**Australian Government**

# Australian Government response to the House of Representatives Standing Committee on Health, Aged Care and Sport report:

# The State of Diabetes Mellitus in Australia in 2024

MARCH 2026

## Acknowledgement of Country

We acknowledge and pay respects to all Aboriginal and Torres Strait Islander people across Australia, who are the custodians of the land and of the oldest continuous living culture on Earth. We honour Aboriginal and Torres Strait Islander peoples' ongoing connection to sea, waterways and Country. We pay respects to Elders past and present.

## Overview

The Australian Government welcomes the House of Representatives Standing Committee on Health, Aged Care and Sport report *The State of Diabetes Mellitus in Australia in 2024* as an outcome of its Inquiry into Diabetes.

This whole-of-government response to the Committee's recommendations has been coordinated by the Department of Health, Disability and Ageing on behalf of the following Commonwealth Agencies:

- The Treasury
- The Department of Agriculture, Fisheries and Forestry
- The Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts
- The Department of Education
- The Australian Institute of Health and Welfare
- The Australian Communications and Media Authority

Information in this document is current as at 12 March 2026.

Diabetes is a complex disorder that affects many of the body's vital organs and systems, including the heart and blood vessels, brain, nerves, kidneys, liver, and immune system. Although people with diabetes are now living longer, the prevalence in Australia continues to rise, highlighting the need for this Inquiry and sustained efforts to overcome the impact of diabetes on our community.

The Government recognises the need to be prepared and to ensure that appropriate settings are in place to successfully manage diabetes in Australia and optimise the health outcomes for those affected.

The Committee's inquiry investigated a broad range of matters relevant to diabetes. These included:

- the causes and risk factors associated with diabetes,
- evidence-based advances in the prevention, diagnosis and management of diabetes,
- the broader impacts of diabetes on Australia's health system and economy,
- interrelated health issues between diabetes and obesity in Australia, and
- the effectiveness of current policies and programs to prevent, diagnose and manage diabetes.

Overcoming the many barriers to improving diabetes prevention and care requires a multi-sectoral response led by all levels of government and implemented at the community level.

The National Strategic Framework for Chronic Conditions 2026- 2035 provides the overarching policy guidance for the prevention and management of chronic conditions in Australia. This framework was recently refreshed to align with integrated, person-centred primary health care reforms. It builds on the foundations of the 2017–2025 Framework and reflects the insights of hundreds of stakeholders, experts, and community members who contributed to the very extensive consultation process. On 2 March 2026, the Government announced the launch of the Chronic Conditions Prevention and Integrated Care Grants Program (the Program), alongside the refreshed Framework. Aligning with the focus areas of the Framework, the Program will receive $109.9 million over three years from 2026-27 (and $38.3 million per year ongoing from 2029-30) to establish an ongoing, competitive grant program. This will drive improved health outcomes for people in Australia living with, or at risk of developing, chronic conditions such as diabetes.

The Australian National Diabetes Strategy 2021-2030 prioritises Australia’s response to diabetes and identifies approaches to reducing the impact of diabetes in the community.

The Government is continuing to support the work of the Australian Type 1 Diabetes Clinical Research Network (T1DCRN), a collaborative Commonwealth Government initiative led by Breakthrough T1D (Formerly known as JDRF Australia), aiming to improve the lives of people with type 1 diabetes through accelerating clinical research for prevention, treatment and a cure. The work of the T1DCRN aligns with the Australian National Diabetes Strategy 2021-30 which prioritises Australia’s response to diabetes, including the importance of research. This work also aligns with the National Strategic Framework for Chronic Conditions, the National Preventive Health Strategy, and the National Agreement on Closing the Gap.

The National Obesity Strategy 2022-32, agreed by all health ministers, outlines a framework for action to prevent and reduce overweight and obesity in Australia.

Additional Government expenditure to address diabetes beyond that referred to in the Government Response is a matter for consideration in future Budgets.

The Government appreciates the work of the Committee and thanks the many organisations and individuals who contributed views and evidence throughout the Inquiry.

## Summary of Government Response to Recommendations

| | Recommendation | Response |
|---|---|---|
| 1 | The Committee recommends that the Australian Government undertakes a comprehensive economic analysis of the direct and indirect cost of all forms of diabetes mellitus in Australia. | Support in-principle |
| 2 | The Committee recommends that the National Health and Medical Research Council expedites a review of the Australian Dietary Guidelines, and ensures that the revised guidelines include adequate information for Australians living with diabetes. | Noted |
| 3 | The Committee recommends that the Australian Government implements food labelling reforms targeting added sugar to allow consumers to clearly identify the content of added sugar from front-of-pack labelling. This food labelling initiative should be separate from the information regarding added sugar potentially being included in the Nutrition Information Panel. | Noted |
| 4 | The Committee recommends that the Australian Government implements a levy on sugar-sweetened beverages, such that the price is modelled on international best practice and the anticipated improvement of health outcomes. The levy should be graduated according to the sugar content. | Noted |
| 5 | The Committee recommends that the Australian Government considers regulating the marketing and advertising of unhealthy food to children, and that this regulation should:<br>• Focus on children defined as those aged 16 and under<br>• Be applied to television, radio, gaming and online<br>• Use definition of unhealthy food that has been independently developed. | Noted |
| 6 | The Committee recommends that the Australian Government provides its response to the Australian Food Story: Feeding the Nation and Beyond report and considers a dedicated resource within the Department of Health and Aged Care to support access to healthy food to all Australian communities. | Noted |
| 7 | The Committee recommends that the Australian Government, in consultation and cooperation with state and territory governments, develops a best practice framework to tackle the problem of obesogenic environments, including through better urban planning and the development of physical activity initiatives and supports efforts to increase access to regular exercise in schools and neighbourhoods as a matter of urgency. | Support in-principle |
| 8 | The Committee recommends that the Australian Government explores the potential for effective national screening programs for all forms of diabetes, particularly Type 2 diabetes. | Noted |

| | Recommendation | Response |
|---|---|---|
| 9 | The Committee recommends that the Australian Government implements a national public health campaign to increase public awareness of the early signs of all forms of diabetes mellitus. | Support-in-principle |
| 10 | The Committee recommends that the Australian Government funds the development of education-based obesity screening information and resources. | Noted |
| 11 | The Committee recommends that the Australian Government implements a national public health campaign to increase awareness of the importance of prevention, identification of early signs, and good management of all forms of diabetes mellitus. | Support-in-principle |
| 12 | The Committee recommends that equitable access to health care for people living with all forms of diabetes be improved through:<br>• Access to longer appointments with a health care provider subsidised by the MBS<br>• Access to case conferencing models of health care, especially in rural and remote areas<br>• Access to telehealth services<br>• Increase in the number of item numbers for allied health consultation for those with diabetes for diabetes educators and dieticians and other allied health providers<br>• Access to diabetes educators, including in high-risk outer metropolitan, rural and remote communities. | Support in-principle |
| 13 | The Committee recommends that the Australian Government reviews the limits for accessing juvenile mental health and diabetes services, with a view to enabling young people to continue receiving support for longer. | Noted |
| 14 | The Committee recommends the Australian Government work with the state and territory governments to develop education tools and resources to support all staff across the health care system to improve understanding of diabetes, its different forms, the early signs and management. The Diabetes in Schools program should be funded to allow all schools to access it. | Noted |
| 15 | The Committee recommends that subsidised access to Continuous Glucose Monitors (CGMs) be further expanded. In the first instance, all access limitations in relation to patients with Type 1 diabetes should be removed. Furthermore, individuals with insulin-dependent Type 3c diabetes and patients with gestational diabetes should be made eligible for subsidised CGMs and for those with Type 2 diabetes requiring regular insulin. The Committee recommends prioritising the removal of age limitations on access to subsidised access for Type 1 diabetes patients. | Noted |

