.au/resources/collections/pharmacy-programs-data). Data is updated quarterly for Rural Support Pharmacy Programs.

Funding decisions for the program are not considered suitable for independent merits review as only applicants that satisfy the eligibility criteria will be selected. The decision to fund the program is to ensure the active participation of tertiary pharmacy students in the pharmacy sector. The benefits of training and educating tertiary students is not directed towards the circumstances of particular persons but rather applies generally to the community, and is therefore considered to be unsuitable for review.

The program by its nature is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The future operation of Pharmacy Programs has involved extensive consultations with a broad range of stakeholders stemming from negotiations of the Eighth CPA in August 2023 to May 2024. Over 100 meetings were held with more than 20 organisations comprising pharmacy sector representative bodies, and consumer and Indigenous representative groups, including the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, the National Aboriginal Community Controlled Health Organisation and the Consumers Health Forum of Australia.

During these consultations, there was strong support for the continuation of rural support programs targeted at providing programs and services to support access to PBS medicines for people living in rural and remote regions of Australia.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the external affairs power (section 51(xxix));
- the social welfare power (section 51(xxix)); and
- the race power (section 51(xxvi)).

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to ‘external affairs’. The external affairs power supports legislation implementing Australia’s international obligations under treaties to which it is a party.

### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(2)(c) refers to steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and Article 12(2)(d) refers to ‘creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program provides improved access to PBS medicines and pharmacy services for people living in rural and remote areas, including through workforce support services to increase the rural pharmacy workforce. Improved access to medicines and services in these areas contributes to the effective prevention, treatment and control of diseases.

### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including sickness benefits and pharmaceutical benefits.

The program will involve the provision of medicine and pharmacy services to persons in need, for the treatment of medical conditions.

### *Race power*

Section 51(xxvi) of the Constitution empowers the Parliament to make laws with respect to ‘the people of any race for whom it is deemed necessary to make special laws’.

Certain activities funded under the program directed specifically towards Aboriginal and Torres Strait Islander peoples. Such as the RPSMS, which aims to encourage and support Aboriginal and Torres Strait Islander scholars to undertake undergraduate and graduate studies in pharmacy at Australian universities.

### *Table item 735 – Medication Management Reviews and Quality Use of Medicines Program*

New **table item 735** establishes legislative authority for government spending for the Medication Management Reviews and Quality Use of Medicines Program (the program).

The program forms part of the broader suite of Pharmacy Programs, funded by the Government to deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. Pharmacy Programs and services support access to medicines, minimising adverse medicine events and support medication compliance and the quality use of medicines.

From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a CPA will continue independently of the current Eighth and future CPAs.

Table item 735 will support five specific initiatives under the program on the quality use of medicines and assist with minimising adverse medicine events, including through medication reviews conducted by a credentialed pharmacist within an Australian Government funded aged care facility or a patient's home, and through support to Indigenous Health Services (IHS) contributing to the improvement of Quality Use of Medicines and health outcomes for Aboriginal and Torres Strait Islander people.

### *Home Medicines Review (HMR) Program*

The HMR Program aims to support the quality use of medicines and assist in minimising adverse medicine events by helping people to better understand and manage their medicines through a medication review conducted by a credentialed pharmacist in the home. Patients are eligible to participate in a HMR if they meet the following eligibility criteria:

- hold a current Medicare card or a Department of Veterans' Affairs (DVA) card;
- live in a community setting;
- are at risk of, or experiencing, medication misadventure; and
- referring medical practitioner confirms that there is an identifiable clinical need for a HMR service.

A patient or their carer cannot self-refer to the HMR Program. If the patient has not been identified by the referrer, a recommendation based on the patient's current clinical need should be provided to the referrer. The recommendation may be provided by a Registered Pharmacist, the patient/carer or another health care professional. However, the referrer is required to provide the initial referral. A patient can only be referred to the HMR Program by the following types of medical practitioners registered with the Medical Board of Australia:

- General practitioner (GP);
- Specialists in Pain Medicine;
- Specialist Physicians;
- Specialist Psychiatrists; or
- Specialists in Palliative Medicine.

### *Home Medicines Review (HMR) Rural Loading Allowance*

The HMR Rural Loading Allowance aims to facilitate access to HMR services for patients who live in rural or remote areas. During the provision of a HMR service, the credentialed pharmacist may have to travel significant distances to conduct the HMR interviews in the patient's home.

The Rural Loading Allowance provides additional funding to contribute towards the travel costs incurred by the pharmacist in travelling to the patient's home. This allowance is designed to contribute to the costs involved and may not cover all such costs. Eligibility for the allowance is based on the location of the patient.

### *Residential Medication Management Review (RMMR)*

The RMMR aims to support the Quality Use of Medicines and assist in minimising adverse medicine events for people living in approved Australian Government-funded aged care facilities through medication reviews conducted by credentialed pharmacists in the aged care facility. Patients are eligible to participate in a RMMR if they meet the following eligibility criteria:

- hold a current Medicare card or DVA card;
- currently experiencing, or at risk of experiencing, medication misadventure;
- the referring medical professional confirms that there is an identifiable clinical need for the patient to have a RMMR Service; and
- the patient is a:
  - permanent resident of an Australian Government-funded aged care facility as defined by the *Aged Care Act 1997*; or
  - permanent resident of a multi-purpose service facility; or
  - permanent resident in a facility receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFA) program; or
  - resident in an Australian Government-funded transition care facility for more than 14 consecutive days.

If the patient has not been identified by a medical practitioner (the referrer), a recommendation based on the patient's clinical need may be provided by the Community Pharmacy or Credentialed Pharmacist, nursing staff or other member of the health care team, the patient themselves or their carer. However, the referrer is required to provide the initial referral.

### *Quality Use of Medicines (QUM) Program*

The QUM Program supports the delivery of services and activities by pharmacists aimed at supporting the quality use of medicines, including the safe use of medicines, within Australian Government-funded aged care facilities. In order for a facility to participate in the QUM program it must be either:

- an Aged Care Facility that receives residential care facility subsidy from the Australian Government in accordance with the *Aged Care Act 1997*; or
- an Australian Government-funded Transition Care Facility; or
- a Multi-Purpose Service providing integrated health and aged care services to small rural and remote communities; or
- a facility receiving funding under the NATSIFAC program; and
- not be participating in the Aged Care On-site Pharmacist Measure.

Activities that can be provided under the QUM Program include (but are not limited to):

- medication advisory activities;
- education activities; and
- continuous improvement activities.

### *Indigenous Health Services Pharmacy Support (IHSPS) Program*

The IHSPS Program supports quality use of medicines services provided by IHS and service providers that contribute to the improvement of quality use of medicines and health outcomes for Aboriginal and Torres Strait Islander people.

To be eligible to participate, IHS (National Aboriginal Community Controlled Health Organisations (NACCHO) and State-run) must:

- be funded by the department's First Nations Health Division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples; or
- be an IHS approved to participate in the Remote Area Aboriginal Health Services (RAAHS) Program, and agree to the IHSPS Program Rules and the Pharmacy Programs Administrator General Terms and Conditions (PPA General Terms).

An IHS may choose to enter into a service agreement with an eligible service provider to provide all Quality Use of Medicines Support activities, and to submit relevant documentation and receive payments on behalf of the IHS. To participate, eligible IHSs are required to register for the program annually via an online form, with support from the NACCHO Support Officer as required. Where an IHS is approved to participate in the RAAHS Program, it must provide an approved RAAHS ID number and details of its outstations which are approved to supply PBS medicines to its clients.

