

From: [Minister Butler DLO](#)
To: [DLO - Finance](#)
Cc: s22 [Minister Butler DLO](#)
Subject: MS25-902993 - Letter from Health Minister [SEC=PROTECTED]
Date: Tuesday, 4 November 2025 10:32:18 AM
Attachments: [image001.png](#)
[MS25-902993 - Letter from Health Minister.pdf](#)
[MS25-902993 - Attachments.zip](#)

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Morning DLOs,

Please find attached a letter from the Health Minister to the Finance Minister seeking agreement to insert 10 new items in Schedule 1AB to the Financial Framework (Supplementary Powers) Regulations 1997.

Please also find attachments above.

Thanks,

s22

Departmental Liaison Officer

Office of the Hon. Mark Butler MP
Minister for Health and Aged Care

T: s22

E: s22 [@protected.health.gov.au](mailto:s22@protected.health.gov.au)

s22 | PO Box 6022
Parliament House, Canberra ACT 2600

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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The Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme

Ref No: MS25-902993

Senator the Hon Katy Gallagher
Minister for Finance
Parliament House
CANBERRA ACT 2600

Dear Minister

Request for 10 new items in Schedule 1AB to the Financial Framework (Supplementary Powers) Regulations 1997

I am writing to seek your agreement to insert 10 new items in Schedule 1AB to the Financial Framework (Supplementary Powers) Regulations 1997 (the FF(SP) Regulations). The proposed amendments to Schedule 1AB will reduce the legislative authority risk by creating new legislative authority for government spending on 10 programs.

The amendments to Schedule 1AB are proposed for consideration by the Governor-General at the Federal Executive Council meeting scheduled for 11 December 2025.

Details of the proposed spending activities including objectives, policy authority, summary of constitutional and legislative authority risks for the programs are found in **Attachments A to J** to this letter. The attachments also contain information on the decision to fund and the availability of independent merits review on that decision, as well as input to the statement of compatibility with human rights. This information will assist your department with drafting the proposed new Schedule 1AB items and accompanying explanatory materials.

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Yours sincerely



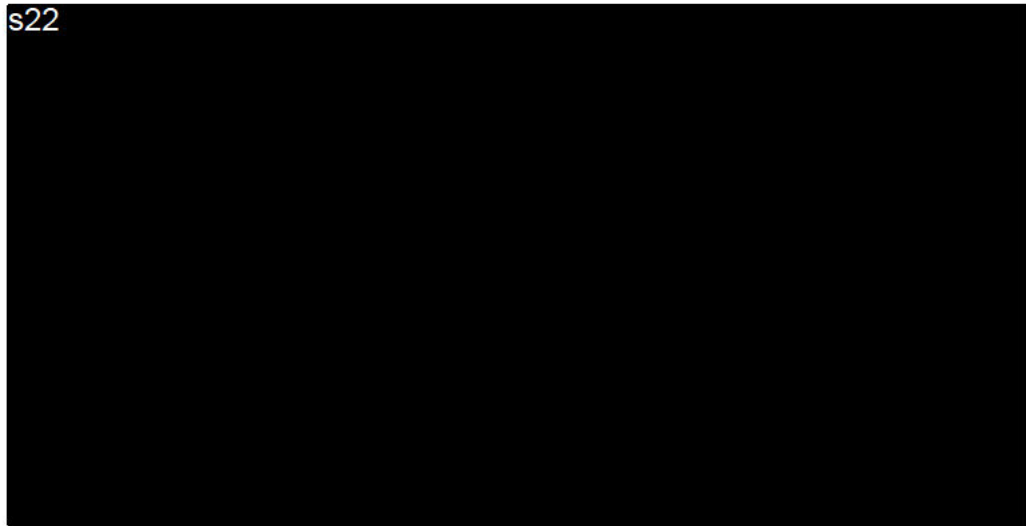
Mark Butler

03/11 / 2025

Encl (10)

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- B
- C
- D
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- H
- I
- J

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Medicare Urgent Care Clinics Program

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Attachment I

Medicare Urgent Care Clinics (Medicare UCC Program)

Description of the proposed new Commonwealth expenditure

The Government has allocated \$1.4 billion in funding over seven years from 2022-23 to establish and operate 137 Medicare Urgent Care Clinics (Medicare UCCs), including:

- \$771.6 million over five years from 2022-23 for 87 existing clinics
- \$644.3 million over three years from 2025-26 to establish an additional 50 clinics (announced in the 2025-26 Budget).

In 2022, the Australian Government committed to establish 50 Medicare UCCs across Australia to provide free, bulk-billed urgent care for urgent, non-life-threatening conditions. The Medicare UCC Program (the program) was part of the Government's broader response to recommendations of the Strengthening Medicare Taskforce and was initially launched as a pilot through to June 2026. The program is now embedded in the health system with more than 2 million presentations since the first sites commenced in June 2023. Medicare UCCs are one of the Government's key priorities to strengthen Medicare and improve access and affordability of health care for all Australians.

The aim of Medicare UCCs is to alleviate pressure on hospital emergency departments (EDs) and offer short-term, episodic care for urgent but non-life-threatening conditions. Medicare UCCs are intended to be co-located with general practices, Aboriginal Community Controlled Health Services, and other community health centres. Medicare UCCs provide urgent care services for injuries and illnesses such as closed fractures, wounds, and minor burns. The clinics offer walk in services without appointments, operate over extended hours and provide access to diagnostic services such as pathology and radiology. The clinics are fully bulk billed under the Medicare Benefits Schedule (MBS) and operate with no out-of-pocket costs to patients.

The objectives of the program are to:

- Improve access to urgent care in a non-hospital setting. This includes the aim of changing consumer behaviour about options for appropriate care for urgent conditions that are not immediately life-threatening.
- Reduce the pressure on ED presentations in partner hospitals by providing patients with short term, episodic care for urgent conditions that are not immediately life-threatening.
- Support integration with existing local health services and complement general practice.

The Commonwealth, in collaboration with state and territory governments, developed the Medicare UCC Program Operational Guidance (Operational Guidance). The Operational Guidance sets the minimum requirements for Medicare UCCs, including activities, infrastructure

and staffing while allowing sufficient flexibility for services to adapt to local conditions and needs.

As outlined in the Operational Guidance, Medicare UCCs must:

- provide short term, episodic care for urgent conditions that are not immediately life threatening including minor illnesses and injuries;
- be co-located with, or partnered alongside, General Practices that offer full bulk billing, where local circumstances allow;
- provide bulk-billed services, resulting in no out-of-pocket costs to patients;
- operate fourteen hours a day, every day (including public holidays);
- accept walk-in patients without the need for appointments;
- provide a discharge summary/clinical handover to the patient’s usual GP within 24 hours;
- be part of a referral network that ensures patients are directed to the most accessible and efficient service for their need;
- consider and respond to the local context and need;
- ensure that they are welcoming, accessible and safe spaces for priority population groups; and
- have systems in place to improve clinical quality and safety.