| | Recommendation | Response |
|---|---|---|
| 16 | The Australian Government should explore expanding subsidised access to insulin pumps for all Australians with Type 1 diabetes. A gradual increase, such as expanding access to those aged 40 and under, would be useful as an initial step. | Noted |
| 17 | The Committee recommends that the Australian Government undertakes a review of the price and choice of insulin pumps in Australia. | Noted |
| 18 | The Committee recommends that the Australian Government, subject to a positive recommendation from the Pharmaceutical Benefits Advisory Committee, expands the eligibility criteria for Glucagon-like Peptide-1 (GLP-1) receptor agonists, particularly for high-risk patients. | Support in-principle |
| 19 | The Committee recommends that the Australian Government establishes mechanisms for securing supplies of Glucagon-like Peptide-1 (GLP-1) receptor agonists for disadvantaged and remote communities, including Aboriginal and Torres Strait Island communities. | Support in-principle |
| 20 | The Committee recommends that the Australian Government considers expanding access to bariatric surgery within the public system for eligible patients. | Noted |
| 21 | The Committee recommends that the Australian Government takes steps to manage diabetes research efforts through the Australian Centre for Disease Control (CDC) by coordinating with the peak bodies such as JDRF and Diabetes Australia research priorities with an emphasis on equitable access and prevention. The Committee also recommends that the Australian Government considers increased funding for Type 1 diabetes research and clinical trials. | Support in-principle |
| 22 | The Committee recommends that the Australian Government undertakes a survey of current diabetes-related data, with a view to developing strategies for establishing new and improving current data sources and for establishing a national diabetes mellitus register within the CDC. | Support in-principle |
| 23 | The Committee recommends that the Australian Centre for Evaluation in the Department of Treasury commits to the ongoing assessment of any actions taken in respect of Committee recommendations made in this report. | Noted |

# Australian Government Response to Recommendations

## The State of Diabetes Mellitus in Australia in 2024

**Recommendation 1**

***The Committee recommends that the Australian Government undertakes a comprehensive economic analysis of the direct and indirect cost of all forms of diabetes mellitus in Australia.***

**Government response:** Support in-principle

The Australian Institute of Health and Welfare (AIHW) produces estimates of the direct costs of diabetes mellitus and can examine methods for estimating indirect costs.

The AIHW's Health system spending on disease expenditure and injury in Australia reports have estimated health system spending due to diabetes mellitus from 2011-12 to 2020-21. Estimates up to and including 2023-24 were released in October 2025 and are available at Health system spending on disease and injury in Australia 2023–24, Data - Australian Institute of Health and Welfare. The AIHW's Australian Burden of Disease Study estimates the burden of disease produced by diabetes mellitus in Disability-Adjusted Life Years, with estimates available for 2003, 2011, 2015, 2018, and 2024.

Estimates of the indirect costs of diabetes mellitus in Australia (e.g., reduced productivity, absence from work, lower social participation) are less established. Before undertaking new analyses, it is important to conduct a comprehensive literature review to identify and assess existing studies on the indirect costs of diabetes. This will help avoid duplication, build on prior research and ensure that any new analysis is grounded in the current evidence base. There may be scope for drawing on existing evidence and data resources to gain an understanding of indirect costs. The Government will consider whether analysis of data available from the National Health Data Hub and Person Level Integrated Data Asset could feasibly provide an estimate of indirect costs consistent with this recommendation. The Government also recognises that data enables development of more cost-effective measures to deal with the impact of diabetes.

**Recommendation 2**

***The Committee recommends that the National Health and Medical Research Council expedites a review of the Australian Dietary Guidelines, and ensures that the revised guidelines include adequate information for Australians living with diabetes.***

**Government response:** Noted

The Australian Dietary Guidelines (the Guidelines) provide advice on foods, food groups and dietary patterns to improve health and wellbeing and reduce risk of diet-related chronic

conditions. This includes information on choosing foods that can prevent and reduce the risk of common conditions such as obesity, diabetes, cardiovascular disease, and cancer.

The National Health and Medical Research Council (NHMRC) is currently revising the Guidelines. Work on the Guidelines is well-progressed.

Existing, high-quality evidence addressing these priority research areas has been identified for review. A number of new evidence reviews will fill identified gaps. One of the new evidence reviews will examine the consumption of ultra-processed foods and new diagnoses of cardiovascular events, type 2 diabetes, cancer and anxiety/depression in adults. These new reviews and identified high-quality existing evidence will inform the revised Guidelines. Draft revised Guidelines are anticipated to be ready for public consultation in September 2026.

As noted above, the Guidelines provide advice for the prevention of disease. Advice on therapeutic diets to manage or treat chronic conditions, such as diabetes, should be provided by a healthcare provider and is best included in clinical practice guidelines. For this reason, the provision of specific dietary guidance for people with diabetes falls outside the scope of the revision.

**Recommendation 3**

***The Committee recommends that the Australian Government implements food labelling reforms targeting added sugar to allow consumers to clearly identify the content of added sugar from front-of-pack labelling. This food labelling initiative should be separate from the information regarding added sugar potentially being included in the Nutrition Information Panel.***

**Government response:** Noted

The Government acknowledges the importance of clear information on food labels and has been undertaking work to consider appropriate and effective reforms.

In 2019 Food Ministers considered options for sugar labelling on packaged foods and drinks. Options included warning labels and pictorial labels depicting quantity (i.e., teaspoons). Food Ministers asked Food Standards Australia New Zealand (FSANZ) to undertake work to review added sugar labelling approaches. At this time, it was determined that introducing an additional front-of-pack labelling system for added sugars may displace the Health Star Rating from a food label. This is inconsistent with the World Health Organization (WHO) overarching guiding principles for front-of-pack labelling which state that a single system should be deployed.

In addition to this, it was determined that a front-of-pack labelling scheme focused only on added sugars would not account for the overall nutritional profile of a food. As the Australian Dietary Guidelines recommend Australians limit consumption of saturated fats,

sodium and added sugars for the prevention of diet-related chronic conditions, the Health Star Ratings were considered to be the most appropriate and overall effective approach.

In Australia, the voluntary Health Star Rating system provides the front of pack interpretation of nutrition information for consumers. This takes a holistic approach to food labelling through a star rating, from half a star to 5 stars, based on the overall nutritional profile of the packaged food. The Health Star Rating considers the balance of ‘risk’ nutrients: saturated fat, sugars, sodium and energy with ‘positive’ nutrients: protein, fibre and fruit, vegetable, nut and legume content. Products which have lower amounts of the risk components generally have a higher Health Star Rating.

In 2020, Food Ministers set uptake targets for the Health Star Rating system and agreed that if uptake does not reach 70% of intended foods by November 2025, that they would consider mandating the system. Noting uptake had reached only 39% of intended foods in Australia (and 36% in New Zealand), in February 2026, Food Ministers asked  FSANZ to prepare a proposal on mandating the Health Star Rating system. The system offers a front-of-pack interpretation of nutritional information, considering the balance of 'risk' nutrients, such as sugar, against beneficial nutrients. Food Ministers are expected to consider FSANZ's recommendations on mandating within the next 12-18 months.

Consumer research on understanding and perceptions of the Health Star Rating system is being undertaken in 2024 and 2025. The Health Star Rating website has also been redeveloped and will provide improved information on the system for consumers, the food industry, and other stakeholders.

In July 2024, Food Ministers requested FSANZ scope a holistic review of the Nutrition Information Panel. In February 2026 Food Ministers considered this work, which confirmed that regulatory changes to the Nutrition Information Panel are not required at this time. The review confirmed that the current requirements meet their purpose of providing consistent and meaningful nutrition information, balancing consumer needs with international alignment and industry practicality. While the review found no clear benefit to mandating “added sugars” labelling, Ministers asked the Food Regulation Standing Committee to further consider how sugars information can be better provided to consumers, in line with updated dietary guidelines when available.