#### Funding amount and arrangements, merits review and consultation

Funding of \$91.4 million over two years from 2025-26 (and \$45.2 million per year ongoing) has been allocated specifically for the program. Funding for the item will come from Program 2.3: Pharmaceutical Benefits, which is part of Outcome 2. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9 Health and Aged Care Portfolio* at page 76.

Eligibility for funding under each initiative within the program will be determined by the Commonwealth in accordance with agreed program rules and as per the requirements of the PGPA Act and the CPRs.

Funding will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CPRs. A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding for the program. The delegate will be at SES Band 1 level and have appropriate experience and knowledge to exercise this function.

Information about the resultant contracts will be made available on AusTender ([www.tenders.gov.au](http://www.tenders.gov.au)) once the contracts are signed. Procurement decisions will be based on value for money, including capability and capacity to deliver, and price and risk considerations. After execution of contracts, the department will manage the contracts and make the required payments based on the contracts. Pharmacy Programs data is published on the department's website and data is updated monthly for Medication Management Review programs.

Funding decisions for the program are not considered suitable for independent merits review as only applicants that satisfy the eligibility criteria will be selected. The decision to fund the program is to ensure a wide range of health benefits to Australians, including elderly and Indigenous persons. The benefits of the program are not directed towards the circumstances of particular persons but rather applies generally to the community and is therefore considered to be unsuitable for review.

The program by its nature is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The future operation of Pharmacy Programs has involved extensive consultations with a broad range of stakeholders stemming from negotiations of the Eighth CPA in August 2023 to May 2024. Over 100 meetings were held with more than 20 organisations comprising pharmacy sector representative bodies, and consumer and Indigenous representative groups, including the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, the NACCHO and the Consumers Health Forum of Australia.

During these consultations, there was broad support for the continuation of medication management review programs supporting the quality use of medicines and assisting with minimising adverse medicine events. This included strong support for the continuation of medication reviews conducted by a credential pharmacist within an Australian Government funded aged care facility or a patient's home, quality use of medicines services for Australian Government funded aged care facilities and support to Indigenous Health Services contributing to the improvement of Quality Use of Medicines and health outcomes for Aboriginal and Torres Strait Islander people.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the following powers of the Constitution:

- the external affairs power (section 51(xxix));
- the social welfare power (section 51(xxiiiA)); and
- the race power (section 51(xxvi)).

### *External affairs power*

Section 51(xxix) of the Constitution empowers the Parliament to make laws with respect to 'external affairs'. The external affairs power supports legislation implementing Australia's international obligations under treaties to which it is a party.

### *ICESCR*

Australia is a party to the ICESCR. Article 2 of the ICESCR provides the general obligation of States Parties to undertake steps, including the adoption of legislative measures, to achieve the full realisation of the rights recognised in the Covenant. Article 12(2)(c) refers to steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and Article 12(2)(d) refers to ‘creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

This program will support the understanding and use of medicines, with the aim of preventing, treating and controlling diseases.

### *Social welfare power*

The social welfare power in section 51(xxiiiA) of the Constitution empowers the Parliament to make laws with respect to the provision of certain social welfare benefits, including sickness and pharmaceutical benefits, as well as medical services (but not as to authorise any form of civil conscription).

The program involves the provision of medical services to treat medical conditions, and the provision of material aid in relation to individuals’ pharmaceutical wants.

### *Race power*

Section 51(xxvi) of the Constitution empowers the Parliament to make laws with respect to ‘the people of any race for whom it is deemed necessary to make special laws’.

Certain activities under the program are directed specifically towards Aboriginal and Torres Strait Islander peoples, including supporting their access to dedicated health services such as the Indigenous Health Services.

### *Table item 736 – Indigenous Pharmacy Workforce Program*

New **table item 736** establishes legislative authority for government spending for the Indigenous Pharmacy Workforce Program (the program).

The program forms part of the broader suite of Pharmacy Programs, funded by the Government to deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. Pharmacy Programs and services support access to medicines, minimising adverse medicine events and support medication compliance and the quality use of medicines.

From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a CPA will continue independently of the current Eighth and future CPAs. Table item 736 provides legislative authority for two schemes within the program, which was previously established through the Third and Fourth CPA.



The program aims to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce, both as pharmacists and pharmacy assistants, and thereby better meet the needs of Aboriginal and Torres Strait Islander people in accessing pharmacy services. The program is delivered under an arrangement with Australian Healthcare Associates who operate as the PPA and administer, process, and pay claims for the program.

The program's overall outcomes are to support the provision of culturally appropriate services and supports for scholarships to Aboriginal and Torres Strait Islander students to undertake university studies in pharmacy, and funding to eligible pharmacies to support and increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce, and includes the following two schemes:

*Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)*

The ATSIPSS aims to encourage Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate entry studies in pharmacy at an Australian university. To be eligible to apply for the ATSIPSS, students must be:

- an Australian citizen or permanent resident;
- of Aboriginal and/or Torres Strait Islander descent;
- enrolled (or accepted for enrolment) as a full-time student at an Australian university in an undergraduate or graduate degree that leads to a registrable qualification as a pharmacist;
- a member of their university's student Rural Health Club or the university's affiliated Rural Health Club; and
- not currently in receipt of a scholarship under the Rural Pharmacy Scholarship Scheme.

Eligible Aboriginal and Torres Strait Islander students must submit an electronic application during the Annual Round, open from November to January each year via the PPA Portal.

*Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)*

The ATSIPATS aims to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce to assist pharmacies to better meet the needs of their local communities. The scheme provides allowance payments to eligible pharmacies that employ and support Aboriginal and/or Torres Strait Islander pharmacy assistants to complete a nationally accredited pharmacy assistant training course.

To be considered eligible for the ATSIPATS, the community pharmacy must employ or already have employed a pharmacy assistant who:

- is an Australian citizen;
- is of Aboriginal or Torres Strait Islander descent and provides evidence either by:
  - a completed Self-Identification Form;
  - a letter of confirmation; or
  - evidence obtained from an incorporated Aboriginal or Torres Strait Islander community organisation;
- undertakes a nationally accredited pharmacy assistant training course;
- will complete the training course within two years of receipt of advice that funding has been approved;
- agrees to the reporting requirements in the agreed program rules; and

- consents to disclosure of personal information for the purpose of monitoring, managing and promoting the allowance.

An eligible community pharmacy must employ and support an Aboriginal and/or Torres Strait Islander pharmacy assistant to complete a nationally accredited pharmacy assistant training course. Applicants must register for the ATSIPATS program and following successful registration, make an application on the PPA Portal.

*Funding amount and arrangements, merits review and consultation*

Funding of \$0.3 million over two years from 2025-26 (and \$0.1 million per year ongoing) has been allocated specifically for the program. Funding will come from Program 2.3: Pharmaceutical Benefits, which is part of Outcome 2. Details are set out in the *Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9 Health and Aged Care Portfolio* at page 76.

Eligibility for funding under each scheme within the program will be determined by the Commonwealth in accordance with agreed program rules and as per the requirements of the PGPA Act and the CPRs. Funding will be administered in accordance with the Commonwealth resource management framework, including the PGPA Act, the PGPA Rule and the CPRs.

Australian Healthcare Associates has operated as the PPA since 2019 under a contractual arrangement with the department and will continue to administer the program until the end of the current contract on 31 December 2025. The department will undertake an open competitive tender for procurement of an administrator from 1 January 2026, which will be advertised on AusTender ([www.tenders.gov.au](http://www.tenders.gov.au)).

A delegate of the Secretary of the department under the FFSP Act will be responsible for approving Commonwealth funding for the program. The delegate will be at SES Band 1 level and have appropriate experience and knowledge to exercise this function.