A total of 137 Medicare UCCs are being delivered across Australia in three tranches. The Government delivered a total of 58 Medicare UCCs by the end of 2023 (Tranche 1). A further 29 Medicare UCCs were established under the *Strengthening Medicare* package in 2024-25 (Tranche 2). An additional 50 clinics were announced in the 2025-26 Budget (Tranche 3). As at October 2025, 90 Medicare UCCs are open across the country. This includes 3 Victorian Medicare UCCs which commenced under Tranche 3 of the program in August 2025. The remaining 47 Tranche 3 Medicare UCCs are being established in 2025-26.

An overview of existing and planned clinics is below at Table A:

Table A – Existing Medicare and Planned Medicare UCCs

State	Existing Medicare UCCs	Planned Medicare UCCs
New South Wales	22	14
Victoria*	20*	9
Queensland	16	10
Western Australia	8	6
South Australia	6	3

Tasmania	5	3
Australian Capital Territory	5	1
Northern Territory	8	1
Total	90*	47
	137	

*Includes 3 Victorian clinics announced under Tranche 3 of the Medicare UCC Program which commenced operation in August 2025.

Decisions on Medicare UCC locations are made by Government. The factors which informed consideration of locations included:

- equitable distribution of clinics across the country;
- analysis of need and likely demand including category 4 and 5 presentations to partner EDs;
- suitability of existing urgent care services to be funded by the Commonwealth under the Medicare UCC Program; and
- consideration of the likelihood to establish a successful service, e.g. workforce capacity and capability.

Grant funding is provided to Medicare UCCs through commissioning agreements with state and territory governments and Primary Health Networks (PHNs) (collectively referred to as commissioners). Medicare UCCs receive blended funding which includes:

- block funding to support capital works and operational grants, including funding to support the purchasing of high-cost specialist equipment on an 'as needs' basis; and
- access to certain MBS items that support delivery of urgent care services.

The request for a new item in Schedule 1AB to the *Financial Framework (Supplementary Powers) Regulations 1997* (the FF(SP) Regulations) to establish legislative authority for government spending for the Medicare UCCs Program, relates only to the block funding delivered to PHNs.

Funding for the existing Medicare UCCs is provided through Medicare UCC Schedules with PHNs in New South Wales, South Australia, Western Australia, and Queensland. Medicare UCCs commissioned prior to 1 July 2025 in Victoria, Northern Territory, Tasmania, and the Australian Capital Territory are funded through Federation Funding Agreements (FFAs) with the state and territory governments.

Funding for the additional 50 Medicare UCCs (Tranche 3) is being provided to PHNs in all jurisdictions except the Northern Territory. Commissioners undertake a commissioning process

that typically involves a competitive open tender or expression-of-interest, to determine the most appropriate private provider to operate the Medicare UCC in that location.

Evaluation of the Medicare UCC Program

Nous Group has been engaged to undertake an independent evaluation of Tranche 1 and 2 of the Medicare UCC Program over 2023-2026, based on the measures of success agreed by Government. These measures aim to guide development of the evaluation plan and data collection for the Medicare UCCs, outlined in Table B below.

Table B – Measures of success for Medicare UCC Program Evaluation

Targets	
1	Patients receive timely treatment for urgent non-life-threatening conditions in Medicare UCCs
2	Medicare UCCs provide safe and quality treatment to patients
3	Medicare UCCs deliver coordinated care for their patients
4	Medicare UCCs provide a positive experience for patient/carer
5	Medicare UCCs provide a positive experience for providers at Medicare UCCs, in partner hospital EDs, and in local GP practices
6	Medicare UCCs reduce pressure on hospital ED presentations at partner hospitals
7	There is a change in consumer behaviour over time to use Medicare UCCs where available instead of EDs for urgent non-life-threatening conditions
8	Medicare UCCs, PHNS, HealthDirect, jurisdictions and the health ecosystem have established an effective coordinated care option for people with urgent non-life-threatening conditions
9	Medicare UCCs are cost-effective

The First Interim Report published in March 2025 (available at: www.health.gov.au/sites/default/files/2025-03/medicare-urgent-care-clinics-program-evaluation-first-interim-report_0.pdf) assessed data available across 75 Medicare UCCs established from, 30 June 2023 through to 30 September 2024. The report provides early insights that Medicare UCCs are delivering urgent care services as intended with most patients presenting for acute illnesses (63%) and acute injuries (26%); and most patients referred home after receiving care.

Nous Group continues to evaluate the Medicare UCC Program in line with the measures of success in Table B. The Second Interim Report is due at the end of 2025 with the final evaluation report due in 2026.

Funding Information

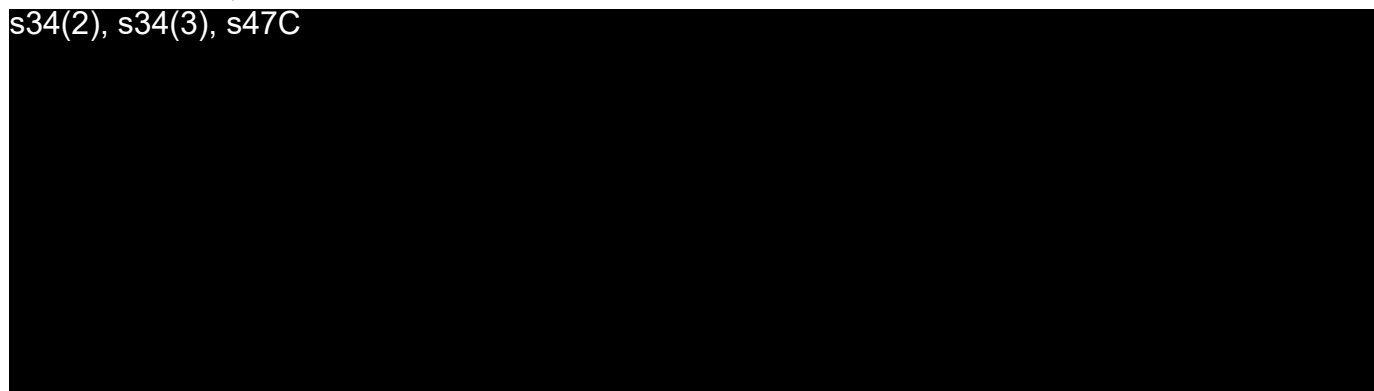
The Government is investing \$931.7 million over four years from 2025-26 to support the establishment and operation of 137 Medicare UCCs. The Medicare UCC Program has received funding through multiple Budget rounds, including the 2025-26 Budget, outlined below.

