

10 strategic priorities of the 1st 100 days for Health & Ageing



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The first 100 days of the re-elected Labor government in 2025 will be crucial for demonstrating effective delivery, accelerating long-promised reforms, and establishing structural changes across health, ageing, and disability systems. With the Aged Care Act 2024, and the financial sustainability of the NDIS under scrutiny. The government has made significant commitments, including expanded Medicare access, urgent care clinics, women's health initiatives, and rural services. However, implementation gaps and delivery risks still need to be addressed.

This policy brief outlines 10 actionable priorities that should be launched or significantly advanced within the first 100 days. These priorities are grouped into three key objectives: ensuring the delivery of reforms, driving system integration, and promoting equity. Each recommendation emphasizes visibility, coordination, and measurable public benefit.

1. Establish the Aged Care Act 2024 Transition Authority.

Implementing the Aged Care Act 2024 is the most significant structural reform in aged care in decades, consolidating and replacing three previous laws with a rights-based approach. With the Act scheduled to take effect from 1 July 2025, a coordinated transition must begin immediately. An Aged Care Transition Authority could be established within the Department of Health and Aged Care to oversee this process. Key responsibilities would include developing an implementation readiness dashboard for providers, coordinating sector-wide training, and leading communication with older Australians, families, and providers, particularly in rural, Aboriginal and Torres Strait Islander, and culturally diverse communities. This move will send a clear signal of control, preparation, and commitment to fairer care.

2. Launch the NDIS Financial Sustainability and Integration Plan.

The NDIS has seen rapid cost growth, prompting reforms that aim to reduce the annual growth rate from 23% to 8% by 2026. However, these targets risk failure without an integrated implementation plan. Within the first 100 days, an NDIS Reform Implementation Taskforce could be established with responsibility for operationalising announced savings, addressing fraud, and designing a care integration strategy. The task force should also initiate a provider audit and review hospital discharge and allied health coordination between the NDIS and mainstream health systems. This will ensure the scheme is sustainable and easier for participants to navigate, restoring trust and system coherence.

3. Operationalize Bulk Billing Expansion ahead of schedule.

Government's expansion of bulk billing incentives, scheduled for full rollout in November 2025, is one of the most essential cost-of-living reforms for socioeconomically disadvantaged populations. A GP-led Bulk Billing Expansion Taskforce could be established immediately to accelerate the benefits. This body would develop streamlined onboarding protocols, digital payment solutions, and early-adoption incentives for practices in high-needs areas. Clinics willing to begin early implementation could receive bonus payments or status recognition, particularly in regional zones and urban growth corridors. This move would alleviate pressure on urgent care services while delivering political dividends for affordability and access.

4. Finalize and tender the 50 new Medicare Urgent Care Clinics (UCCs).

Following success of the first 87 clinics, which served over 1.3 million patients, government's commitment to an additional 50 Medicare Urgent Care Clinics must now transition from planning to execution. Site selection should be finalized within 30 days based on emergency department demand mapping and regional service gaps. Public tenders should be opened for service providers, prioritizing streamlined processes to reduce red tape. Simultaneously, a national clinical recruitment drive should be launched in collaboration with PHNs, using fast-track credentialling to support workforce availability. These actions will deliver immediate public confidence and reduce hospital pressure during peak winter demand.

5. Implement PBS \$25 co-payment and 60-day dispensing reforms.

Reducing the Pharmaceutical Benefits Scheme (PBS) co-payment to \$25 and expanding 60-day prescribing rights are powerful policy levers for addressing medication affordability, particularly for pensioners and low-income Australians. Within the first 60 days, regulatory amendments should be finalized, and collaboration with pharmacist groups initiated to ensure smooth stock planning and supply continuity. A public information campaign should be launched in multiple languages to ensure vulnerable groups are aware of the new arrangements. This action combines cost-of-living relief with practical, visible health reform that will resonate strongly with constituents.

6. Launch primary care workforce expansion program.

The health workforce faces mounting pressure, particularly in general practice, aged care nursing, and midwifery. The government's budgeted investments should be activated by opening applications for new GP training places, particularly those tied to rural and outer-suburban placements. Concurrently, the 400 nursing and midwifery scholarships should be launched, targeting graduates committed to hard-to-staff locations and specialties. The program should include provisions for fast-tracked accreditation and onboarding internationally qualified practitioners. This initiative is crucial for addressing workforce shortages and demonstrating the timely delivery of promises made to frontline workers.

7. Deploy \$1.8 billion hospital funding with performance-based agreements.

The \$1.8 billion funding package for public hospitals offers a chance to relieve overcrowding, surgical waitlists, and ambulance ramping, but only if states and territories can access the funds through clear agreements. Within the first 100 days, a COAG Health Council meeting should be convened to finalize performance-based Memoranda of Understanding (MOUs), tied to measurable indicators like emergency department wait times and elective surgery reductions. Additionally, a 20% allocation should be set aside as Rapid Response Grants for hospitals experiencing acute system strain. These fast-deployed funds will offer immediate system relief while longer-term benchmarks are set.

8. Initiate Women's health package implementation.

Women's health is an area of high unmet need and strong political momentum. The implementation of women's health package should be fast-tracked by releasing updated Medicare Benefits Schedule items for long-acting reversible contraceptive (LARC) services, along with provider training guidelines. Locations for the 11 new pelvic pain and endometriosis clinics should be finalized and publicly announced, along with details of funding and staffing structures. A linked roadmap for menopause services should also be released, providing integrated pathways through primary and urgent care. These actions will visibly advance gender equity in health.

9. Begin rural and remote health equity package.

Rural and regional populations experience lower life expectancy, reduced access to care, and greater service gaps. Within the first 100 days, a Rural Health Workforce Distribution Plan should be launched to review and redesign current incentives for rural GPs and allied health professionals. In parallel, a Telehealth Infrastructure Enhancement Program should be initiated, starting with a national audit of technology gaps and digital capability among rural providers. Coordination with local PHNs, Aboriginal Medical Services, and councils will ensure effective program design and implementation. This initiative speaks directly to regional voters and delivers long overdue structural equity.

10. Commission national mental health services review and suicide prevention overhaul.

Mental health remains under-resourced and poorly integrated across Medicare, primary care, and specialist services. A comprehensive National Mental Health Service Audit should be commissioned within the first month, addressing access, quality, and funding overlaps. Findings should feed into a revised National Suicide Prevention Strategy, with targeted investments in regions and cohorts with high suicide risk. Tele-mental healthcare, particularly for youth and regional communities, should be expanded as a priority. These actions will re-establish federal leadership in mental health policy and respond to one of the most urgent social issues.

By the end of the first 100 days, the government has a renewed opportunity to publicly demonstrate progress across key areas of the Health, Aged Care, and NDIS portfolios. These actions are achievable, politically strategic, and systemically valuable, forming the foundations for a more integrated, equitable, and responsive health and disability care system. Through coordinated execution and clear public communication, the government can turn policy intent into visible results and reinforce public confidence in its capacity to deliver.