Information about the resultant contracts will be made available on AusTender once the contracts are signed. Procurement decisions will be based on value for money, including capability and capacity to deliver, and price and risk considerations. After execution of contracts, the department will manage the contracts and make the required payments based on the contracts. Pharmacy Programs data is published on the department's website and data is updated quarterly for Rural Support and Aboriginal and Torres Strait Islander Pharmacy Programs.

Funding decisions for the program are not considered suitable for independent merits review as only applicants that satisfy the eligibility criteria will be selected. The decision to fund the program is to ensure the active participation of Indigenous persons in the pharmacy sector. The benefits of training and educating Indigenous persons is not directed towards the circumstances of particular persons but rather applies generally to the community and is therefore considered to be unsuitable for review.

The program by its nature is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the ARC to be inappropriate for merits review. The ARC has recognised that it is justifiable to exclude merits review in relation to decisions of this nature (see paragraphs 4.11 to 4.19 of the ARC guide).

The review and audit process undertaken by the ANAO also provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

In any case, the right to review under section 75(v) of the Constitution and review under section 39B of the *Judiciary Act 1903* may be available. Persons affected by spending decisions would also have recourse to the Commonwealth Ombudsman where appropriate.

The future operation of Pharmacy Programs has involved extensive consultations with a broad range of stakeholders stemming from negotiations of the Eighth CPA in August 2023 to May 2024. Over 100 meetings were held with more than 20 organisations comprising pharmacy sector representative bodies and consumer and Indigenous representative groups, including the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, the NACCHO and the Consumers Health Forum of Australia.

During these consultations, there was strong support for the continuation of Pharmacy Programs targeted at providing culturally specific supports for Aboriginal and Torres Strait Islander pharmacy students and for supporting increased Aboriginal and Torres Strait Islander participation in the pharmacy workforce.

### Constitutional considerations

Noting that it is not a comprehensive statement of relevant constitutional considerations, the objective of the item references the race power (section 51(xxvi)) of the Constitution.

### *Race power*

Section 51(xxvi) of the Constitution empowers the Parliament to make laws with respect to ‘the people of any race for whom it is deemed necessary to make special laws’.

Activities under the program are directed specifically towards Aboriginal and Torres Strait Islander peoples.

## **Statement of Compatibility with Human Rights**

Prepared in accordance with Part 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*

### ***Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025***

This disallowable legislative instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the legislative instrument**

Section 32B of the *Financial Framework (Supplementary Powers) Act 1997* (the FFSP Act) authorises the Commonwealth to make, vary and administer arrangements and grants specified in the *Financial Framework (Supplementary Powers) Regulations 1997* (the Principal Regulations) and to make, vary and administer arrangements and grants for the purposes of programs specified in the Regulations. Schedule 1AA and Schedule 1AB to the Principal Regulations specify the arrangements, grants and programs. The powers in the FFSP Act to make, vary or administer arrangements or grants may be exercised on behalf of the Commonwealth by Ministers and the accountable authorities of non-corporate Commonwealth entities, as defined under section 12 of the *Public Governance, Performance and Accountability Act 2013*.

The *Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 2) Regulations 2025* (the Regulations) amend Schedule 1AB to the Principal Regulations to establish legislative authority for government spending on activities to be administered by the Department of Health, Disability and Ageing (the department).

This disallowable legislative instrument makes the following amendments to Part 3 of Schedule 1AB:

- adds table item 89 ‘Grant to the Australasian Professional Society on Alcohol & Other Drugs’;
- adds table item 90 ‘Grant to the Alcohol and Drug Foundation Incorporated—Alcohol and Drug Information Network’;
- adds table item 91 ‘Grant to the University of Sydney’;
- adds table item 92 ‘Grant to the University of Newcastle’;

and the following amendments to Part 4 of Schedule 1AB:

- amends table item 207 ‘Digital technologies for mental health’;
- adds table item 726 ‘Administration of the National Joint Replacement Registry’;
- adds table item 727 ‘Long-Acting Reversible Contraception Centres of Excellence Program’;
- adds table item 728 ‘Endometriosis and Pelvic Pain Clinic Program’;
- adds table item 729 ‘Fetal Alcohol Spectrum Disorder Diagnostic Program’;
- adds table item 730 ‘Support for the United Nations Office on Drugs and Crime’;
- adds table item 731 ‘Supporting Living Organ Donors Program’;

- adds table item 732 ‘Primary Health Networks Commissioning of Multidisciplinary Teams’;
- adds table item 733 ‘Administration and Delivery of Services for the National Diabetes Services Scheme’;
- adds table item 734 ‘Rural and Remote Pharmacy Workforce Program’;
- adds table item 735 ‘Medication Management Reviews and Quality Use of Medicines Program’; and
- adds table item 736 ‘Indigenous Pharmacy Workforce Program’;

Table item 89 – Grant to the Australasian Professional Society on Alcohol & Other Drugs

New table item 89 establishes legislative authority for the Government to provide a grant to the Australasian Professional Society on Alcohol & Other Drugs (APSAD) to publish and distribute the Drug and Alcohol Review (DAR) journal.

The DAR is the only professional journal covering the alcohol and other drugs (AOD) field produced within Australia and represents an important source of information to clinicians, researchers, policy makers and AOD service administrators.

Funding of \$40,000 from 2025-26 is provided to the APSAD to support its efforts to increase access to quality research and data within Australia. In publishing the DAR, the APSAD will aim to:

- expand the amount and quality of research in the AOD sector;
- expand access to emerging research in AOD harms prevention; and
- encourage, and participate in, collaboration within the AOD research community.

### **Human rights implications**

Table item 89 engages the right to health – Article 12 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR), read with Article 2.

Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

Harmful drug and alcohol use is a significant contributor to disease burden and the research published by the DAR related to drug and alcohol use and treatment will inform and educate a range of stakeholders in addressing this issue.

Table item 89 is compatible with human rights because it would promote or positively affect human rights.

Table item 90 – Grant to the Alcohol and Drug Foundation Incorporated—Alcohol and Drug Information Network

New table item 90 establishes legislative authority for the Government to provide a grant to the Alcohol and Drug Foundation Incorporated (ADF) to support education, prevention and early intervention activities and promote evidence-based information about AOD's through the Alcohol and Drug Information Network (ADIN).

Grant funding of \$2.6 million over four years from 2025-26 is provided to the ADF to:

- maintain and enhance Alcohol and Drug Information Network (ADIN) as a central point of access to quality-assured, internet-based AOD information;
- ensure that ADIN remains a comprehensive and accessible source of evidence-based information to prevent and reduce AOD-related harm;
- maintain and enhance the ADIN as an effective and cost-efficient service; and
- undertake an evaluation of the ADIN project.

### **Human rights implications**

Table item 90 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the *International Covenant on Civil and Political Rights* (ICCPR), read with Article 2.

#### Right to health

Article 2(1) of the ICESCR requires each State Party to 'take steps... to the maximum of its available resources, with a view to achieving progressively the full realization' of the rights recognised in the ICESCR 'by all appropriate means, including particularly the adoption of legislative measures'.

Article 12(1) of the ICESCR recognises the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.

Articles 12(2)(c) and 12(2)(d) of the ICESCR requires Australia to take steps necessary for 'the prevention, treatment and control of epidemic, endemic, occupational and other diseases' and 'the creation of conditions which would assure to all medical service and medical attention in the event of sickness'.

Research related to AOD use and treatment, and the provision of information and education to the public aims to reduce harmful drug and alcohol use, which is a significant contributor to disease burden.

### Right to self-determination

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

Resources created to support Indigenous Australians in accessing information about alcohol and other drugs acknowledges the right to self-determination, with ADF actively involving and engaging with Indigenous Australians in developing these resources.