Funding of \$657.9 million for a period of three years from 2025-26 was included in the 2025-26 Budget under the measure 'Strengthening Medicare – Expanding Medicare Urgent Care Clinics', to expand the Medicare Urgent Care Clinics Program. Details are set out in Budget 2025-26, Budget Measures, Budget Paper No. 2 at page 55.

Funding of \$931.7 million for this item will come from Program 1.6: Primary Health Care Quality and Coordination, which is part of Outcome 1. Details are set out in the Portfolio Budget Statements 2025-26, Budget Related Paper No. 1.9 Health and Aged Care Portfolio at page 31, acknowledging Government has already provided partial funding for this measure.

This included funding of \$343.1 million allocated to PHNs in the 2025-26 Budget to support the establishment of a further 50 Medicare UCCs from 2025-26 to 2027-28. This has since been revised to \$373.8 million.

s34(2), s34(3), s47C



s42



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A copy of the AGS advice for the program has been provided to the Department of Finance.

s42

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s42

Statement of the relevance and operation of constitutional heads of power

External affairs power (s 51(xxix))

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

Australia is a party to the *International Covenant on Economic, Social and Cultural Rights* (ICESCR). Article 2 of the ICESCR requires each State Party to 'take steps...to the maximum of its available resources, with a view to achieving progressively the full realisation' of this right 'by all appropriate means, including particularly the adoption of legislative measures'. Article 12(1) recognises the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.

The steps to be taken by States Parties to achieve full realisation of the right to health are specified in Article 12(2) and include steps necessary for:

- (a) The prevention, treatment and control of epidemic, endemic, occupational and other diseases (Article 12(2)(c)); and
- (b) The creation of conditions which would assure to all medical service and medical attention in the event of sickness (Article 12(2)(d)).

The purpose of the program is to assist Australians to access urgent care in a non-hospital setting, which enables the treatment of urgent conditions that are not immediately life-threatening.

Social welfare power (s 51(xxiiiA))

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

The program provides medical treatment to Australians on a bulk – billing basis (resulting in no out-of-pocket expenses), which reduces financial barriers to accessing urgent medical care for vulnerable Australians.

Decisions about Commonwealth expenditure

Funding will be provided to PHNs through a closed, non-competitive and non-application based grant process. The purpose of the funding is to ensure continuity of the services provided by existing Medicare UCCs and support the establishment of new Medicare UCCs.

A closed, non-competitive grant process was undertaken in 2025 to establish a further 50 Medicare UCCs throughout Australia. Grant Opportunity Guidelines and information about the resultant grant awards are available on the GrantConnect website (www.grants.gov.au). The

grant will be administered by the Community Grants Hub, which is part of the Department of Social Services.

The Department of Health, Disability and Ageing (department) assessed a PHN's suitability to receive a grant against three assessment criteria:

1. alignment with grant opportunity objectives;
2. organisational capacity and performance; and
3. efficient and effective use of grant funds.

PHNs were selected to commission Medicare UCCs in recognition of their experience and expertise in commissioning health services and addressing local population needs. PHNs have demonstrated their ability to improve access to urgent care, establish partnerships and coordinate care across sectors throughout implementation of the Medicare UCC program. Continuing with PHNs as the commissioners of these services ensures a consistent and integrated delivery approach.

The grant will be administered in accordance with the Commonwealth resource management framework, including the *Public Governance, Performance and Accountability Act 2013*, the *Public Governance, Performance and Accountability Rule 2014* and the *Commonwealth Grants Rules and Principles 2024* (CGRPs). Consistent with the CGRPs, the department has developed grant opportunity guidelines and will have regard to the nine key principles in administering the grant.

A delegate of the Secretary of the department under the *Financial Framework (Supplementary Powers) Act 1997* will be responsible for approving Commonwealth funding provided to eligible organisations. The delegate will be at SES Band 3 level and have appropriate experience and knowledge to exercise this function.

Availability of independent merits review

Funding decisions made in connection with the program are not considered suitable for independent merits review as the benefits of the program are not directed towards the circumstances of particular persons, but rather applies generally to the community, and is therefore considered to be unsuitable for review. The funding will be delivered through a closed, non-competitive grant to organisations that the department has assessed as suitable and will ensure the provision of support and medical treatment for affected individuals. The program, by its nature, is unlikely to affect the interests of any one person. Decisions relating to the allocation of a finite resource, from which all potential claims for a share of the resource cannot be met, have generally been considered by the Administrative Review Council to be inappropriate for merits review.

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

The review and audit processes undertaken by the Australian National Audit Office provides a mechanism to review Australian Government spending decisions and report any concerns to the Parliament. These requirements and mechanisms help to ensure the proper use of

Commonwealth resources and appropriate transparency around decisions relating to making, varying or administering arrangements to spend relevant money.

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

Consultation

Since June 2022, the department has regularly and extensively engaged with all jurisdictions, PHNs, and multiple peak health bodies on the planning, establishment, operations, and management of Medicare UCCs. An outline of these stakeholders is in the table below.

Table C – Key Stakeholders for the Medicare UCC Program

Stakeholder type and consultation purpose	Jurisdiction	Specific stakeholders
<p>Primary Health Networks</p> <p>Consultation purpose: to discuss the establishment, implementation, funding arrangements and management of Medicare UCCs in each PHN's area. PHNs are also engaged to understand the local contexts, including the community needs and workforce capabilities.</p>	<p>Queensland</p>	<ul style="list-style-type: none"> • Brisbane North PHN • Brisbane South PHN • Central QLD, Wide Bay, Sunshine Coast PHN • Darling Downs and West Moreton PHN • Gold Coast PHN • Northern QLD PHN
	<p>New South Wales</p>	<ul style="list-style-type: none"> • Central and Eastern Sydney PHN • South Eastern NSW PHN • North Coast PHN • Hunter New England and Central Coast PHN • Murray PHN • South Western Sydney PHN • Northern Sydney PHN • Nepean Blue Mountains PHN • Western Sydney PHN • Murrumbidgee PHN
	<p>Australian Capital Territory</p>	<ul style="list-style-type: none"> • Australian Capital Territory PHN
	<p>Victoria</p>	<ul style="list-style-type: none"> • Eastern Melbourne PHN • Gippsland PHN