**Recommendation 4**

***The Committee recommends that the Australian Government implements a levy on sugar-sweetened beverages, such that the price is modelled on international best practice and the anticipated improvement of health outcomes. The levy should be graduated according to the sugar content.***

**Government response:** Noted

The Government supports the objective of reducing consumption of sugar and is committed to reviewing all evidence and considering approaches, including non-regulatory approaches, to meet this objective.

Sugar consumption in Australia, whilst still high, has declined. To date, the Government has worked to reduce sugar consumption by:

- Implementing the Healthy Food Partnership, the Government's flagship program in the food and nutrition area, which aims to improve the food supply through non-regulatory approaches.
- Undertaking a review of the Nutrition Information Panel (NIP) to investigate consumers' use and understanding of the NIP and identify any potential improvements to support consumers to make healthy food choices.
- Undertaking a review of the Australian Dietary Guidelines to ensure the Guidelines are based on the most recent evidence.
- Implementing the Health Star Rating system on behalf of the joint Australia and New Zealand food regulatory system

In relation to current tax settings, foods high in added sugars such as cakes, lollies, biscuits, ice cream and soft drinks are already taxed through the Goods and Services Tax (GST), whereas basic or fresh whole foods such as fruits and vegetables are not.

**Recommendation 5**

***The Committee recommends that the Australian Government considers regulating the marketing and advertising of unhealthy food to children, and that this regulation should:***

- ***Focus on children defined as those aged 16 and under***
- ***Be applied to television, radio, gaming and online***
- ***Use definition of unhealthy food that has been independently developed.***

**Government response:** Noted

The Government recognises the importance of advertisements being presented in a responsible manner and is committed to keeping Australian children safe from inappropriate or harmful content.

Advertising regulation in Australia is intended to strike a balance between legitimate commercial interests and appropriate community safeguards. Advertising is subject to a range of regulatory, co-regulatory and self-regulatory frameworks including the:

- Broadcasting Services (Australian Content and Children's Television) Standards 2020, administered by the Australian Communications and Media Authority;
- Australian Association of National Advertisers (AANA) Code of Ethics;
- AANA Food and Beverages Code; and
- AANA Children's Code.

The Government has commissioned a feasibility study to provide a more in-depth understanding of the nature and impact of children's exposure to food marketing, and the policy options available to governments to address this.

**Recommendation 6**

***The Committee recommends that the Australian Government provides its response to the Australian Food Story: Feeding the Nation and Beyond report and considers a dedicated resource within the Department of Health and Aged Care to support access to healthy food to all Australian communities.***

**Government response:** Noted

In December 2023, the House Standing Committee on Agriculture tabled its report into food security in Australia: Australian Food Story: Feeding the Nation and Beyond. The report presents 35 broad-ranging recommendations encompassing agriculture, economic and health perspectives. The Government will table a response to the report in due course.

Action is already underway across a number of the recommendations and in some cases, has already been completed. The Government committed $3.5 million over two years from 2025–26 to develop a National Food Security Strategy. This commitment addresses the Report's central recommendation, to 'develop a comprehensive National Food Plan'.

The Strategy aims to provide a long-term, whole-of-system plan to boost the productivity, resilience and security of the Australian food system. The Strategy, led by the Department of Agriculture, Fisheries and Forestry (DAFF), will be supported by a National Food Council, which is made up of industry and community experts from across the Australian food system.

Information about the National Food Security Strategy is published on the DAFF website: agriculture.gov.au/agriculture-land/farm-food-drought/food/national-food-security-strategy.

**Recommendation 7**

***The Committee recommends that the Australian Government, in consultation and cooperation with state and territory governments, develops a best practice framework to tackle the problem of obesogenic environments, including through better urban planning and the development of physical activity initiatives and supports efforts to increase access to regular exercise in schools and neighbourhoods as a matter of urgency.***

**Government response:** Support in-principle

The Government recognises obesity is a complex and critical health issue, which also increases the risk of many chronic diseases and cancers, including diabetes.

This recommendation is supported-in-principle due to the existing strong policy base that has been established through the National Obesity Strategy 2022-2032 and the National

Preventive Health Strategy 2021-2030. These Strategies have provided guidance, promoted action and facilitated collaborations to address obesogenic environments.

The National Obesity Strategy is a 10 year framework to prevent, reduce and treat overweight and obesity in Australia. It was developed in collaboration with all governments and is being collectively implemented. It recognises the root causes of overweight and obesity are multi-faceted and deeply embedded in the way we live, and that the causes of obesity are more complex than individual decisions about food, beverages and physical activity. Environmental, commercial, mental health, social and community factors all play significant roles in Australia's obesity epidemic. Tackling these barriers to change our obesogenic environments requires a whole-of-system, multi-faceted approach.

The National Preventive Health Strategy emphasises the importance of addressing obesogenic environments to combat obesity and to promote healthier lifestyles. It aligns with the National Obesity Strategy and supports a comprehensive, whole-of-system approach to enhance food and physical activity environments, improve urban planning and infrastructure, and encourage health promotion and education.

*Obesogenic environments and urban planning*

The National Urban Policy was published on 29 November 2024 and sets out a vision for our cities and suburbs and supports our highest priorities, from equitable access to jobs, homes and services, to climate resilience and lowering emissions. It includes a shared vision for sustainable urban growth, as agreed by National Planning Ministers. It also outlines our priorities as we work with partner governments on issues that impact our urban areas based on the following goals:

- liveable and equitable
- productive and innovative
- sustainable and resilient.

In relation to obesogenic environments and urban planning, the liveable and equitable goal ensures that all individuals are safe and able to take advantage of the benefits from fully participating in society for economic, social and wellbeing purposes. This promotes health, wellbeing and safety, while enabling people to connect to their communities, including access to health care, active transport options and accessible public spaces to foster a healthy lifestyle.

The Government will work to address the National Urban Policy through the five implementation principles.

*Physical Activity Initiatives*

The Government also recognises the role that physical activity plays in preventing and managing chronic conditions, such as diabetes.

The Government has released the National Sport Strategy 2024-2034, which recognises sport as a driver of broader policy objectives and seeks to leverage opportunities created through active recreation and physical activity in schools and the community. This includes promoting environments that are safe, and ensuring opportunities are available for people of all ages, to encourage participation in sport and physical activity.

The Play Well National Sport Participation Strategy aims to create great sporting environments and experiences for people of all ages, backgrounds, genders and abilities. The Strategy has 6 priority areas, including Active Places and Spaces to create, improve, and make better use of sport fields and facilities across Australia. Through the 2024-25 Federal Budget the Government allocated $10.5 million over 2 years for the Australian Sports Commission to deliver the Play Well grant program.

*Exercise in schools*

The nationally agreed Australian Curriculum sets the expectations for what all Australian students should be taught, regardless of where they live or their background.
The Australian Curriculum: Health and Physical Education (HPE) learning area enables students to develop knowledge, understanding and skills to make informed choices about their own and others' health, safety, wellbeing, and physical activity participation.

While the Government plays a leadership role in setting and advocating for national priorities in school education, state and territory government and non-government education authorities have responsibility for managing schools, including implementation of the curriculum in line with system and jurisdictional policies and requirements. Decisions about the selection and use of educational resources and the delivery of programs to support the HPE learning area are made at the school level to ensure these can be tailored to suit local community needs.

The Government's Sporting Schools grant program, also led by the Australian Sports Commission, delivers free sporting activities in schools right across Australia to help increase children's participation in sport. Since it began in 2015, the program has engaged over 17 million children across more than 9,000 schools (86% of all schools in Australia) who are registered with the program, with 57% of schools located in regional or remote areas.

Through the 2024-25 Federal Budget the Government provided $62.9 million over 2 years to support the continuation of this initiative.