Table item 90 is compatible with human rights because it would promote or positively affect human rights.

### Table item 91 – Grant to the University of Sydney

New table item 91 establishes legislative authority for the Government to provide a grant to the University of Sydney to support the continuation and ongoing maintenance of the Fetal Alcohol Spectrum Disorder (FASD) Australian Registry (FASD Registry).

The FASD Registry collects detailed information about children under fifteen years in Australia diagnosed with FASD to inform research and policy making and provides information to families about new support services, treatments and clinical trials.

Funding of \$0.2 million in 2025-26 will be provided to the University of Sydney with the following intended outcomes:

- increasing availability of national FASD epidemiological data through the maintenance of a central database; and
- continual and efficient analysis of FASD epidemiological data to monitor trends and outcomes in Australia’s population and support the development of evidence-based treatment, research, national policy and service delivery.

### **Human rights implications**

Table item 91 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2;
- the right of all persons to take part in cultural life – Article 15 of the ICESCR;
- the rights of people with disability – Article 9 of the *Convention on the Rights of Persons with Disabilities* (CRPD), read with Article 4; and
- the rights of the child – Articles 23 and 24 of the *Convention of the Rights of the Child* (CRC), read with Article 4.

### Right to health

Article 2 of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realisation’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Continued funding for the FASD Registry enables the collection of essential diagnostic data that can be used to guide the development of targeted research, early intervention strategies, and evidence-based programs that address the complex health and developmental needs of individuals living with FASD. Moreover, the FASD Registry supports more equitable access to diagnosis and care by identifying service gaps and informing policy at national and regional levels - with the aim of improving the quality of life, health outcomes, and social inclusion of those affected by FASD across Australia.

### Right of all persons to take part in cultural life

Article 15 of the ICESCR states, relevantly, that the States Parties recognise the right of everyone to take part in cultural life and that the steps to be taken by the States Parties to achieve the full realisation of this right shall include those necessary for the conservation, the development and the diffusion of science and culture.

Continued funding for the FASD Registry will further expand the scope of FASD diagnostic and case data collected, particularly with respect to individuals from diverse cultural backgrounds. The FASD Registry will enable a more inclusive understanding of how FASD affects different communities; and this culturally informed data can be used to tailor research, policies, and service delivery in way that are respectful of, and responsive to, the values, practices, and need of various cultural groups. In doing so, the FASD Registry promotes culturally appropriate care and ensures that all communities, including First Nations peoples and other priority groups, are considered in the national response to FASD.

### Right of people with disability

Article 4 of the CRPD provides that States Parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Article 4(d) of the CRPD requires States Parties to undertake to ‘refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention’.

Article 9 of the CRPD – to enable persons with disabilities to live independently and participate fully in all aspects of life, parties to the CRPD shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.



The FASD Registry actively supports the realisation of the rights of people with disability. By collecting comprehensive diagnostic data on individuals with FASD, the FASD Registry provides a critical evidence base for research and the development of targeted programs aimed at improving the quality of life of affected individuals, their families, and communities. This includes promoting access to appropriate health, education, and social services that enable full participation in community life free from discrimination; and supporting the design of inclusive policies and services that uphold their dignity, autonomy, and equality of opportunity.

### *Rights of the child*

Article 4 of the CRC requires that States Parties to the CRC shall undertake all appropriate legislative, administrative, and other measures for the implementation of all rights under the CRC.

Article 23 of the CRC requires that ‘States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community’.

Article 24(1) of the CRC requires that ‘States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services’.

The FASD Registry enables the collection and use of detailed diagnostic data to inform research policy and service delivery. The data supports the development of targeted health and support programs for children with FASD, ensuring they receive timely, appropriate care and interventions. The FASD Registry also facilitates access to clinical trials and resources, helping families connect with services that promote the child’s physical and mental wellbeing. The FASD Registry plays a key role in improving outcomes for children living with FASD, ensuring that they are supported to reach their full potential.

Table item 91 is compatible with human rights because it would promote or positively affect human rights.

### *Table item 92 – Grant to the University of Newcastle*

New table item 92 establishes legislative authority for the Government to provide a grant to the University of Newcastle to deliver the SMS4dads project.

SMS4dads forms part of the Digital Mental Health Program, which aims to improve the mental health and wellbeing of all Australians, including a focus on suicide prevention.

Funding of \$1.3 million over three years from 2025-26 will be provided to support SMS4dads in:

- improving access to perinatal mental health services for underserved groups and vulnerable sectors of communities across Australia, including partners of new mothers with mental illness, young Indigenous fathers, and fathers experiencing grief following miscarriage, stillbirth or infant death;
- delivering training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery; and
- raising awareness and reducing stigma in relation to perinatal mental health for fathers.

## **Human rights implications**

Table item 92 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2; and
- the rights of people with disability – Article 9 of the CRPD, read with Article 4.

### *Right to health*

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The SMS4dads service aims to build parenting skills and knowledge and improve equitable access to information, which supports the ICESCR.

### *Right of people with disability*

Article 4 of the CRPD provides that States Parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Article 4(d) of the CRPD requires States Parties to undertake to ‘refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention’.

Article 9(1) of the CPRD provides that States Parties ‘shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas’.

SMS4dads aims to support all parents and other caregivers of children to have the confidence and skills they need to provide nurturing, safe and healthy environments, including building parenting and caregiving skills and knowledge, and improving equitable access to information.

Table item 92 is compatible with human rights because it would promote or positively affect human rights.

#### Amended table item 207 – Digital technologies for mental health

The amended table item 207 establishes legislative authority for government spending on the Digital technologies for mental health, also known as the Digital Mental Health Program (the program).

The program was announced in the 2005-06 Budget. The program aims to improve the mental health and wellbeing of all Australians, including a focus on suicide prevention, by improving equity of access to services, including better access to, and choice in, high quality, free and low-cost digital mental health services. The program provides targeted mental health and suicide prevention support to priority population groups, including First Nations people, culturally and linguistically diverse communities and LGBTIQ+ communities.

The amendment to table item 207 is required to support the program's broadened scope to deliver counselling services and peer-support services to individuals who are experiencing distress or grief, or who are at increased risk of suicide. Funding of \$45.5 million over three years from 2025-26 will be provided to continue supporting 15 organisations currently funded under the program.

#### **Human rights implications**

The amended table item 207 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2;
- the rights of women not to be discriminated against based on gender – Articles 3 and 16 of the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), read with Article 2; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the ICCPR, read with Article 2.

#### Right to health

Article 2(1) of the ICESCR requires each State Party to 'take steps... to the maximum of its available resources, with a view to achieving progressively the full realization' of the rights recognised in the ICESCR 'by all appropriate means, including particularly the adoption of legislative measures'.

Article 12(1) of the ICESCR recognises the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The respective streams aim to improve the mental health of participants, who are experiencing mental health difficulties. Some streams proactively attempt to ensure early intervention and prevent mental health difficulties, such as Stream 3 – to support the continuation of the national comprehensive stepped care navigation system (ForWhen) for families experiencing moderate to severe Perinatal and Infant Mental Health (PIMH) concerns and Stream 8 – to support the continuation of mental health services provided by the Mental Health Online.

### *Rights of women not to be discriminated against based on gender*

The CEDAW provides that States Parties must ensure the effective protection of women against acts of discrimination. Gender-based violence, including domestic and family violence, is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.

Article 2 of the CEDAW provides that States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women.

Article 3 of the CEDAW states that States Parties shall take all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 16 of the CEDAW requires States Parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.