		<ul style="list-style-type: none"> • Murray PHN • North Western Melbourne PHN • South Eastern Melbourne PHN • Western Victoria PHN
	Tasmania	<ul style="list-style-type: none"> • Tasmania PHN
	South Australia	<ul style="list-style-type: none"> • Adelaide PHN • Country SA PHN
	Western Australia	<ul style="list-style-type: none"> • Western Australian Primary Health Alliance
	Northern Territory	<ul style="list-style-type: none"> • NT PHN
<p>State and Territory health agencies</p> <p>Consultation purpose:</p> <p>During Tranche 1 and 2 consultations were held to understand alignment with existing state-funded urgent care services and explore opportunities to transition state funded services to the Medicare UCC Program. Victoria, Australian Capital Territory, Northern Territory and Tasmania are commissioners of Medicare UCCs. Regular meetings are held to discuss the establishment, implementation, funding arrangements and management of Medicare UCCs in each jurisdiction. State and Territory officials were engaged to inform the development of</p>	Queensland	<ul style="list-style-type: none"> • Queensland Health
	New South Wales	<ul style="list-style-type: none"> • NSW Health
	Australian Capital Territory	<ul style="list-style-type: none"> • Canberra Health Services • ACT Health
	Victoria	<ul style="list-style-type: none"> • Victorian Department of Health
	Tasmania	<ul style="list-style-type: none"> • Tasmania Department of Health
	South Australia	<ul style="list-style-type: none"> • SA Health • Wellbeing SA
	Western Australia	<ul style="list-style-type: none"> • WA Department of Health
	Northern Territory	<ul style="list-style-type: none"> • NT Health

<p>the Medicare UCC Operational Guidance.</p>		
<p>Peak bodies Consultation purpose: Peak bodies are engaged through the Medicare UCC Operational Advisory Group to provide advice on the operations of Medicare UCC program and potential policy improvement opportunities for the Medicare UCCs Program. For example, Peak bodies were consulted as part of the 2025 Operational Guidance review.</p>		<ul style="list-style-type: none"> • Royal Australian College of General Practitioners (RACGP) • Australian Medical Association (AMA) • Consumer Health Forum of Australia • Royal New Zealand College of Urgent Care (RNZCUC) • Australasian College of Emergency Medicine (ACEM) • Australian College of Rural and Remote Medicine (ACRRM)
<p>Aboriginal and Torres Strait Islander health and medical services Consultation purpose: to discuss policy opportunities to ensure Medicare UCCs:</p> <ul style="list-style-type: none"> • provide culturally safe and appropriate care for First Nations patients • establish appropriate referral pathways and partnerships with relevant services for First Nations people • provide services that are responsive to the needs of First Nations communities, particularly in rural and remote areas. 		<ul style="list-style-type: none"> • National Aboriginal Community Controlled Health Organisation (NACCHO) • Aboriginal Medical Services Alliance Northern Territory
<p>Medicare UCC providers Consultation purpose: to obtain feedback and information on the daily operation and management of Medicare UCCs.</p>		<ul style="list-style-type: none"> • Executive staff • Operational staff

These stakeholders have participated in several governance arrangements to date including:

- Operational Guidance Working Group (2022)
 - Frequency: Fortnightly, met 5 times
 - Purpose: to develop the Operational Guidance for the program
- Senior Officials Advisory Working Group (UCC-SOAG) from July 2022- December 2023
 - Frequency: as needed; 10 meetings were held
 - Purpose: to facilitate discussion on the design and implementation of the trial of the first 50 Medicare UCCs across all jurisdictions

- Operational Advisory Group since July 2023
 - Frequency: monthly or as needed; 11 meetings have been held to date
 - Purpose: to facilitate the consultation and expert advice on strategic policy and operational matters.
- Strengthening Medicare Primary Health Network Working Group (PHN working group) (2023)
 - Frequency: as requested by the Chair
 - Purpose: primary mechanism for PHNs to advise the department on matters relating to implementation of Strengthening Medicare reform measures
- Community of Practice since March 2024
 - Frequency: every 6 weeks; 6 meetings have been held to date
 - Purpose: to facilitate the implementation and operation of the program through peer information sharing between Medicare UCCs commissioners and staff.
- regular bilateral meetings.

Strategic oversight of the program is provided by the following executive and ministerial forums:

- Health Ministers Meeting
- Health Chief Executives Forum
- Strengthening Medicare Implementation and Oversight Committee

For the implementation and management of the program the department engages with the following Federal Government agencies:

- Services Australia
- Department of Veterans Affairs
- Department of Treasury
- Department of Finance
- Department of Prime Minister and Cabinet

The department occasionally engages with the providers of Medicare UCCs, and their operational staff. Due to the commissioning arrangements of the program, engagement on the day-to-day operations of clinics are generally addressed by commissioners. Consultation with the relevant entities and PHNs will continue throughout the life of the grant agreement and program.

Meetings have been held on an ongoing basis since June 2022 with PHNs, state and territory health agencies and peak bodies and Aboriginal and Torres Strait health and medical services. During peak implementation periods for Tranche 1 and Tranche 2 of the program, meetings were held between a monthly and fortnightly basis and following this peak period, meetings were reduced to between a monthly and quarterly basis.

Input to the statement of compatibility with human rights

The proposed amendment to Schedule 1AB of the FF(SP) Regulations engages the following human rights:

- the right to health – Article 12 of the ICESCR, read with Article 2;
- the rights of persons with disabilities under Article 5 of the *Convention on the Rights of Persons with Disabilities* (CRPD), read with Article 4; and
- the right to self-determination under Article 1 of the ICESCR, and Article 1 of the *International Covenant on Civil and Political Rights* (ICCPR), read with Article 2.

The right to health

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

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

Article 12(2)(c) of the ICESCR recognises the ‘prevention, treatment and control of epidemic, endemic, occupational and other diseases’.

Article 12(2)(d) of the ICESCR, outlines steps necessary for ‘the creation of conditions which would assure to all medical service and medical attention in the event of sickness’.

The program supports the right to health and improving health outcomes in Australian communities by providing timely access to affordable and high-quality care for urgent conditions across extended hours of operation, reducing reliance on hospital emergency departments across the country. Medicare UCCs treat a wide range of conditions, including minor illnesses and injuries. Medicare UCCs adapt to the local needs of their local communities, supporting increased equity in access.

The rights of persons with disabilities

Article 4 of the CRPD obliges each State Party to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. This right includes elimination of discrimination.

Article 5(3) provides that in order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

The program supports persons with disabilities, particularly in relation to the right to health and right to accessibility and inclusion. Medicare UCCs are required to ensure services are inclusive and accessible for people with disabilities (both physical and intellectual) of all ages, in accordance with relevant standards (for example, RACGP Standards for general practices). This includes ensuring clinics are wheelchair accessible and bathrooms have mobility access. Communication resources are also tailored for people with disabilities.