**Recommendation 8**

***The Committee recommends that the Australian Government explores the potential for effective national screening programs for all forms of diabetes, particularly Type 2 diabetes.***

**Government response:** Noted

The Government notes this recommendation. The Government recognises that early detection, diagnosis and screening for diabetes related complications are crucial for achieving positive outcomes for patients with diabetes. However, any proposals put forward for potential national screening programs for diabetes in Australia would need to be considered against the principles set out in the Population Based Screening Framework.

The Population Based Screening Framework (published in 2018) provides guidance when considering potential population-based screening programs in Australia. The Framework identifies the need for a strong evidence base on the safety, reproducibility and accuracy of screening tests, the efficacy of treatment and cost-effectiveness.

In 2010, the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) was developed on behalf of the Australian, state and territory governments as part of a joint initiative to reduce the risk of type 2 diabetes. AUSDRISK guides the user through a brief list of questions that, when completed, provides an estimate of a patient's current level of risk of developing type 2 diabetes over the next 5 years.

Patients aged between 40 and 49 at high risk of developing diabetes as determined via use of the AUSDRISK tool are eligible for a Medicare Benefits Schedule (MBS) Type 2 diabetes risk evaluation (health assessment) every 3 years. This health assessment has been considered under the review of all MBS health assessment services, to help inform its effectiveness and any future improvements. Final review findings were presented to Government in 2025 and are under consideration

Several other MBS items also apply for type 2 diabetes risk evaluations conducted by general practitioners, depending on the length of the consultation as determined by the complexity of the patient's presentation.

The Government has funded Breakthrough T1D (formerly known as JDRF Australia) for the T1DCRN through the Medical Research Future Fund (MRFF). In addition, the Government is also funding T1DCRN $50 million over 5 years from 2024-25 to build on the progress of existing prevention research to accelerate the search for a type 1 diabetes cure. Under this priority area, the T1DCRN will continue a type 1 diabetes prevention screening pilot program that tests children for early-stage type 1 diabetes before symptoms begin and develops therapies to prevent commencement of the condition.

Screening for gestational diabetes is routinely conducted between 24 and 28 weeks of pregnancy. People who might be at higher risk are often tested earlier. People who had gestational diabetes in pregnancy are at a greater risk of developing type 2 diabetes within 10 years. Through the National Diabetes Services Scheme (NDSS), the Baby Steps program supports people who have had gestational diabetes during pregnancy. It is designed to empower people to implement lifestyle changes and reduce the risk of type 2 diabetes after gestational diabetes. They do not need to be registered with the NDSS to join Baby Steps. The Baby Steps program includes short videos, learning sessions and interactive activities. It explores food choices, physical activity, stress and medications, tracks steps or active minutes, and lets users share stories and learn from other's experiences through the community support chat forum.

When people are registered on the NDSS with gestational diabetes they are automatically included on the National Gestational Diabetes Register. As part of the Register they are sent reminders about postnatal follow-up and regular type 2 diabetes checks.

**Recommendations 9 and 11**

***Recommendation 9***

***The Committee recommends that the Australian Government implements a national public health campaign to increase public awareness of the early signs of all forms of diabetes mellitus.***

***Recommendation 11***

***The Committee recommends that the Australian Government implements a national public health campaign to increase awareness of the importance of prevention, identification of early signs, and good management of all forms of diabetes mellitus.***

**Government response:** Support in-principle

These recommendations are supported-in-principle as they are consistent with objectives and actions set out in national strategies, including the National Strategic Framework for Chronic Conditions 2026-35, National Diabetes Strategy 2021-2030, National Preventive Health Strategy 2021-2030, and the National Obesity Strategy 2022-2032.

The Australian National Diabetes Strategy 2021-2030 guides Australia's response to reducing the impact of diabetes in the community. The strategy provides a framework for collaborative efforts by governments with the community to reduce the incidence of, and mortality from, diabetes and its associated complications. Goal 2 of the strategy is to promote awareness and earlier detection of type 1 and type 2 diabetes and includes a range of actions to support this objective.

The National Preventive Health Strategy 2021-2030 supports mass media campaigns to promote healthy eating and influence physical activity behaviour, as part of a multi-faceted and multilayered approach to address the interconnected causes of poor health and wellbeing.

The National Obesity Strategy 2022-2032 supports social marketing to foster healthy social and cultural norms, reduce weight stigma and help people make healthy choices. The Australian Government is working with state and territory governments to implement the National Obesity Strategy.

Domestic and international mass media campaigns have proven to increase awareness of public health issues. However, campaigns are most effective in creating sustained behaviour change when they are delivered over multiple years and supported by complementary initiatives to address associated risk factors and the wider determinants of health.

As such, the Government will continue to consider a range of policy initiatives to increase awareness of diabetes and advocate for the importance of prevention and early diagnosis.

**Recommendation 10**

***The Committee recommends that the Australian Government funds the development of education-based obesity screening information and resources.***

**Government response:** Noted

The National Obesity Strategy 2022-2032 emphasises the need to embed a greater focus on overweight and obesity in clinical practice. This includes supporting upskilling of the workforce to better support people living with and at risk of obesity.

Body mass index (BMI) is a practical and accepted method used to monitor overweight and obesity in populations. However, BMI measurement does not necessarily reflect body fat distribution or describe the degree of adiposity in different individuals. Waist circumference is a commonly used method to measure internal fat deposits. The Government acknowledges that these are not perfect measures for overweight and obesity in individuals as they do not take into account overall body composition, including adiposity, muscle mass and bone density.

The Government has funded Deakin University to review and update the Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia. The guidelines will provide recommendations about the appropriate diagnosis, management and treatment of obesity, based on the most recent evidence and best practice advice. As part of the update of these Guidelines, appropriate methods for detecting overweight and obesity are being considered. This will include the need to undertake a thorough assessment that considers health history, comprehensive medical examination and screening for risk factors and comorbidities.

The guidelines are expected to be finalised in 2026.

**Recommendation 12**

***The Committee recommends that equitable access to health care for people living with all forms of diabetes be improved through:***

- ***Access to longer appointments with a health care provider subsidised by the MBS***
- ***Access to case conferencing models of health care, especially in rural and remote areas***
- ***Access to telehealth services***
- ***Increase in the number of item numbers for allied health consultation for those with diabetes for diabetes educators and dieticians and other allied health providers***
- ***Access to diabetes educators, including in high-risk outer metropolitan, rural and remote communities.***

**Government response:** Support-in-principle

The Government acknowledges access to longer consultations with a health provider can support improved health outcomes.

In response to the Strengthening Medicare Taskforce Report, the Government implemented new MBS items for GP consultations of 60 minutes or longer, including for face-to-face and video consultations. These consultations, known as "level E" were announced in the 2023-24 Budget and became available on 1 November 2023. These items support patients with complex needs who require more time with their GP.

The Government expanded this in the 2024-25 Budget and implemented new MBS items for face-to-face and video nurse practitioner consultations of at least 60 minutes on 1 March 2025.

The Medicare Benefits Schedule Review Advisory Committee (MRAC) is conducting a review of MBS time-tiered items for primary care. The review will consider issues such as item consistency, opportunities to streamline, and whether the current time-tiers appropriately support contemporary clinical practice. A working group has been established to lead this review and will report back to the full committee on its findings.

Case conferencing MBS items exist for GPs, nurse practitioners and eligible allied health practitioners to participate in multidisciplinary case conferences for patients with chronic conditions, including diabetes. These items can be used for face-to-face, video and telephone participation. Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, and a range of allied health practitioners, including diabetes educators, dietitians, exercise physiologists, mental health workers, physiotherapists, and podiatrists are all eligible to participate.

Since 1 January 2022, permanent MBS telehealth items provide for a wide range of telephone and video conference services by qualified health practitioners and support flexible, safe and equitable telehealth services, including for people with or at risk of diabetes. These services are available nationally.

In the 2025-26 Budget, the Government also introduced additional phone items for non-GP Specialists and Consultant Physicians. These services are for patients that require longer consultations for ongoing treatment or for more complex follow-up, including but not limited to endocrinologists or pediatricians who are commonly members of a patient's care team. This directly responds to a recommendation by the MRAC from its 2024 post implementation review of MBS telehealth.