Stream 5 of the program (Red Nose) provides support for women experiencing distress after miscarriage, stillbirth and prevent the development of mental illness. Stream 6 - Raising Children Network’s Supporting Parent Mental Health Literacy Program, aims to improve parents’ literacy of child mental health and wellbeing, by increasing the understanding of children’s emotions, behaviours and social and emotional wellbeing.

### *Right to self-determination*

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

The respective streams are available for Australians who are experiencing mental health difficulties to use. Participants can seek services for the specific mental health concern and receive support and mental health literacy. This model empowers people as treatment is the individuals’ volition.

The amended table item 207 is compatible with human rights because it would promote or positively affect human rights.

*Table item 726 – Administration of the National Joint Replacement Registry*

New table item 726 establishes legislative authority for government spending for the administration of the National Joint Replacement Registry (the NJRR).

The NJRR, established in 1999, is a world class clinical quality registry which collects information from all hospitals within Australia undertaking joint replacement surgery. Its purpose is to define, improve and maintain the quality of care for individuals receiving joint replacement surgery by collecting a defined minimum data set that enables outcomes to be determined based on patient characteristics, prosthesis type and features, method of prosthesis fixation and surgical technique used.

Funding of \$2.4 million over four years from 2025-26 is provided for the NJRR to:

- establish demographic data related to joint replacement surgery in Australia;
- provide accurate information on the use of different types of prostheses;
- determine regional variation in the practice of joint surgery;
- identify the demographic and diagnostic characteristics of patients that affect outcomes;
- analyse the effectiveness of different prostheses and treatment to specific diagnoses;
- evaluate the effectiveness of the large variety of prostheses currently on the market by analysing their survival rates;
- educate orthopaedic surgeons on the most effective prostheses and techniques to improve patient outcomes;
- provide surgeons with an auditing facility;
- provide information that can instigate tracking of patients if necessary; and
- provide information for comparison of the practice of joint replacement in Australia and other countries.

## **Human rights implications**

Table item 726 engages the following rights:

- the right to be free from torture and cruel, inhuman or degrading treatment or punishment – Article 7 of the ICCPR, read with Article 2;
- the right to health – Article 12 of the ICESCR, read with Article 2; and
- the rights of people with disability – Articles 6 and 9 of the CRPD, read with Article 4.

*Right to be free from torture and cruel, inhuman or degrading treatment or punishment*

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

Article 7 of the ICCPR recognises that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, that no one shall be subjected without his free consent to medical or scientific experimentation.

The NJRR supports Article 2 and 7 of the ICCPR as the data collected has identified several prostheses with higher-than-expected revision rates, including one partial hip prosthesis, one total conventional hip prosthesis, one total knee prosthesis, two total stemmed anatomic shoulder prostheses, and one total ankle prosthesis. These findings are critical for ongoing evaluations of prosthetic performance and patient care.

*Right to health*

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The purpose of the NJRR is to improve joint replacement outcomes by providing evidence-based data to surgeons, healthcare providers, and policymakers. The data and insights contained in the reports by the AOA aim to drive improvements in surgical techniques, prosthesis design, and overall patient care.

*Right of people with disability*

Article 4 of the CRPD provides that States Parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Article 4(d) of the CRPD requires States Parties to undertake to ‘refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention’.

Article 6 of the CRPD requires States Parties to take measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by women and girls with disabilities and that all appropriate measures are taken to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the CRPD.

Article 9(1) of the CRPD provides that States Parties ‘shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas’.

The NJRR will support this right by providing accessible information to persons with disabilities about devices and assistive technologies, assisting with the advancement and empowerment of women with disabilities and promoting the design, development, production and distribution of accessible information.

Table item 726 is compatible with human rights because it would promote or positively affect human rights.

*Table item 727 – Long-Acting Reversible Contraception Centres of Excellence Program*

New table item 727 establishes legislative authority for government spending for the Long-Acting Reversible Contraception (LARC) Centres of Excellence Program (the program).

The program aims to provide training for health professionals in LARC insertion and removal to further enhance their ability to deliver appropriate care to patients regarding LARC, including effective pain management options. The program will leverage existing infrastructure and services to increase the number of health professionals who are able to deliver appropriate care to patients. The objectives of the LARC Centre of Excellence (CoE) include:

- increasing access to LARC services to women, regardless of age, who choose LARC as their contraceptive of choice. This will build capacity within the primary care sector to better meet the needs of Australian women and address gender bias in the health system;
- serving as a referral point for health professionals to refer women where they are not trained, skilled or confident in delivering LARC services themselves; and
- increasing the number of health professionals who provide LARC insertion and removal services, particularly in rural and remote areas.

Funding of \$25.6 million over four years from 2025-26 will be provided for the program to establish eight LARC CoEs.

### **Human rights implications**

Table item 727 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2; and
- the rights of women not to be discriminated against based on gender – Articles 3 and 16 of the CEDAW, read with Article 2.

### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program would involve the delivery of LARC services that can assist in the effective management and treatment of endometriosis and other diseases. The program would also support training in delivering LARC services, which may prevent adverse outcomes arising from the poor delivery of such services.

### Rights of women not to be discriminated against based on gender

The CEDAW provides that States Parties must ensure the effective protection of women against acts of discrimination. Gender-based violence, including domestic and family violence, is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.

Article 2 of the CEDAW provides that States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women.

Article 3 of the CEDAW provides States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 16 of the CEDAW states that States Parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.

Table item 727 will have a positive impact on gender equality by addressing gender bias in the health system and supporting Australian women to exercise choice and control over their reproductive health. This will be achieved through improving contraception choice, access and affordability by increasing access to contraceptive services and reducing the out-of-pocket expenses for contraception which fall largely to women.



Contraception supports women's health outcomes by enabling them to reach their full economic and social participation, through improved management of period symptoms and preventing unintended pregnancies. LARCs in particular can be an effective management and treatment option for women experiencing heavy menstrual bleeding, severe period pain, and endometriosis.

Table item 727 is compatible with human rights because it would promote or positively affect human rights.

*Table item 728 – Endometriosis and Pelvic Pain Clinic Program*

New table item 728 establishes legislative authority for government spending for the Endometriosis and Pelvic Pain Clinic (EPPC) Program.

Funding of \$20.1 million over three years from 2025-26 is available for the EPPC Program to support the establishment of an additional 11 EPPCs in regions that do not currently commission an EPPC. EPPC's will provide direct primary care to patients and deliver activities to support women living with endometriosis, pelvic pain, perimenopause or menopause. This includes raising awareness of symptoms, building professional knowledge and skills within the primary care workforce, and improving access to information and care pathways for patients, their families and carers.

The EPPC Program aims to provide:

- increased access to an appropriately trained primary care workforce with capability and expertise in endometriosis, pelvic pain, perimenopause and menopause;
- increased capability (awareness, knowledge and skills) for primary care health professionals in the diagnosis, treatment, support, management and relief of symptoms for endometriosis, pelvic pain, perimenopause and menopause;
- improved system capacity (workforce, capital or equipment) to facilitate access to diagnosis, treatment and management of endometriosis and pelvic pain;
- improved system capacity (workforce, capital or equipment) to facilitate access to support, management and relief of symptoms for perimenopause and menopause;
- increased access to evidence-based care and support services, either through a nurse navigator or referral pathway, relating to endometriosis, pelvic pain, perimenopause and menopause;
- improved community awareness of care and support available, including diagnostic, treatment, and referral services for endometriosis, pelvic pain, perimenopause and menopause;
- increased access to evidence-based care and support services, either through a nurse navigator (nurse navigators act as an interface between primary, tertiary and community settings, to support patients) or referral pathway, relating to endometriosis, pelvic pain, perimenopause and menopause; and
- increased access to new information, support resources, care pathways and networks.