The right to self-determination

Article 1 of the ICESCR and Article 1 of the ICCPR requires that each State party recognise that “all peoples have the right of self-determination” and “by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development”.

All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence. And that each State Party shall promote the realisation of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

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

The program supports individuals to freely make informed choices about their health care for urgent conditions. Patients can choose to attend a Medicare UCC without an appointment or a referral, empowering them to seek free urgent care when and where they need it. Medicare UCCs are required to provide culturally safe health services for the First Nations Communities and for those from Culturally and Linguistically Diverse and none-English Speaking Backgrounds.

The program of establishing and maintaining Medicare UCCs is not only compatible with these human rights and freedoms but aims to further promote the protection of the rights identified.

From: [Financial Framework \(Supplementary Powers\) Regulations](#)
To: s22 [redacted]@protected.health.gov.au
Cc: [Financial Framework \(Supplementary Powers\) Regulations](#); s22 [redacted]@protected.health.gov.au
Subject: For SES clearance: Draft ES and Regulations - Part 4 - Medicare UCCs (Health, Disability and Ageing Measures No. 4) Regulations [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Date: Wednesday, 5 November 2025 10:53:50 AM
Attachments: [image001.jpg](#)
s22 [redacted]

**OFFICIAL:Sensitive
Legal Privilege**

Hi s22 [redacted] and team

Please find attached the draft ES and regulations for your review for **Item 7 - Medicare Urgent Care Clinics Program**. Please note, the draft ES includes only information relating to this item to avoid any issues with version control for the items that have already been sent for SES clearance.

Item	Comments
s22 [redacted]	[redacted]
Part 4 – Programs	[redacted]
s22 [redacted]	[redacted]
7. Medicare Urgent Care Clinics Program	- Draft ES attached for SES clearance. - Second draft of the Regulations attached. No changes to this item.

s22 [redacted]

Please note, all 10 items will be compiled with the other items to form a single ES. This will be provided to you once all 10 items have been SES cleared by Health.

Can you please:

- review and address our comments highlighted in **Yellow** (noting that no action is required for the highlighted table item numbers within the ES which will be updated when OPC finalise the Instrument);
review and check that the ES does not include information that is not public/shouldn't be

made public (noting that most of the content is necessary to meet the requirements of the Scrutiny of Delegated Legislation Committee); and

- obtain SES clearance (unless there are any comments/issues that you wish to discuss with us before clearance is obtained).

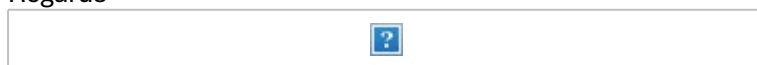
Please provide any edits/comments in track changes. Please note that Finance reserves final editorial rights to this document.

If you **do not** have concerns or significant issues to address in the ES, can you confirm SES clearance by **Friday, 7 November 2025**.

If you **do** have any concerns or issues to address in the ES, please reach out to us as soon as possible.

Any questions, please let me know.

Regards



s22 | Assistant Director
Schedule 1AB | Financial Management Branch
Financial Analysis, Reporting and Management Division
Department of Finance

T: **s22**

E: **s22** [@finance.gov.au](mailto:s22@finance.gov.au) **s22** [@finance.gov.au](mailto:s22@finance.gov.au)

A: One Canberra Avenue, Forrest ACT 2603

From: s22
To: [Financial Framework \(Supplementary Powers\) Regulations](#)
Cc: [Expenditure](#)
Subject: 54660 - 52762 SES clearance: Draft ES and Regulations - Part 4 - Medicare Urgent Care Clinics (Health, Disability and Ageing Measures No. 4) Regulations [SEC=UNOFFICIAL]
Date: Monday, 10 November 2025 2:42:45 PM
Attachments: s22

PROTECTED

Dear s22

Please find the program area's responses in relation to the Medicare Urgent Care Clinics Program.

Kind regards,

s22

Senior Lawyer

Expenditure Section

Legal Division | Commercial and Information Law Branch
Australian Government Department of Health, Disability and Ageing

s22 [@protected.health.gov.au](mailto:s22@protected.health.gov.au)

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

Please note that this email and attachments may contain confidential or legally privileged information. Please consult with Legal Division before disclosing any part of this email, or attachment, outside the Department. If you receive this email in error, please delete it and contact the sender immediately

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From: s22
To: [Financial Framework \(Supplementary Powers\) Regulations](#)
Cc: [Expenditure](#)
Subject: RE: 54660 - 52762 SES clearance: Draft ES and Regulations - Part 4 - Medicare Urgent Care Clinics (Health, Disability and Ageing Measures No. 4) Regulations [SEC=UNOFFICIAL]
Date: Tuesday, 11 November 2025 1:36:30 PM
Attachments: [image001.png](#)

UNOFFICIAL

Dear s22

Thank you for your email. I confirm that the program area is comfortable with the revised wording.

Kind regards,

s22

Senior Lawyer

Expenditure Section

Legal Division | Commercial and Information Law Branch
Australian Government Department of Health, Disability and Ageing

s22 [@protected.health.gov.au](mailto:s22@protected.health.gov.au)

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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UNOFFICIAL

From: Financial Framework (Supplementary Powers) Regulations
Sent: Monday, November 10, 2025 5:08 PM
To: s22
Cc: Financial Framework (Supplementary Powers) Regulations ; Expenditure
Subject: RE: 54660 - 52762 SES clearance: Draft ES and Regulations - Part 4 - Medicare Urgent Care Clinics (Health, Disability and Ageing Measures No. 4) Regulations [SEC=UNOFFICIAL]

UNOFFICIAL

Hi s22

Thanks for providing the SES cleared ES for this item.

Regarding the comment about a large amount of granular detail being included in the consultation section, there is no requirement to include all this information, noting we sourced this solely from Minister Butler's draft letter and attachment.