Since 1 March 2024, Aboriginal and Torres Strait Islander people have streamlined access to up to 10 MBS subsidised allied health services per year following a health assessment, or if they are receiving care from their GP through chronic disease management arrangements.

In addition to the 5 MBS subsidised services available per year to patients receiving care from their GP through chronic disease management arrangements (10 for Aboriginal and Torres Strait Islander people), eligible patients with type 2 diabetes can receive up to 8 group therapy services per year from dietitians, diabetes educators and exercise physiologists.

The Department of Health, Disability and Ageing is continuing funding for the work of the T1DCRN including investing in medical research to support patient-centered prevention and treatment options so everyone with type 1 diabetes can have access to the best health care. Funding will be used to leverage genomics, in consultation with Aboriginal and Torres Strait Islander researchers to advance type 1 diabetes research to provide patients with personalised treatment options, comparable to those seen in cancer care. This will include developing tangible clinical care options for vulnerable populations, such as Aboriginal and Torres Strait Islander people, who display different disease patterns compared to non-Indigenous populations. Research will aim to further understand differences in disease triggers, development and therapeutic response so people with type 1 diabetes can be offered therapies tailored to their individual clinical profile and personal choice.

The Quality Assurance for Aboriginal and Torres Strait Islander Medicare Services (QAAMS) program supports participating Aboriginal Medical Services and Aboriginal Community Controlled Health Services to provide accurate diabetes-related pathology testing on site through point of care testing.

The Government is committed to the National Agreement on Closing the Gap, working collaboratively and in genuine, formal partnerships with Aboriginal and Torres Strait Islander people to overcome the inequality experienced by Aboriginal and Torres Strait Islander people to achieve life outcomes equal to all Australians. At the centre of the National Agreement are 4 Priority Reforms that focus on changing the way governments work with

Aboriginal and Torres Strait Islander people. In line with Priority Reform One, the Government will continue its commitment to place-based partnerships with Aboriginal and Torres Strait Islander people to respond to local priorities. This includes co-design and consultation on any potential changes that help ensure equitable access to healthcare in remote communities.

On 20 August 2024, the MRAC commenced a review of Allied Health Chronic Disease Management services to examine if current services are adequately supporting patients with chronic conditions and assess whether Allied Health Chronic Disease Management services and Allied Health Group services should be amended to better support management of chronic conditions for eligible patients. The Committee's recommendations and those of the MRAC will inform the consideration of any new and amended MBS face-to-face and telehealth services.

**Recommendation 13**

***The Committee recommends that the Australian Government reviews the limits for accessing juvenile mental health and diabetes services, with a view to enabling young people to continue receiving support for longer.***

**Government response:** Noted

The Government is committed to ensuring children and young people can access the mental health care they need, and delivering a more equitable, comprehensive, and sustainable mental health system. The Government response to the Better Access evaluation on the Department of Health, Disability and Ageing's website provides a platform for these system reforms.

The Government response highlights increasing the number of MBS sessions is not the solution for people with complex needs. Increasing the number of sessions carries a risk of further entrenching inequities, with people from lower socioeconomic backgrounds and regional, rural and remote areas missing out, and limiting the capacity of providers to offer treatment to new users.

The Government is investing in complementary models outside the MBS to ensure children and young people can access the mental health care they need. The Government is rolling out in partnership with all states and territories a national network of 17 Medicare Mental Health Kids hubs. These services provide free multidisciplinary support for children aged 0-12 years, do not require a formal referral and the number of sessions is not capped. The Government is also rolling out a national network of Medicare Mental Health Centres to provide free community-based services for people with moderate to complex needs, with young people (aged 12-24 years) making up 19% of people currently accessing the centres. [1]

*Based on data sourced from the Primary Mental Health Care Minimum Data Set (PMHC-MDS) as uploaded by PHNs extracted on 27 January 2026. PHNs can amend their data at any time including retrospectively – data extractions therefore represent a "point in time". PHNs have 31 days from contact with a client to upload their data. Data upload by PHNs may be incomplete at the time of extraction. Data from 43 Medicare Mental Health Centres are included in this report; data unavailable in the PMHC-MDS for Bathurst Medicare Mental Health Centre. Excludes Urgent Mental Health Care Centre (UMHCC) in Adelaide. Interim sites are not reported. A client may be counted more than once if they attend more than one MMHC during the data reporting period.*

This is in addition to funding a range of free digital mental health and crisis support services and a new national early intervention service to provide free low intensity mental health support.

The Government also continues to roll out new headspace services for young people aged 12-25 experiencing, or at risk of, mild to moderate mental illness. There are currently 172 headspace services operating across Australia, and a further 5 services under establishment. As part of the 2025 Federal Election, the Government announced an additional 58 new, upgraded or expanded headspace services.

Through the NDSS, Diabetes Youth Zone was launched in October 2023 and generated strong interest from the community with approximately 8,500 views of the homepage. This initiative further supports young people living with diabetes, their families, and carers by providing diabetes self-management information and resources. The Youth Zone website has a strong focus on emotional wellbeing with young people sharing their own stories. It recommends leaning on friends, family and a care team, including psychologists, for support.

The NDSS has a Mental Health site *Looking after your mind*. While not specifically targeted to young people, it is a collation of resources, articles and support services for helping with mental health. Looking after your mind acknowledges that managing diabetes can be a relentless burden and comes with its own specific worries and fears. More information can be found at: Looking after your mind - Looking after your mind (ndss.com.au).

**Recommendation 14**

***The Committee recommends the Australian Government work with the state and territory governments to develop education tools and resources to support all staff across the health care system to improve understanding of diabetes, its different forms, the early signs and management. The Diabetes in Schools program should be funded to allow all schools to access it.***

**Government response:** Noted

The Australian National Diabetes Strategy 2021–2030 outlines Australia's national response to diabetes and informs how health care and other resources can be better coordinated and targeted across all levels of government.

In addition, the NDSS Annual Plan and Budget 2025-2026 outlines the Government's commitment to transparency, efficiency, national consistency, and digitisation. The intended outcomes of the plan are informed by extensive diabetes expertise and strong connections to people with lived experience, the Australian Diabetes Society, the Australian

Diabetes Educators Association, clinicians, scientists, researchers, other diabetes organisations, supply chain stakeholders and international networks.

Diabetes Australia has been funded an average of $46.95 million per annum (GST exclusive) for the administration and delivery of services for the NDSS. This funding contributes to key strategies and actions to further strengthen and develop education tools, resources and improve understanding of diabetes by:

- Raising awareness of the NDSS through a national communications and engagement campaign,
- providing education and support to general practitioners and practice staff, practice nurses, community health and primary care nurses, pharmacists and pharmacy assistants, and any other persons as agreed with the Department of Health, Disability and Ageing, and
- supporting capacity and capability of the health workforce through the implementation of nationally consistent targeted education and training programs.

The Government acknowledges the significant burden diabetes places on individuals and families and recognises that management of the condition in the school setting is an important and complex issue. Currently, the Diabetes in Schools program aligns with the Australian National Diabetes Strategy to promote awareness of type 1 diabetes symptoms and management in schools, other education settings, workplaces, and the community.

The Diabetes in Schools program enables children with type 1 diabetes to be supported in managing their condition while at school. Participation in the Diabetes in Schools program is optional and is at the discretion of schools, should they wish to participate. There are 3 tiers of education for school staff that include online modules, group training sessions and targeted training by appropriately qualified health professionals, including credentialed diabetes educators. Level 1 and level 2 online training is available to any school, while level 3 individualised training is available where the child is under the care of a hospital that holds a Diabetes in School service agreement with Diabetes Australia.

Diabetes Australia report to the Department of Health, Disability and Ageing on the delivery of the Diabetes in Schools program quarterly and annually. Any issues with the program are identified and rectified to ensure that it remains effective.