## Human rights implications

Table item 728 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2;
- the rights of women not to be discriminated against based on gender – Articles 3 and 16 of the CEDAW, read with Article 2; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the ICCPR, read with Article 2.

### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The EPPC Program works to uphold the right to health, by enabling activities that strives to assure that everyone has access to the highest standard of physical and mental health, to the maximum of Australia’s available resources.

The established EPPC’s continue to promote the right to women’s health by ensuring that women living in Australia with endometriosis, perimenopause, menopause or pelvic pain, have access to the care which they require. The EPPC Program promotes the right to health by ensuring that health professionals have access to resources which upskill and improve their clinical skills, and can provide all appropriate and required care in the event of sickness.

### Rights of women not to be discriminated against based on gender

The CEDAW provides that States Parties must ensure the effective protection of women against acts of discrimination. Gender-based violence, including domestic and family violence, is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.

Article 2 of the CEDAW provides that States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women.

Article 3 of the CEDAW which states that States Parties shall take all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 16 of the CEDAW requires States Parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.

The EPPC Program works to enable activities that will ensure that women do not face discrimination when seeking healthcare and which strengthens the right of women to not be discriminated against based on gender when seeking healthcare.

### *Right to self-determination*

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

The EPPC Program works to promote the right to self-determination for all peoples, by ensuring that there is no deprivation of a person’s own ability to pursue their economic, social and cultural development. The spending activity actively seeks to ensure that people are involved in determining health programs that affect them.

Table item 728 is compatible with human rights because it would promote or positively affect human rights.

### *Table item 729 – Fetal Alcohol Spectrum Disorder Diagnostic Program*

New table item 729 establishes legislative authority for the Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Program.

The FASD Diagnostic Program helps diagnose and support individuals with FASD, as well as their families and carers. The FASD Diagnostic Program will support an expansion of the FASD diagnostic services to ensure availability across Australia, with a particular focus on communities with relevant demonstrated need.

Grant funding of \$2.8 million in 2025-26 will be provided to the University of Sydney, University of Queensland, Monash Health and Small & Up to support the delivery of FASD diagnostic services to achieve the following intended outcomes:

- improving capacity for screening and diagnosis of FASD in Australia;
- increasing access for children and families impacted by FASD to services based on need and level of functional impairment;
- increasing understanding of the lifelong impacts of FASD, in those with the condition, their families and carers, and the community;

- ongoing data collection on the incidence of FASD using a nationally consistent diagnostic tool;
- ongoing data collection to inform a national prevalence pattern;
- establishing models of care that align with the National FASD Action Plan; and
- integrating FASD diagnosis and models of care into the local Aboriginal and Torres Strait Islander communities.

## **Human rights implications**

Table item 729 engages the following rights:

- the right to health – Article 12 of the ICESCR, read with Article 2;
- the right of everyone to enjoy the benefits of scientific progress and its applications – Article 15 of the ICESCR;
- the rights of people with disability – Articles 4, 8 and 25 of the CRPD, read with Article 4; and
- the rights of the child – Articles 18, 23 and 24 of the CRC, read with Article 4.

### *Right to health*

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

The FASD Diagnostic Program upholds the right of all people to the enjoy the benefits of scientific progress and its applications by providing increased access to trained and highly qualified health professionals who provide evidence-based assessment and intervention services.

### *Right of everyone to enjoy the benefits of scientific progress and its applications*

Article 15(1) of the ICESCR recognises the right of everyone to take part in cultural life, to enjoy the benefits of scientific progress and its applications and to benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

The FASD Diagnostic Program upholds the right of children living with disability to enjoy a full and decent life by improving access to services that support them and their families to understand their needs and gain access to the services and supports that meet their individual needs.

### *Right of people with disability*

Article 4 of the CRPD provides that States Parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Article 4(d) of the CRPD requires States Parties to undertake to ‘refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention’.

The FASD Diagnostic Program upholds the right of all people to the enjoy the highest attainable standard of physical and mental health by providing access to multidisciplinary health care which is the best practice model for the diagnosis and management of FASD.

### *Rights of the child*

Article 4 of the CRC requires that States Parties to the CRC shall undertake all appropriate legislative, administrative, and other measures for the implementation of all rights under the CRC.

Article 23(1) of the CRC requires States Parties to recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

The FASD Diagnostic Program upholds the right of children to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health by providing access to multidisciplinary health care which is the best practice model for the diagnosis and management of FASD.

Table item 729 is compatible with human rights because it would promote or positively affect human rights.

### *Table item 730 – Support for the United Nations Office on Drugs and Crime*

New table item 730 establishes legislative authority for the Government to provide support for the United Nations Office on Drugs and Crime (UNODC).

Since 2012, the Government has provided funding to UNODC to support the Joint Global Programme (JGP) to assist developing countries access internationally controlled drugs required for medical treatment, with a particular focus on providing access to essential pain medication, while simultaneously controlling for non-medical use and diversion.

Funding of \$0.3 million over two years from 2025-26 will be provided to UNODC for its continued support of the operation of JGP with the intended outcomes of:

- building capacity of health professionals in accessing essential medicines for palliative care and pain relief;
- improving health and health system outcomes post-COVID within the Southeast Asia and Pacific regions; and
- reducing inadequate availability of and access to medicines experienced by people living in low-and middle-income countries (Southeast Asia and Pacific region, specifically Fiji and Indonesia) simultaneously controlling non-medical use and diversion.

## Human rights implications

Table item 730 engages the right to health – Article 12 of the ICESCR, read with Article 2.

### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires Australia to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

Ensuring adequate access and availability of controlled substances for medical purposes is essential to fulfilling the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Table item 730 is compatible with human rights because it would promote or positively affect human rights.

### Table item 731 – Supporting Living Organ Donors Program

New table item 731 establishes legislative authority government spending for the Supporting Living Organ Donors Program (the program).

Established in 2013, the program aims to reduce financial stress associated with being a living organ donor, raise the profile of living organ donors and encourage employers to support employees who have chosen to donate an organ. Funding of \$0.9 million over five years from 2024-25 (and \$0.3 million per year ongoing) is available for the program to increase reimbursements for paid leave and out-of-pocket expenses incurred as part of the living organ donation process for a kidney or partial liver.

The reimbursement payment is made to a donor’s employer, to either replenish a donor’s leave or contribute towards reimbursing the employer where they have made a payment to their employee in place of income lost due to donation. The program provides a financial contribution to employers who have paid an employee leave for:

- attending medical appointments to assess their suitability to become a donor;
- undergoing surgery for donation; and
- recovering from surgery after donation.

## Human rights implications

Table item 731 engages the right to health – Article 12 of the ICESCR, read with Article 2.

### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires the State Party to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The reimbursement payments for paid leave and out-of-pocket expenses are directed to support the donor for a transplant to a donee with an illness. The benefit to the donee is made possible by ensuring that costs are not a financial barrier for the donor.

Table item 731 is compatible with human rights because it would promote or positively affect human rights.

### Table item 732 – Primary Health Networks Commissioning of Multidisciplinary Teams

New table item 732 establishes legislative authority for government spending for the Primary Health Networks (PHN) Commissioning of Multidisciplinary Teams (the program).

The program aims to improve access for all Australians to affordable multidisciplinary health care across small, solo, rural, remote and/or Aboriginal Community Controlled Health Services (ACCHS) to deliver better patient outcomes.