To assist with summarising this information in the ES whilst also meeting the technical requirements of the SDLC, we suggest removing the granular detail and instead including an overarching sentence on the engagement in the ES (refer changes below in red text and strikethrough):

Since the commencement of the program in June 2022, the department has regularly and extensively engaged with all jurisdictions, PHNs, Aboriginal and Torres Strait Islander health and medical services and multiple peak health bodies such as the Royal Australian College

of General Practitioners, Australian Medical Association, Consumer Health Forum of Australia, Royal New Zealand College of Urgent Care, Australasian College of Emergency Medicine and Australian College of Rural and Remote Medicine, on the planning, establishment, operations, and management of Medicare UCCs. **This engagement has facilitated the design, implementation, and operation of the program.**

Engagement to date has included the following This includes through the following forums: [please include membership/representatives of the groups below]:

- consultation with the Operational Guidance Working Group in 2022-2023 to develop the initial Operational Guidance for the program which sets the minimum requirements for Medicare UCCs, including activities, infrastructure and staffing. Membership included the department and jurisdictions. PHNs were also consulted separately, jurisdictions and some PHNs, including activities, infrastructure and staffing while allowing sufficient flexibility for services to adapt to local conditions and needs;
- ten meetings with the Senior Officials Advisory Working Group from July 2022 to December 2023 to facilitate discussion on the design and implementation of the trial of the first 50 Medicare UCCs across all jurisdictions. Membership included the department and jurisdictions;
- eleven meetings with the Operational Advisory Group ongoing since July 2023 to facilitate the consultation and expert advice on strategic policy and operational matters, with the last meeting held on 12 August 2025. Membership includes the department, jurisdictions, two PHNs and four peak organisations, with the last meeting held on x month/year[?];
- Strengthening Medicare PHN Working Group in 2023 to advise the department on matters relating to the implementation of the program; and
- six meetings with the Community of Practice ongoing since March 2024 to facilitate the implementation and operation of the program through peer information sharing between Medicare UCCs commissioners (jurisdictions and PHNs), and Medicare UCC providers and staff.

Strategic oversight of the program is provided through executive and ministerial forums including the Health Ministers Meeting, the Health Chief Executives Forum and the Strengthening Medicare Implementation and Oversight Committee. The department also regularly engages with government agencies such as Services Australia, the Department of Veterans' Affairs, the Department of the Treasury, Department of Finance and the Department of the Prime Minister and Cabinet, on the implementation and management of the program.

Consultation with these **stakeholders** entities and the PHNs will continue throughout the life of the grant agreements.

However, if the program area has any concerns with this suggested approach, please let us know asap.

Regards

s22

UNOFFICIAL

Duplicate of Document 3



From: noreply@pws.gov.au
To: s22 [redacted] Tran, Chi; s22 [redacted]
Subject: PDMS Notification - Record Assigned : MS25-000947 Financial Framework (Supplementary Powers) Regulations 1997 – Schedule 1AB – various portfolios – Federal Executive Council Meeting on 11 December 2025 [SEC=PROTECTED, CAVEAT=SH:CABINET]
Date: Wednesday, 26 November 2025 4:14:06 PM

~~—SEC=PROTECTED,CAVEAT=SH:CABINET—~~

SUBJECT: Financial Framework (Supplementary Powers) Regulations 1997 – Schedule 1AB – various portfolios – Federal Executive Council Meeting on 11 December 2025

This is for your Information Only as the record was CC'ed to you by s22 [redacted]
This record can be viewed via the following link: [MS25-000947](#)

s22 [redacted] has assigned MS25-000947 to Parliamentary Coordinator MS with the following details of the PDR

Record Details	
<i>*please note if any of the fields below are empty, the associated field is not populated in the record</i>	
PDR Number	MS25-000947
PDR Subject	Financial Framework (Supplementary Powers) Regulations 1997 – Schedule 1AB – various portfolios – Federal Executive Council Meeting on 11 December 2025
Status	Ready For Publication
Processing Instructions	MF signed, hard copy delivered to Dept.
Milestones	Due for Clearance: 20/11/2025 12:00:00 PM Due to <u>Parliamentary</u> : 20/11/2025 4:00:00 PM

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For assistance please call s22 [redacted] or email pdms@finance.gov.au

This is automatically generated; please do not reply to this message.

CC Recipients:

s22 [redacted]@finance.gov.au
Chi Tran (Chi.Tran@finance.gov.au)
s22 [redacted]@finance.gov.au

~~—SEC=PROTECTED,CAVEAT=SH:CABINET—~~

PROTECTED: CABINET: Legal Privilege

PDR Number: MS25-000947
Date sent to MO:



Australian Government
Department of Finance

MINISTERIAL SUBMISSION

Copies to:
Secretary
Ms Harmer
Ms Patterson
Ms Fox
Ms Atkinson
Mr Mathew
Mr Sorbello
Ms Cole

Minister for Finance

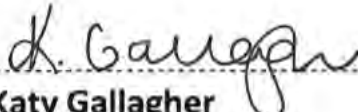
Financial Framework (Supplementary Powers) Regulations 1997 – Schedule 1AB – various portfolios – Federal Executive Council Meeting on 11 December 2025

Minister's action due by: 1 December 2025, to enable documentation to be submitted by the cut-off date for the Federal Executive Council (ExCo) meeting of 11 December 2025.

Recommendations:

That you:

- i. **agree** to request that the Governor-General make nine regulations to amend the *Financial Framework (Supplementary Powers) Regulations 1997* (the FFSP Regulations) as outlined at Attachment A;
AGREED / NOT AGREED / PLEASE DISCUSS
- ii. **note** that the responsible Ministers have advised that based on the Australian Government Solicitor (AGS) advice, ^{s42} [REDACTED]
NOTED / PLEASE DISCUSS
- iii. **sign**, but do not date, the proposed regulations at Attachments B to J;
SIGNED / PLEASE DISCUSS
- iv. **sign**, but do not date, the Executive Council Minutes for each of the proposed regulations at Attachments B1 to J1;
SIGNED / PLEASE DISCUSS
- v. **initial** the bottom right-hand corner of each page of the Explanatory Memoranda for each of the proposed regulations at Attachments B2 to J2;
INITIALLED / PLEASE DISCUSS
- vi. **approve** the release of the Explanatory Statements for each of the proposed regulations at Attachments B3 to J3; and
APPROVED / NOT APPROVED / PLEASE DISCUSS
- vii. **sign** the reply letters to the responsible Ministers at Attachments K to I.
SIGNED / PLEASE DISCUSS


Katy Gallagher

26/11/25

PROTECTED: CABINET: Legal Privilege

Key Issues:

1. Requests have been received from the following Ministers ([Attachment U](#)) for amendments to Schedule 1AB to establish legislative authority for 20 spending activities and repeal one spending activity in their portfolios:

s22



- v. Minister for Health and Ageing, the Hon Mark Butler MP (10 items);

s22





2. A summary of the proposed amendments to be considered at the 11 December 2025 ExCo meeting is included at [Attachment A](#).

s22



s42



6. The responsible Ministers have confirmed that based on the AGS advice,  s42
- 

s22, s42



8. Subject to your approval, all proposed regulations would be submitted for consideration by the Governor-General at the ExCo meeting scheduled for 11 December 2025.