The Government will continue to work with states and territories and Diabetes Australia to support staff across the health care system to have a better understanding of diabetes management and to effectively support the management of diabetes in schools.

***Recommendation 15***

***The Committee recommends that subsidised access to Continuous Glucose Monitors (CGMs) be further expanded. In the first instance, all access limitations in relation to patients with Type 1 diabetes should be removed. Furthermore, individuals with insulin-***

***dependent Type 3c diabetes and patients with gestational diabetes should be made eligible for subsidised CGMs and for those with Type 2 diabetes requiring regular insulin. The Committee recommends prioritising the removal of age limitations on access to subsidised access for Type 1 diabetes patients.***

**Government response:** Noted

The Government recognises that continuous glucose monitors (CGMs) can help to improve diabetes self-management and health outcomes for people living with diabetes.

The Government provides considerable financial support to people with diabetes through the subsidy of diabetes-related products through the NDSS. The Government has committed $682.3m over 4 years from 2022-23 to provide subsidised access to CGMs.

Since 1 July 2022, all Australians with type 1 diabetes have access to subsidised CGM products through the NDSS, with no age limitations in place.

All products supplied through the NDSS are subject to volume limits, including CGM products. The limits on CGM products are determined based on manufacturers' recommended usage of individual products and prevent product wastage and stockpiling while ensuring users have continuous access to products.

The limits also recognise that some products may be lost or damaged during use and include a buffer to support these situations. In cases where a product does not work correctly, registrants can contact the supplier's helpline to receive a replacement under warranty free of charge.

Where a registrant reaches the maximum product volume limit, the NDSS Helpline can provide assistance in ensuring products are used correctly and can authorise access to additional products.

The NDSS Helpline can also provide assistance in ordering higher quantities of products for people with limited access to community pharmacies or in anticipation of overseas travel. The NDSS Helpline can be contacted on 1800 637 700. Further information about the NDSS is available at www.ndss.com.au.

The income tested and age-based Private Health Insurance Rebate (Rebate) is another way the Government supports people living with diabetes, who hold private health insurance, to access CGM medical devices. People on lower incomes, and older Australians, receive a higher level of financial assistance from the Government's investment in the Rebate of over $7 billion annually.

The Government will consider the Committee's report in making decisions around any expansion of this funded program in the future.

**Recommendation 16**

***The Australian Government should explore expanding subsidised access to insulin pumps for all Australians with Type 1 diabetes. A gradual increase, such as expanding access to those aged 40 and under, would be useful as an initial step.***

**Government response:** Noted

The Government recognises insulin pumps improve blood glucose control and quality of life for those living with diabetes who use insulin.

The Insulin Pump Program (IPP) is administered by Breakthrough T1D (formerly known as JDRF Australia) and provides fully subsidised insulin pumps to children and young people aged up to 21 years who have type 1 diabetes, are from financially disadvantaged families, and who do not have access to other means of reimbursement, such as private health insurance.

The IPP was established in 2008 for children aged up to 18 years of age. On 1 July 2022, the Government expanded the eligibility criteria to raise the age limit to people aged under 21 years. Since the program commenced, the IPP has provided more than 2,900 insulin pumps to eligible recipients.

The Government has committed $8.4m over 4 years from 2022-23 to support young people with type 1 diabetes through the IPP.

As part of the 2024-25 Budget, the Government committed an additional $3.7 million to support increased access to fully subsidised insulin pumps through the IPP. This funding relates to both the IPP, for the supply of additional pumps in 2024-25, and the NDSS for the supply of insulin pump consumables over the functional life of the pumps supplied.

This funding includes:

- $1.27 million additional funding for the IPP in 2024-25 (of which $1.19 million is for insulin pump subsidies); and
- $2.43 million additional funding for NDSS over 4 years (2024-25 to 2027-2028).

Support for the ongoing cost of Insulin Pump Consumables such as insulin reservoirs and infusion sets is provided through the NDSS to eligible registrants. The cost of Insulin Pump Consumables represents approximately half of the cost of insulin pump therapy.

In addition, all people with type 1 diabetes are eligible to receive subsidised access to CGM products through the NDSS. Some insulin pump systems can integrate with CGM products.

Further, the income tested and age-based Private Health Insurance Rebate (Rebate) is another way the Government supports people living with diabetes, who hold private health insurance, to access insulin pumps. People on lower incomes, and older Australians, receive a higher level of financial assistance from the Government's investment of the Rebate of over $7 billion annually.

**Recommendation 17**

***The Committee recommends that the Australian Government undertakes a review of the price and choice of insulin pumps in Australia.***

**Government response:** Noted

To ensure that Australians have access to medical devices that are safe to use and fulfil their intended purpose, all products that meet the definition of a medical device as specified in the *Therapeutic Goods Act 1989* – including insulin pumps – must be included in the Australian Register of Therapeutic Goods before they can be lawfully supplied in Australia.

For a product to be included in the Australian Register of Therapeutic Goods, a product sponsor must make a submission to the Therapeutic Goods Administration (TGA) to have the product listed. This is a commercial decision for individual product manufacturer, the Commonwealth cannot compel private companies to sell their products in Australia.

The Medical Services and Human Tissue Prescribed List (Prescribed List) supports choice and accessibility of insulin pumps for Australians. The Prescribed List sets out the medical devices and human tissue products for which private health insurers must pay benefits for patients who have relevant insurance policies. This helps minimise out-of-pocket expenses for patients using those insulin pumps on the Prescribed List which is important for maintaining access to devices.

The Government funds the IPP to provide fully subsidised insulin pumps for children and young people aged under 21 years with type 1 diabetes who are from financially disadvantaged families, and do not have access to other means of reimbursement, such as private health insurance. This program is administered by Breakthrough T1D (formerly known as JDRF Australia) on behalf of the Commonwealth. However, while the Government can negotiate prices for insulin pumps supplied through Commonwealth programs, as noted above, manufacturers of insulin pumps are private companies that make decisions based on their own commercial interests. The Commonwealth cannot dictate what prices they establish for insulin pumps for a retail setting.

Participants of the program receive an initial supply of pump consumables when allocated a pump, with ongoing consumables supplied and subsidised by the NDSS.

In 2023 the Department of Health, Disability and Ageing undertook an open tender process to establish new insulin pump supply arrangements for the IPP, following expiry of the previous arrangements. Tenders received were evaluated against criteria including price,

and the suitability of the insulin pump and associated goods. The advertised tender documentation highlighted that the program has a fixed budget and that unit pricing for pumps was therefore very important to ensure that the maximum number of people could benefit from the program.

While the tender evaluation panel recognised the value of having a choice of insulin pumps available, ultimately a single supplier was chosen on the basis that this would result in a significant number of additional people being able to benefit from the program - that is, significantly more pumps could be supplied through the IPP. This was considered particularly important as the program provides insulin pumps to people who would otherwise have no opportunity to access insulin pump therapy.

**Recommendation 18**

***The Committee recommends that the Australian Government, subject to a positive recommendation from the Pharmaceutical Benefits Advisory Committee, expands the eligibility criteria for Glucagon-like Peptide-1 (GLP-1) receptor agonists, particularly for high-risk patients***.

**Government response:** Support in-principle

The Government supports access to affordable medicines by listing medicines on the Pharmaceutical Benefits Scheme (PBS) that have been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC), a statutory body established by the National Health Act 1953.

The PBS is the main mechanism through which the Government subsidises the cost of medicines for the treatment of Australian patients. Under the legislation, a medicine cannot be listed on the PBS unless the PBAC makes a recommendation in favour of its listing.

The PBAC is an independent, expert body, made up of doctors and other health professionals, health economists and consumer representatives. The Government relies on advice from the PBAC before adding or changing PBS listings. When considering a medicine proposed for PBS listing, the PBAC is legally required to consider the comparative effectiveness and cost-effectiveness of the medicine compared to other available therapies.