Existing funding of \$1.5 million over two years from 2025-26 is available for the program, which aim to:

- design an approach for multidisciplinary team services in the PHN region based on:
  - a) identifying, and consulting with, small or solo general practices or ACCHS that are unable to engage a multidisciplinary team through other funding streams; and
  - b) identification and prioritisation of areas of need in underserved or financially disadvantaged communities (such as treating chronic conditions and injuries, coordinating care for priority patients, mobilising social supports for at risk patients);
- commission multidisciplinary teams that address the prioritised need in the region, with a focus on supporting smaller general practices that do not have the size or scale to engage the range of health professionals required to provide effective multidisciplinary care;
- extend PHNs’ existing role in general practice to support to private allied health, nursing and/or midwifery practices;

- establish reporting processes supported by data collection and data management practices, including both activity and outcome measures; and
- monitor implementation of the activity, utilising relevant outcome measures, and develop adjustments to the approach if required.

### **Human rights implications**

Table item 732 engages the following rights:

- the right to health – Articles 3 and 12 of the ICESCR, read with Article 2;
- the right to benefit from culture – Article 15 of the ICESCR;
- the rights of people with disability – Article 25 of the CRPD, read with Article 4; and
- the rights of the child – Articles 23 and 24 of the CRC, read with Article 4.

#### *Right to health*

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 3 of the ICESCR requires each State Party to undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights. Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

The provision of funding to PHNs to commission multidisciplinary team care (to supplement general practice and Aboriginal Community Controlled Health Organisations (ACCHOs)), and extend practice support to a multidisciplinary workforce, will improve the management of chronic conditions and lead to improvements in overall health and wellbeing. Increased access to, and improved affordability of, essential health will uphold the rights of all people to equal enjoyment of economic, social and cultural rights, and to the highest attainable standard of physical and mental health.

#### *Right to benefit from culture*

Article 15(1) of the ICESCR recognises the right of everyone to take part in cultural life, to enjoy the benefits of scientific progress and its applications and to benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

The provision of funding to PHNs to commission multidisciplinary team care (to supplement general practice and ACCHOs), and extend practice support to a multidisciplinary workforce, will improve the management of chronic conditions and lead to improvements in overall health and wellbeing. Promoting increased access to evidence-based healthcare services will uphold the rights of all people to enjoy the benefits of scientific progress and best-practice interventions.



### Right of people with disability

Article 4 of the CRPD provides that States Parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Article 4(d) of the CRPD requires States Parties to undertake to ‘refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention’.

Article 25 of the CRPD provides that States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

The provision of funding to PHNs to commission multidisciplinary team care (to supplement general practice and ACCHOs), and extend practice support to a multidisciplinary workforce, will improve the management of chronic conditions including those conditions that result in, or exist alongside, disability. Improving access to multidisciplinary team care in vulnerable population groups will uphold the right of people living with disability to achieve the highest attainable standard of health without discrimination on the basis of disability.

### Rights of the child

Article 4 of the CRC requires that States Parties to the CRC shall undertake all appropriate legislative, administrative, and other measures for the implementation of all rights under the CRC.

Article 23 of the CRC requires that ‘States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community’.

Article 24(1) of the CRC requires that ‘States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services’.

The provision of funding to PHNs to commission multidisciplinary team care (to supplement general practice and ACCHOs), and extend practice support to a multidisciplinary workforce, will improve the management of chronic conditions including developmental disorders. Delivering multidisciplinary team care to people living with chronic and complex conditions will uphold the right of children to achieve the highest attainable standard of health, and increase access to facilities for the treatment of illness and rehabilitation of health.

Table item 732 is compatible with human rights because it would promote or positively affect human rights.

Table item 733 – Administration and Delivery of Services for the National Diabetes Services Scheme

New table item 733 establishes legislative authority for government spending for the administration and delivery of services for the National Diabetes Services Scheme (the NDSS).

The NDSS was established in 1987 as an ongoing program. The NDSS aims to ensure Australians diagnosed with diabetes are provided with information to assist them in understanding their condition and the products and resources available to them, facilitate training for patients, carers and health professionals in relation to best-practice diabetes care, and provide access to subsidised products for the management of diabetes.

The NDSS provides subsidised diabetes products to eligible people for the self-management of their condition. The scheme provides access to syringes and needles, blood glucose test strips, urine ketone test strips, insulin pump consumables and continuous glucose monitoring products. All NDSS products have been approved by the Therapeutic Goods Administration and are listed on the Australian Register of Therapeutic Goods. Existing funding of \$195.6 million over four years from 2025-26 is allocated to support the continued operation of the NDSS.

### **Human rights implications**

Table item 733 engages the right of everyone to the enjoyment of the highest attainable standard of physical and mental health – Article 12 of the ICESCR, read with Article 2.

#### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires the State Party to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The delivery of the NDSS engages the right to health by:

- providing access to education and general information to people with diabetes to assist this cohort to self-manage their life with diabetes;
- facilitating training for health professionals to improve patient support; and
- providing people with diabetes access to subsidised products for the management of their diabetes.

Table item 733 is compatible with human rights because it would promote or positively affect human rights.

Table item 734 – Rural and Remote Pharmacy Workforce Program

New table item 734 establishes legislative authority for government spending for the Rural and Remote Pharmacy Workforce Program (the program).

The program forms part of the broader suite of Pharmacy Programs, funded by the Government to deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a Community Pharmacy Agreement (CPA) will continue to continue independently of the current Eighth and future CPAs.

The program comprises ten rural workforce support initiatives intended to increase the rural pharmacy workforce and thereby support access to Pharmaceutical Benefits Scheme (PBS) medicines and pharmacy services for people living in rural and remote regions of Australia. Funding of \$6.9 million over three years from 2025-26 will be provided for the program.

### **Human rights implications**

Table item 734 engages the following rights:

- the right to work – Article 6 of the ICESCR, read with Article 2 and Articles 1 to 4 of the International Labour Organization *Convention concerning Vocational Guidance and Vocational Training in the Development of Human Resources* (ILO Convention 142);
- the right to health – Articles 3 and 12 of the ICESCR;
- the right to education – Article 13 of the ICESCR; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the ICCPR, read with Article 2.

#### Right to work

Article 2 of the ICESCR requires each State Party to ‘take steps...to the maximum of its available resources, with a view to achieving progressively the full realisation’ of this right ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 6 of the ICESCR recognises the right to work and provides that the States Parties will take appropriate steps to achieve the realisation of the right to work, including through technical and vocational training.

Further, Articles 1 to 4 of the ILO Convention 142 relate to the adoption and development of comprehensive and coordinated policies and programs of vocational guidance and training, including providing broadest possible information and guidance, which are closely linked with employment for all people.

The program will support the right to work for pharmacists in rural and remote areas by providing financial supports to pharmacists to access Continuing Professional Development (CPD) and compulsory training activities and through supports to rural pharmacy businesses to provide employment opportunities to pharmacy interns and newly-registered pharmacists.

*Right to health*

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 3 of the ICESCR requires each State Party to undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires the State Party to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program will provide improved access to PBS medicines and pharmacy services for people living in rural and remote areas, including through workforce support services to increase the rural pharmacy workforce. Improved access to medicines and services in these areas contributes to the effective prevention, treatment and control of diseases including the management of chronic health conditions.

*Right to education*

Article 13(1) of the ICESCR provides that the States Parties agree that education ‘...shall be directed to the full development of the human personality and the sense of dignity, and shall strengthen the respect for human rights and fundamental freedoms’.

Article 13(2)(b) of the ICESCR relates to the general availability and accessibility of secondary education in its different forms to all.

The program will support the education of pharmacists in rural and remote areas including pharmacy interns and newly registered pharmacists by providing financial supports for CPD and compulsory training activities to pharmacists and financial supports to pharmacy businesses for their engagement.