Financial Implications:

9. Funding details for the Schedule 1AB items in the proposed regulations are set out at Attachment A.

Consultation:

10. Budget Group, the responsible entities, the Office of Constitutional Law in the Attorney-General's Department and the Executive Council Secretariat were consulted.

Attachments:

Attachment A – Summary of the items contained in each of the regulations

Attachments B to J – Proposed regulations

Attachments B1 to J1 – Executive Council Minute Papers for each of the regulations

Attachments B2 to J2 – Explanatory Memoranda for each of the regulations

Attachments B3 to J3 – Explanatory Statements for each of the regulations

Attachments K to T – Letters to sponsoring Ministers responding to proposed amendments

Attachment U – Letters from sponsoring Ministers requesting amendments

Approved for electronic transmission

Chi Tran
Assistant Secretary
Financial Management Branch
Financial Analysis, Reporting and Management Division
02 6215 1675

Contact Officer:	s22
Job Title/Level:	A/g Director
Telephone:	s22
PDR Number	MS25-000947

**OFFICIAL:Sensitive
Legal Privilege**

New table item 767 in Part 4 of Schedule 1AB: Medicare Urgent Care Clinics Program		
Policy authority:	Prime Minister	<p>Description: The proposed table item will establish legislative authority for government spending on the Medicare Urgent Care Clinics (UCCs) Program (the program) to fund the establishment and operation of Medicare UCCs to improve health care outcomes in the community.</p> <p>The program was initially launched as a pilot in 2022 to provide free, bulk-billed care for urgent, non-life-threatening conditions, as part of the Government’s broader response to recommendations of the Strengthening Medicare Taskforce. The program is now embedded in the health system, with more than two million presentations to Medicare UCCs since the first sites commenced in June 2023.</p> <p>A total of 137 Medicare UCCs are being delivered across Australia in three tranches. Tranche one, which commenced in 2023, delivered 58 Medicare UCCs with a further 29 Medicare UCCs delivered in tranche two in 2024-25. Tranche three, which commenced in 2025-26, has delivered three Medicare UCCs in Victoria with a further 47 being established nationally. There are 90 Medicare UCCs open nationally (as of November 2025), 34 of which are located in regional, rural or remote areas.</p> <p>Funding will be provided to Primary Health Networks to:</p> <ul style="list-style-type: none"> • improve access to urgent care in a non-hospital setting including the aim of changing consumer behaviour about options for appropriate care for urgent conditions that are not immediately life-threatening; • reduce the pressure on hospital emergency department presentations in partner hospitals by providing patients with short term, episodic care for urgent conditions that are not immediately life-threatening; and • support integration with existing local health services and complement general practice.
Funding:	\$373.8 million over three years from 2025-26	
Constitutional risk:	s42	
Constitutional powers:	<ul style="list-style-type: none"> • Social welfare power • External affairs power 	

**OFFICIAL:Sensitive
Legal Privilege**

From: [Financial Framework \(Supplementary Powers\) Regulations](#)
To: s22 [redacted]
Subject: FW: Registration preference - 11 December 2025 ExCo meeting [SEC=OFFICIAL]
Date: Monday, 15 December 2025 1:31:59 PM
Attachments: [image003.jpg](#)
[image004.png](#)
[image005.png](#)

From: Financial Framework (Supplementary Powers) Regulations s22 [redacted]@finance.gov.au>
Sent: Monday, December 15, 2025 1:31:50 PM (UTC+10:00) Canberra, Melbourne, Sydney
To: s22 [redacted]@protected.health.gov.au s22 [redacted]@protected.health.gov.au>
Cc: Financial Framework (Supplementary Powers) Regulations s22 [redacted]@finance.gov.au>;
s22 [redacted]@protected.health.gov.au s22 [redacted]@protected.health.gov.au>
Subject: RE: Registration preference - 11 December 2025 ExCo meeting [SEC=OFFICIAL]

OFFICIAL

Hi Team,

Great news, Financial Framework (Supplementary Powers) Amendment (Health, Disability and Ageing Measures No. 4) Regulations 2025 (F2025L01567) has been registered on the Federal Register of Legislation and can be accessed here: [Financial Framework \(Supplementary Powers\) Amendment \(Health, Disability and Ageing Measures No. 4\) Regulations 2025](#)

Kind regards,



s22 [redacted] | Policy Officer
Schedule 1AB | Financial Management Branch
Financial Analysis, Reporting and Management Division
Department of Finance
T: s22 [redacted]
E: s22 [redacted]@finance.gov.au | s22 [redacted]@finance.gov.au
A: One Canberra Avenue, Forrest ACT 2603

From: s22 [redacted]@protected.health.gov.au>
Sent: Thursday, November 27, 2025 5:10:16 PM (UTC+10:00) Canberra, Melbourne, Sydney
To: Financial Framework (Supplementary Powers) Regulations s22 [redacted]@finance.gov.au>
Cc: s22 [redacted]@protected.health.gov.au>
Subject: RE: Registration preference - 11 December 2025 ExCo meeting [SEC=OFFICIAL]

OFFICIAL

Dear s22 [redacted]

I confirm that the program areas for all of the items submitted for the 11 December 2025

ExCo meeting would like a routine registration for the instrument.

Kind regards,

s22

Senior Lawyer
Expenditure Section

Legal Division | Commercial and Information Law Branch
Australian Government Department of Health, Disability and Ageing
T: s22 @protected.health.gov.au

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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From: s22 @protected.health.gov.au>
Sent: Wednesday, November 26, 2025 3:14 PM
To: 'Financial Framework (Supplementary Powers) Regulations s22 @finance.gov.au>
Cc: s22 @protected.health.gov.au>
Subject: RE: Registration preference - 11 December 2025 ExCo meeting [SEC=OFFICIAL]

OFFICIAL

Dear s22

Thank you for your email. We will revert to you soon with registration preferences.

Kind regards,

s22

Senior Lawyer
Expenditure Section

Legal Division | Commercial and Information Law Branch
Australian Government Department of Health, Disability and Ageing
T: s22 @protected.health.gov.au

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From: Financial Framework (Supplementary Powers) Regulations s22 [redacted] <[redacted]@finance.gov.au>
Sent: Wednesday, November 26, 2025 1:39 PM
To: s22 [redacted]
[redacted] s22 [redacted]
[redacted] <[redacted]@protected.health.gov.au>; s22 [redacted]
[redacted]
Cc: s22 [redacted] <[redacted]@ag.gov.au>; s22 [redacted] <[redacted]@dcceew.gov.au>; s22 [redacted] <[redacted]@education.gov.au>; s22 [redacted] <[redacted]@education.gov.au>; s22 [redacted] <[redacted]@dfat.gov.au>; s22 [redacted] <[redacted]@Protected.Health.gov.au>; s22 [redacted] <[redacted]@protected.health.gov.au>; s22 [redacted] <[redacted]@infrastructure.gov.au>; s22 [redacted] <[redacted]@infrastructure.gov.au>; s22 [redacted] <[redacted]@niaa.gov.au>; s22 [redacted] <[redacted]@dss.gov.au>
Subject: Registration preference - 11 December 2025 ExCo meeting [SEC=OFFICIAL]

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Dear All,

The relevant papers for signing are with the Minister for Finance for the upcoming 11 December 2025 Exco meeting.