The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a medicine applies for PBS listing for specific conditions or to change the circumstances of a current PBS listing. Pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration. The Government cannot compel pharmaceutical companies to submit applications.

Glucagon-like peptide-1 receptor agonist (GLP-1 RA) medicines (semaglutide – Ozempic® and dulaglutide – Trulicity®) are listed for the treatment of type 2 diabetes mellitus on the

PBS. The current PBS listing of semaglutide and dulaglutide reflect the evidence that has been considered by the PBAC to date.

On 1 June 2024, changes were made to the PBS restrictions for GLP-1 RAs to implement recommendations made by the PBAC in July 2023. The changes broadened the PBS restrictions for GLP-1 RAs but increased the level of restriction for therapy initiation to an Authority Required (telephone/electronic) restriction to better ensure use in accordance with the PBS restrictions. More information about the changes can be found on the PBS website at: www.pbs.gov.au.

As of 1 June 2024, GLP-1 RAs are subsidised through the PBS for patients with type 2 diabetes as an add-on to first-line therapies (including insulin), where patients are contraindicated, intolerant, or fail to achieve a clinically meaningful glycaemic response to a sodium-glucose co-transporter 2 (SGLT2) inhibitor medicine. SGLT2 inhibitors are a lower-cost therapy compared to GLP-1 RAs, which also have proven cardiovascular benefits and are associated with modest weight loss. The definition of a ‘clinically meaningful glycaemic response’ is left open to clinician discretion in the context of the individual patient.

On 6 March 2025, Minister Butler wrote to the PBAC to request its advice on equitable access to GLP-1 RA medicines for the treatment of obesity. The PBAC provided advice on this issue at its November 2025 meeting and outcomes have been published on the PBS website. The PBAC recognised that while there are many Australians who might benefit from subsidised access to GLP-1 RA medicines, a slow and managed roll-out through the PBS would help to manage uncertainties around long-term use and outcomes. The PBAC provided advice on priority populations for access to GLP-1 RA medicines through the PBS and invited sponsor submissions for these populations. At the November 2025 PBAC meeting, the PBAC also recommended the listing of semaglutide (Wegovy®) on the PBS for people with established cardiovascular disease with obesity.

The Standing Committee’s Report includes costings of 8 options by the Parliamentary Budget Office to "Subsidise GLP-1 RA drugs on the PBS for obesity and individuals with type 2 diabetes requiring intensive insulin therapy" (Refer Appendix G of the Report). The costings consider subsidisation of patient co-payments and do not include the cost to Government of subsidising the medicine. Compared to the cost of GLP-1 RAs, the cost of the patient co-payments is relatively small. The Government does not currently subsidise patient co-payments which are determined by provisions in the National Health Act. There are a number of programs and policies aimed at improving affordability of PBS medicines, including reduced co-payments for eligible concession card holders, the PBS Safety Net, the Closing the Gap PBS Co-payment Program, and 60-day prescriptions.

**Recommendation 19**

***The Committee recommends that the Australian Government establishes mechanisms for securing supplies of Glucagon-like Peptide-1 (GLP-1) receptor agonists for disadvantaged and remote communities, including Aboriginal and Torres Strait Island communities***.

**Government response:** Support in-principle

The National Medicines Policy (NMP) is a high-level framework that aims to ensure a reliable supply of medicines. The supply of medicines is identified in the NMP as an ongoing issue faced by people from rural and remote communities, including Aboriginal and Torres Strait Islander People. NMP partners commit to work together and take action to reduce risk and minimise the impact of the challenge of delivering an efficient and timely supply of affordable medicines.

Australia's medicines regulatory system helps to protect the health and safety of the community by being up-to-date, flexible, and supporting timely, safe access to innovative, evidence-based medicines.

The Community Service Obligation (CSO) arrangements are part of the Government's commitment to the objectives of the NMP, which ensures that all Australians have access to the PBS medicines they require regardless of the cost of the medicine or where they live, including rural and remote areas.

Pharmaceutical wholesalers, known as CSO Distributors, are required by the Commonwealth to meet CSO Service Standards and CSO Compliance Requirements, such as stocking, supplying, and pricing of products supplied to community pharmacies. This includes the supply of PBS Medicines within the Guaranteed Supply Period (24-72 hours) and rural and remote delivery thresholds that ensure CSO Distributors supply PBS Medicines to any community pharmacy within their CSO jurisdiction, including all rural and remote community pharmacies.

The TGA actively monitors the supply of important medicines, including GLP-1 RA medicines and other medicines used to treat type 2 diabetes, and plays a role in assisting patients and practitioners when medicines are in shortage. At the request of the TGA, the Department of Health, Disability and Ageing can relieve CSO Distributors of some of their obligations under the CSO deeds, in order to provide them with greater flexibility to pro-actively manage product supply and shortage issues. Previously reported shortages of GLP-1 RA medicines have resolved between mid-2025 and early 2026. The TGA continues to monitor the supply of GLP1-RA medicines and works with sponsors of GLP1-RA medicines to identify early signals of potential disruptions.

The National Medical Stockpile (NMS) is a strategic reserve of treatments, vaccines, antidotes, and other medical supplies for use in national health emergencies. The NMS does not hold general medical supplies that can be used to address medical shortages, including

GLP-1 receptor agonists or other diabetes related medication. Directing the NMS to stockpile products that are in shortage could exacerbate the supply chain issues further. It could also be counter to the intent of making products readily available to priority populations in remote and regional healthcare settings. Further, manufacturers may not agree to supply the NMS with GLP-1 medications given shortages.

In 2024, the TGA consulted with consumers, health professionals and healthcare and industry organisations to better understand the nature, extent and urgency of problems currently affecting the supply of medicines in Australia.

The public consultation findings and published submissions, including from the National Aboriginal Community Controlled Health Organisation (NACCHO), Queensland Aboriginal and Islander Health Council and the Aboriginal Medical Services Alliance Northern Territory, are available on the TGA Consultation Hub. The TGA further collaborated with NACCHO and Queensland Aboriginal and Islander Health Council to prioritise issues for recommended reform, through a series of online focus groups. The TGA have since progressed reforms to reduce the impact of medicine supply disruptions, focussing on the identified priorities. This includes establishment of the Medicine Shortages Stakeholder Forum, consisting of diverse industry, health and consumer groups created to inform policy considerations under the reforms. Membership on this forum includes NACCHO, Diabetes Australia and the Australian College of Rural and Remote Medicine.

Consistent with the National Agreement on Closing the Gap, the Government is working collaboratively and in genuine, formal partnership with Aboriginal and Torres Strait Islander people to respond to local priorities, including co-design and consultation on any potential changes to existing regulatory frameworks that help ensure supply of medicines in remote communities.

**Recommendation 20**

***The Committee recommends that the Australian Government considers expanding access to bariatric surgery within the public system for eligible patients.***

**Government response:** Noted

The planning and delivery of Australian public hospital services is undertaken by states and territories in their role as system managers. The Government provides significant funding through the National Health Reform Agreement to assist states and territories with the costs of delivering public hospital services, including for bariatric surgery on an activity basis.

On 30 January 2026, the Prime Minister announced a landmark hospital funding deal, where the Commonwealth will provide $25 billion in additional funding for public hospitals. Commonwealth funding for state-run public hospitals will reach a record $219.6 billion from 2026-27 to 2030-31.

Under the Medicare Principles in the National Health Reform Agreement the states and territories have agreed to provide all Medicare-eligible persons with the choice to receive public hospital services free-of-charge, on the basis of clinical need and within a clinically appropriate period. The National Health Reform Agreement also requires states and territories to ensure arrangements are in place to guarantee equitable access to public hospital services, regardless of geographical location.

In accordance with the Principles, public hospitals and the doctors treating individual patients should determine the appropriate treatment for patients, which may include bariatric surgery.

