

Federal budget misses chance to ensure people living with diabetes receive optimal care, ADEA says

The federal budget has not done enough to ensure people living with diabetes receive optimal care, including having greater access to health professionals with specialised diabetes knowledge, by making inadequate investments in key priority areas, the Australian Diabetes Educators Association (ADEA) says.

The government's 2024–25 budget delivered on 15 May committed \$8.5 billion to health over five years, which includes \$2.8 billion to strengthening Medicare and the care economy, \$4.3 billion to delivering cheaper medicines, and \$1.3 billion to a fit and healthy Australia.

Diabetes-specific measures include an additional \$3.7 million over four years from 2024–25 to subsidise more devices under the Insulin Pump Program for financially disadvantaged Australians aged under 21 with type 1 diabetes.

JDRF has also received \$6.5 million for their Type 1 Diabetes Clinical Research Network for research that is already underway.

As part of the Medicare and care economy investment, \$141.1 million is provided to improve health outcomes, which includes supporting research and services for people living with chronic conditions such as diabetes, dementia, and bowel cancer.

In addition, \$22.1 million will be invested over two years from 2024–25 to continue support for preventive health and chronic disease research to support the *National Preventive Health Strategy 2021–2030*, which includes diabetes.

Other measures of strengthening Medicare include taking pressure off hospitals by investing \$227 million in 29 new Urgent Care Clinics, \$361 million in mental health services, \$160 million to women's health, and \$17.4 million to help health services at risk of closing.

An investment of \$4.3 billion will be made to delivering cheaper medicines, which includes a one-year freeze on the maximum co-payment for a PBS prescription for all Medicare cardholders and up to a five-year freeze for pensioners and concession cardholders.

These PBS co-payment measures will deliver Australians a saving of \$318 million over the forward estimates and an additional \$166.4 million in 2028–29.

In another measure, \$3.4 billion will be invested over five years for new and amended listings to the PBS, particularly high-cost medicines.

However, the budget excluded measures for several priority areas for the diabetes workforce and diabetes care and research as proposed by ADEA, the Australian Diabetes Society (ADS) and Diabetes Australia in their joint budget submission to the government.

These priorities in diabetes care include reducing the number of Australians developing type 2 diabetes and expanding and improving access to life-saving technologies.

To support those priorities, ADEA — the national peak body for diabetes education, management and care — asked the government to also invest in greater access to credentialled diabetes educators (CDEs).

ADEA, ADS and Diabetes Australia are also asking for urgent, immediate funding, as well as long-term funding, to support diabetes research.

ADEA CEO Susan Davidson said that while the 2024–25 investments in diabetes care were welcomed, the budget could have done more to expand access to CDEs and to support the broader allied health sector to help reduce the impact of diabetes.

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"CDEs are critical to helping people living with diabetes and, ultimately, reducing the broader impacts of the condition on Australia's health system and economy," she said.

"Investment in the CDE workforce will help people living with diabetes and people at increased risk of diabetes-related complications by providing greater access to health professionals with specialised diabetes knowledge who can reduce that risk."

Ms Davidson said it was disappointing to see key priorities missing out, but that ADEA will continue to work with its partners in the diabetes and health sectors to advocate for the needs of the diabetes community and the diabetes health professionals that support them.

"This will ensure that people living with diabetes receive the best possible care, including having greater access to CDEs," she said.

Ms Davidson said that ADEA worked closely with Allied Health Professions Australia, which described the budget as losing momentum to reform "our ailing primary care system".

"We will continue to advocate on behalf of the profession, and we look forward to working with the government and other stakeholders to ensure the best possible care and outcomes for people with diabetes," she said.

An ADEA analysis of the budget will be published soon.

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