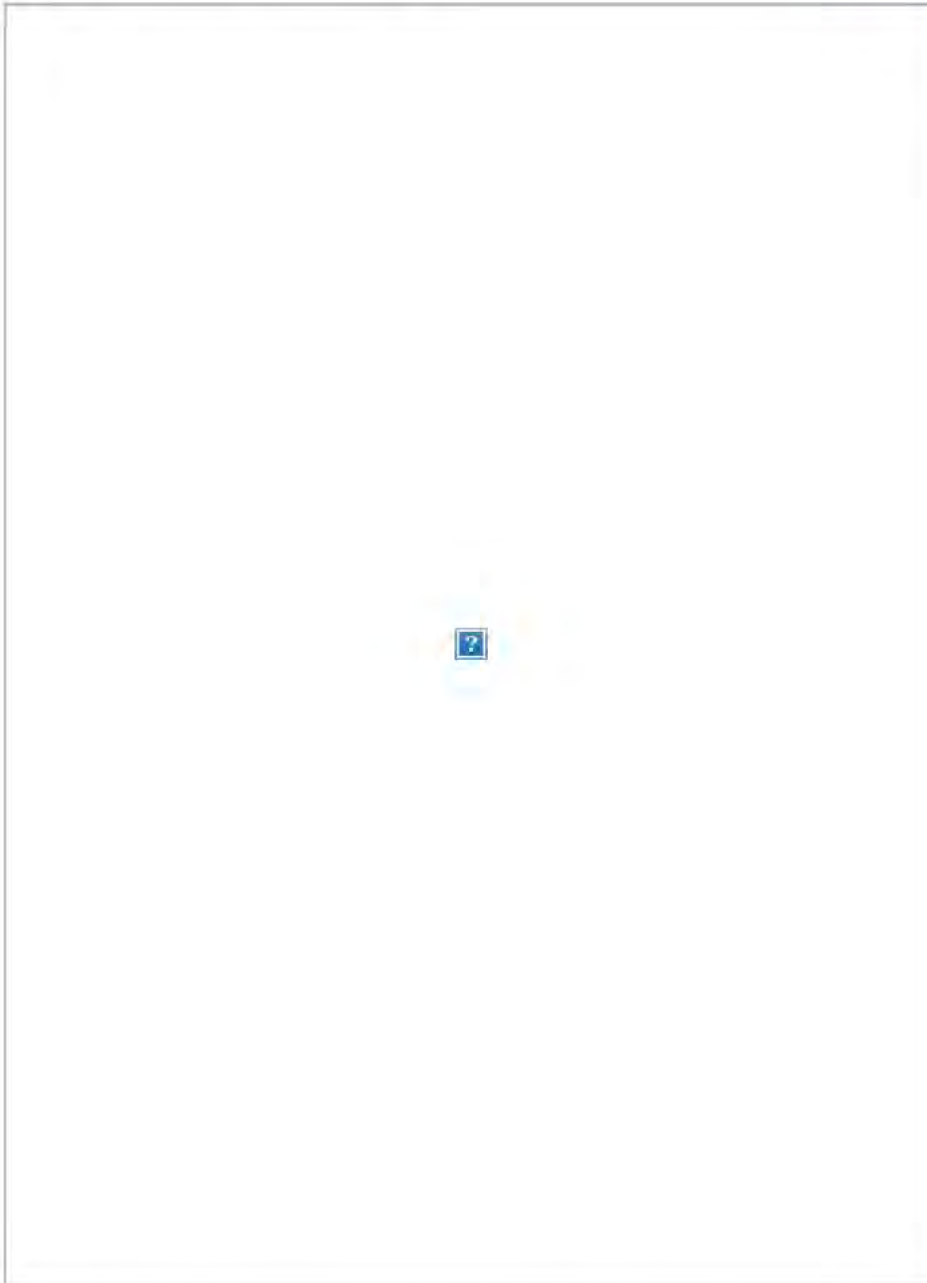
We would appreciate if you could advise us of your preferred registration for your instrument:

- routine (within 2 business days from lodgement); or
- express (please indicate whether same-day or next-day registration is required) (**note that fees apply to express registration**).

Given that the items are scheduled to progress on 11 December 2025, as outlined in the table below, please note that this falls within the designated peak period. Consequently, **additional peak period charges will apply** in accordance with the applicable fee schedule.

Please note: Registration is applied to the entire instrument, not to individual items. Therefore, if any item within a multi-item instrument requires urgent registration, the entire instrument, including all other items, will need to be registered on an urgent basis.

OPC registration fees are indicated below:



Grateful for your response as soon as possible but at the latest by Friday, 28 November 2025.

Kind regards,



s22 [redacted] | Policy Officer
Schedule 1AB | Financial Management Branch
Financial Analysis, Reporting and Management Division
Department of Finance
T: s22 [redacted]
E: s22 [redacted]@finance.gov.au s22 [redacted]@finance.gov.au
A: One Canberra Avenue, Forrest ACT 2603



Senator the Hon Katy Gallagher

Minister for Finance
Minister for Women
Minister for the Public Service
Minister for Government Services
Senator for the Australian Capital Territory

REF: MS25-000947

The Hon Mark Butler MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear ~~Minister~~ *Mark*

Thank you for your letter of 3 November 2025 seeking my agreement to amend Schedule 1AB to the *Financial Framework (Supplementary Powers) Regulations 1997* (FFSP Regulations).

I agree to your request as set out in your letter for amendments to the FFSP Regulations to establish legislative authority for government spending relating to the following ten initiatives:

s22

[Redacted]

7. Medicare Urgent Care Clinics Program;

s22

[Redacted]

s42

[Redacted]

The necessary documentation will be submitted to the Governor-General for consideration at the Federal Executive Council meeting currently scheduled for 11 December 2025. Once the matter has been considered by the Governor-General, my Department will advise your Department of the outcome.

Yours sincerely

Katy Gallagher
Katy Gallagher