**Recommendation 21**

***The Committee recommends that the Australian Government takes steps to manage diabetes research efforts through the Australian Centre for Disease Control (CDC) by coordinating with the peak bodies such as JDRF and Diabetes Australia research priorities with an emphasis on equitable access and prevention. The Committee also recommends that the Australian Government considers increased funding for Type 1 diabetes research and clinical trials.***

**Government response:** Support in-principle

The Government recognises the importance of research in ensuring accurate diagnosis and up to date and effective management of all types of diabetes.

The National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF) and other funding programs act as the primary avenues for consideration of health and medical research funding in Australia.

Established on 1 January 2026, the Australian Centre for Disease Control (CDC) is an independent, technical and expert advisory national authority on communicable diseases and public health threats. The CDC does not fund research programs, however, the CDC works in close partnership with research institutions and as the organisation matures, is expected to inform prioritisation of research. The CDC capabilities in relation to non-communicable and chronic disease will be considered following an independent review of the CDC's funding and operations in 2028, as part of progressive expansion.

In determining Government funding for health and medical research through the MRFF, the Government also considers the Australian Medical Research and Innovation Strategy and the Australian Medical Research and Innovation Priorities. These are set out by the independent and expert Australian Medical Research Advisory Board following consultation.

The Australian Medical Research Advisory Board (AMRAB) will be consulting with stakeholders on the Australian Medical Research and Innovation Priorities for 2026-28, and

the Australian Medical Research and Innovation Strategy 2026-2031 in accordance with requirements under the *Medical Research Future Fund Act 2015*.

The MRFF and NHMRC funding is primarily disbursed through independently reviewed contestable processes to ensure the integrity of the research design, quality and safety for patients.

From its inception in 2015 to 1 March 2026, the MRFF invested more than $211 million in 66 grants with a focus on diabetes and its complications. Examples include:

- $47.0 million awarded to MTPConnect for the Targeted Translation Research Accelerator for Diabetes and Cardiovascular Disease - a coordinated and collaborative program of translational research on diabetes (type 1 and type 2) and cardiovascular disease to transform health outcomes.
- $28.5 million awarded to MTPConnect to partner with small to medium enterprises to accelerate into practice promising drugs and devices focused on cardiovascular disease and the complications of diabetes.
- $25.0 million awarded to Breakthrough T1D (formerly known as JDRF Australia) over five years from 2019-20 for the T1DCRN, which aims to establish Australia as a world leader in type 1 diabetes research. An additional $6.0 million over 4 years has been provided to Breakthrough T1D (formerly known as JDRF Australia) to administer the T1DCRN.
- $2.9 million to the Menzies School of Health Research for the project, 'A life course approach to reduce intergenerational diabetes risk in remote Northern Australia through improved systems of care and consumer engagement'.

In 2023, the *Targeted Translation Research Accelerator Research Plan* was developed by an independent Expert Advisory Panel to guide the commitment of up to $77.5 million under the MRFF, to leverage the outcomes of research funded through the initial $47 million Targeted Translation Research Accelerator investment and the MRFF Cardiovascular Health Mission This Research Plan informed MRFF investment of $40.4 million in 2024 via 2 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes grant opportunities. The final investments under the Research Plan (up to $37 million) will occur via two 2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes grant opportunities. Outcomes from these 2 grant opportunities are anticipated in May 2026.

Between 2016 and 2025, $456.8 million was invested by NHMRC for research relevant to diabetes.

A further $5.0 million was announced in the 2024-25 Budget to fund additional diabetes research.

$50 million over 5 years was announced in the 2024-25 MYEFO to build upon the significant advancements of the T1DCRN to date by addressing three priority areas:

- screening and prevention of type 1 diabetes,
- improving and targeting treatment of type 1 diabetes and

- accelerating the search for type 1 diabetes cure.

There are opportunities to continue to fund diabetes research across a number of MRFF Initiatives including the MRFF Preventive and Public Health Research Initiative which will provide $596.5 million over 10 years from 2022-23 to fund targeted research into new ways to address risk factors for chronic and complex diseases in Australia. This includes:

- $75.0 million over 10 years to support the development and implementation of strategies and approaches for addressing modifiable risk factors such as diet, physical activity, and smoking, at key life course stages: childhood, adolescence, mid-life, and amongst older people.
- $77.5 million to support delivery of the Targeted Translation Research Accelerator for health and medical research focused on diabetes (type 1 and type 2) and cardiovascular disease.

**Recommendation 22**

***The Committee recommends that the Australian Government undertakes a survey of current diabetes-related data, with a view to developing strategies for establishing new and improving current data sources and for establishing a national diabetes mellitus register within the CDC.***

**Government response:** Support in-principle

The Australian Government notes that a determination of the scope, functions, and responsibilities of the Australian CDC, including possible overlap with other health portfolio bodies (such as AIHW), did not occur until after the release of the Standing Committee's June 2024 report. As flagged at Recommendation 21, CDC capabilities in relation to non-communicable and chronic disease will be considered following an independent review of the CDC's funding and operations in 2028, as part of progressive expansion The new CDC will work in partnership with other Commonwealth entities and avoid duplication wherever possible.

The AIHW currently monitors and reports on the health of Australians including chronic conditions, multimorbidity, burden of disease, risk factors, cancer screening, deaths, population groups, and the determinants of health. This includes reporting on key population health measures, health service usage, and disease expenditure on diabetes in Australia (see Diabetes: Australian facts).

The AIHW is also currently working to improve person-centred data to support policy development, service delivery and community benefits through the use of linked data, consistent with broader strategic advancement of health data holdings and integration. This includes the National Health Data Hub– a major national de-identified linked data system that brings together key health and aged care datasets (see National Health Data Hub Data & data items). Considering the role of the AIHW in population health monitoring and data

integration, the Government considers the AIHW to be best placed to house national diabetes data.

The NDSS Data Collection (held by AIHW), provides the best picture of people living with diabetes in Australia, though falls short of being a complete national register. Building on the NDSS with a transition to an ‘opt out’ scheme together with efforts to improve registration rates among Aboriginal and Torres Strait Islander people (undertaken with appropriate governance structures to support Indigenous Data Sovereignty), would further enhance the capacity of the NDSS as a national diabetes mellitus register.

Other key data sources include:

- National Health Survey (NHS, ABS)
- National Aboriginal and Torres Strait Islander Health Survey
- National (insulin-treated) Diabetes Register
- AIHW Disease Expenditure Database
- Australian Burden of Disease Study
- National Mortality Database (NMD)
- National Hospital Morbidity Database (NHMD)
- National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)
- PBS and Repatriation Pharmaceutical Benefits Scheme (RPBS) data
- MBS data
- MedicineInsight database (NPS MedicineWise).

Areas of work underway to improve person-centred data include the development of a National Primary Health Care Data Collection and linkage between clinical quality registries and other administrative health databases (including the NDSS) into the National Health Data Hub.

This work is further reinforced by establishment of the Australian CDC. The scope of the CDC includes improved data sharing with state and territory governments, as well as enhanced analysis and linkage capabilities for public health purposes at the national level across health and non-health datasets.

**Recommendation 23**

***The Committee recommends that the Australian Centre for Evaluation in the Department of Treasury commits to the ongoing assessment of any actions taken in respect of Committee recommendations made in this report.***

**Government response:** Noted

The Department of Health, Disability and Ageing’s Evaluation Centre will consult Treasury’s Australian Centre for Evaluation (ACE) in the design of the evaluations relevant to the Committee’s recommendations. This work will involve an initial stocktake of actions taken,

and proposed evaluation activity. This will then be reviewed periodically (at least annually). Responsibility for planning and resourcing of evaluations will continue to lie with the relevant areas of the Department of Health, Disability and Ageing.

**Dissenting recommendation**

**Recommendation 24**

***Coalition members recommend that the Australian Government oppose a levy on sugar sweetened beverages at this time.***

**Government response:** Noted