*Right to self-determination*

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

Certain activities funded under the program are directed specifically towards Aboriginal and Torres Strait Islander peoples, such as the Rural Pharmacy Scholarship Mentor Scheme, which aims to encourage and support Aboriginal and Torres Strait Islander scholars to undertake undergraduate and graduate studies in pharmacy at Australian universities.

Table item 734 is compatible with human rights because it would promote or positively affect human rights.

#### Table item 735 – Medication Management Reviews and Quality Use of Medicines Program

New table item 735 establishes legislative authority for government spending for the Medication Management Reviews and Quality Use of Medicines Program (the program).

The program forms part of the broader suite of Pharmacy Programs, funded by the Government to deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. Pharmacy Programs and services support access to medicines, minimising adverse medicine events and supports medication compliance and the quality use of medicines.

From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a CPA will continue independently of the current Eighth and future CPAs.

Table item 735 will support five specific initiatives under the program on the quality use of medicines and assisting with minimising adverse medicine events, including through medication reviews conducted by an credentialed pharmacist within an Australian Government funded aged care facility or a patient’s home, and through support to Indigenous Health Services (IHS) contributing to the improvement of Quality Use of Medicines and health outcomes for Aboriginal and Torres Strait Islander people.

Funding of \$91.4 million over two years from 2025-26 will be available for the program.

### **Human rights implications**

Table item 735 engages the following rights:

- the right to work – Article 6 of the ICESCR, read with Article 2 and Articles 1 to 4 of the ILO Convention 142;
- the right to health – Articles 3 and 12 of the ICESCR
- the right to education – Article 13 of the ICESCR; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the ICCPR, read with Article 2.

#### Right to work

Article 2 of the ICESCR requires each State Party to ‘take steps...to the maximum of its available resources, with a view to achieving progressively the full realisation’ of this right ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 6 of the ICESCR recognises the right to work and provides that the States Parties will take appropriate steps to achieve the realisation of the right to work, including through technical and vocational training. Further, Articles 1 to 4 of the ILO Convention 142 relate to the adoption and development of comprehensive and coordinated policies and programs of vocational guidance and training, including providing broadest possible information and guidance, which are closely linked with employment for all people.

The program will support the right to work for pharmacists by providing employment opportunities and systemic supports for them to provide health services to patients in improving and ensuring the quality use of medicines in managing use of their own medicines.

### Right to health

Article 2(1) of the ICESCR requires each State Party to ‘take steps... to the maximum of its available resources, with a view to achieving progressively the full realization’ of the rights recognised in the ICESCR ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 3 of the ICESCR requires each State Party to undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights.

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2) of the ICESCR requires the State Party to take steps necessary for ‘the prevention, treatment and control of epidemic, endemic, occupational and other diseases’, and outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program will support the understanding and use of medicines by patients, with the aim of preventing, treating and controlling diseases and will provide access to health care for older persons to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness and to pursue opportunities for the full development of their potential and aligns with the *United Nations Principles for Older Persons* (UNPOP).

### Right to education

Article 13(1) of the ICESCR provides that the States Parties agree that education ‘...shall be directed to the full development of the human personality and the sense of dignity, and shall strengthen the respect for human rights and fundamental freedoms’.

Article 13(2)(b) of the ICESCR relates to the general availability and accessibility of secondary education in its different forms to all.

This program will support the education of patients in the quality use of their medicines with the aim of appropriate management of their medicines, thereby contributing to the prevention, treatment and control of diseases.

Right to self-determination

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

Certain activities under the program are directed specifically towards Aboriginal and Torres Strait Islander peoples, including supporting their access to dedicated health services through specific supports to the provision of these services through Indigenous Health Services.

Table item 735 is compatible with human rights because it would promote or positively affect human rights.

Table item 736 – Indigenous Pharmacy Workforce Program

New table item 736 establishes legislative authority for government spending for the Indigenous Pharmacy Workforce Program (the program).

The program forms part of the broader suite of Pharmacy Programs, funded by the Government to deliver medicine services and advice to the Australian population, primarily through the network of community pharmacies. From 1 July 2025, 17 of the 23 Pharmacy Programs previously operating under a CPA will continue independently of the current Eighth and future CPAs.

The program aims to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce, both as pharmacists and pharmacy assistants, and thereby better meet the needs of Aboriginal and Torres Strait Islander people in accessing pharmacy services.

Funding of \$0.3 million over two years from 2025-26 is allocated to support the following pharmacy schemes:

- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme – to encourage Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate entry studies in pharmacy at an Australian university; and
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme – to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce to assist pharmacies to better meet the needs of their local communities. Providing allowance payments to eligible pharmacies that employ and support Aboriginal and/or Torres Strait Islander pharmacy assistants to complete a national accredited pharmacy assistant training course.

## Human rights implications

Table item 736 engages the following rights:

- the right to work – Article 6 of the ICESCR, read with Article 2 and Articles 1 to 4 of the ILO Convention 142;
- the right to health – Article 12 of the ICESCR;
- the right to education – Article 13 of the ICESCR; and
- the right to self-determination – Article 1 of the ICESCR and Article 1 of the ICCPR, read with Article 2.

### Right to work

Article 2 of the ICESCR requires each State Party to ‘take steps...to the maximum of its available resources, with a view to achieving progressively the full realisation’ of this right ‘by all appropriate means, including particularly the adoption of legislative measures’.

Article 6 of the ICESCR recognises the right to work and provides that the States Parties will take appropriate steps to achieve the realisation of the right to work, including through technical and vocational training. Further, Articles 1 to 4 of the ILO Convention 142 relate to the adoption and development of comprehensive and coordinated policies and programs of vocational guidance and training, including providing broadest possible information and guidance, which are closely linked with employment for all people.

The program will support the right to work for Aboriginal and Torres Strait Islander students by supporting them to undertake pharmacy studies at an Australian university or by completing a nationally accredited pharmacy assistant training course to increase their participation within the primary workforce to assist pharmacies to better meet the needs of their local communities.

### Right to health

Article 12(1) of the ICESCR recognises the ‘right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

Article 12(2)(c) of the ICESCR recognises the ‘prevention, treatment and control of epidemic, endemic, occupational and other diseases’.

Article 12(2)(d) of the ICESCR, outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program will support Aboriginal and Torres Strait students to undertake pharmacy studies at an Australian university or to complete a nationally accredited pharmacy assistant training course. This will in turn increase the participation of Aboriginal and Torres Strait Islander people in the pharmacy workforce contributing to better health outcomes within their local communities.



### Right to education

Article 13(1) of the ICESCR provides that the States Parties agree that education ‘...shall be directed to the full development of the human personality and the sense of dignity, and shall strengthen the respect for human rights and fundamental freedoms’.

Article 13(2)(b) of the ICESCR relates to the general availability and accessibility of secondary education in its different forms to all.

The program directly supports the right to education for Aboriginal and Torres Strait Islander peoples by supporting them to undertake pharmacy studies at an Australian University or to complete an accredited pharmacy assistant training course to support increased participation in the pharmacy workforce.

### Right to self-determination

Article 1 of the ICESCR and Article 1 of the ICCPR – requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

Article 2(2) of the ICCPR requires that each State Party ‘undertakes to take the necessary steps... to adopt such legislative or other measures as may be necessary to give effect to the rights’ recognised in the ICCPR.

The activities supported under the program are specifically directed at providing opportunities to support Aboriginal and Torres Strait Islander students to undertake pharmacy studies at an Australian university or to complete a national accredited pharmacy assistant training course.

Table item 736 is compatible with human rights because it would promote or positively affect human rights.

### **Conclusion**

This disallowable legislative instrument is compatible with human rights as it promotes the protection of human rights.

**Senator the Hon Katy Gallagher  
Minister for Finance**