



Business Council of Australia

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Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Committee members

The Business Council of Australia (BCA) welcomes the opportunity to provide a submission to the *Australian Centre for Disease Control Bill 2025 and a related Bill* (the Bill). The BCA represents more than 120 of Australia's leading businesses, employing over 1.1 million people, including businesses that deliver health and care services.

The BCA welcomes the Australian Government's efforts to establish the Australian Centre for Disease Control (ACDC). This will bring Australia in line with our international counterparts and ensure we are further prepared for potential pandemics.

We support the objectives of the Bill with a focus on building evidence, improving transparency and access to data, and maintaining public trust in health information.

The BCA recently released a health and care economy blueprint, *Supporting a Healthy and Productive Nation*, which calls for whole-of-system reform that leverages the strengths of both the public and private sectors, embraces innovation, and empowers individuals to take charge of their health. We believe the ACDC will assist in delivering on these objectives. Our blueprint specifically calls on the Australian Government to:

- expedite the establishment of the ACDC.
- expand the role of the ACDC to include prevention, which would follow a similar approach to international models.
- ensure prevention activities are a priority and set out in the updated *National Health Reform Agreement*, complementing the *National Preventive Health Strategy 2021-2030*, and the work of the ACDC.

Furthermore, our recent submission to the Productivity Commission's (PC) interim report into the *Delivery of quality care more efficiently* also calls for this approach. We need to reorient the Australian health and care system to tackle major burdens of disease by better coordinating preventive health

initiatives and increasing total investment. Fragmented funding, financing and policy responsibilities weaken incentives to invest in these areas.

As such, we recommend the following amendments to the Bill:

- Expand the ACDC's functions to include prevention and chronic conditions: The Minister's second reading speech notes, "...over time...to include advice on how to prevent other health threats, including non-communicable diseases...". The PC has previously estimated the prevalence of chronic conditions comes at a substantial cost of approximately \$38 billion annually to provide services to people with chronic conditions.

Therefore, an additional focus on chronic disease prevention would complement the ACDC's work on communicable disease and existing programs like immunisation. This should occur from the initial establishment of the ACDC under this Bill, rather than following an independent review in 2028.

Sections 5 and 11(1)(h)(v) of the Bill already includes health promotion and preventive health as a public health matter, and as a function for the Director-General to provide advice to, and consult with, on these matters. This is also important as the related Bill will repeal the *Australian National Preventive Health Agency Act 2010* (Cth).

- Clear accountability and responsibilities: The Minister's second reading speech states "...the CDC will play a national leadership role...and help set the national direction on public health priorities...". Section 11 of the Bill outlines the functions of the Director-General which includes providing advice to a range of stakeholders.

Clear accountability and responsibility across all levels of government is needed to ensure there are no overlaps or gaps, particularly as this Bill relates to different legislation and activities across various departments (such as the Department of Agriculture, Fisheries and Forestry, and the Department of Foreign Affairs and Trade) as well as the relationship with states and territories. This could be driven by National Cabinet.

- Collaboration including private sector and other stakeholders: While we recognise public and international organisations deliver most public health services, the Bill should also recognise the role of both the private and not-for-profit sectors which also deliver these services.

Section 13 of the Bill allows the Director-General to enter into agreements and arrangements with government entities, foreign or international bodies, but is silent on both private and not-for-profit entities.

The Minister's second reading speech focuses on national collaboration, "...working with states and territories...", but as we know Australia is built on a mixed public and private system. This will be important for data sharing and to take a holistic approach to policy.

The response to the COVID-19 pandemic provided an example of how effective collaboration and cooperation between the public and private health systems can be, when the sole focus is on delivering the best health outcomes for the community.

- Avoid duplication with other stakeholders: While the Minister's second reading speech states "...The CDC will not duplicate what the Australian Government, and states and territories already do", Sections 3(f) and 11(i) of the Bill states a function of the Director-General includes developing, publishing and promoting a range of materials on public health matters.

Clear communication channels must be established across governments, noting existing government entities do much of this work, including the Australian Commission on Safety and Quality in Health Care and the NSW Clinical Agency of Innovation.

Overall, the BCA supports the Bill and recommends it pass Parliament.

The Bill is a strong and welcome step in the right direction to improve transparency in the health and care system and allow for better decision-making, including implementing the lessons learnt from the COVID-19 pandemic. The BCA also believes that with the amendments outlined above, there is even greater potential for the ACDC to address the major chronic health issues Australia is facing, and which, along with an ageing population, are pressuring the sustainability of the health and care system Australians rely on.

We also believe our systems must support and enhance the unique model of public and private health delivery, which sees Australia's health system rated as one of the best in the world and ensure it continues to improve and lift the health outcomes for Australians.

Thank you again for the opportunity to provide a submission.

Yours sincerely



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