



Women policy portfolio – Women’s Health – Menopause treatment	
Party:	Australian Greens
<p>Summary of proposal:</p> <p>The proposal would make menopause treatments affordable and accessible under the following components:</p> <p>Component 1: Provide \$50 million annually to make menopause treatments more affordable and accessible. This Commonwealth funding should go towards:</p> <ul style="list-style-type: none">• Subsidising TGA approved menopausal hormone therapy (MHT).• Purchasing more doses of MHT and making them more accessible across Australia.• Purchasing alternative forms of MHT medications. <p>Component 2:</p> <ul style="list-style-type: none">• Create a Medicare Benefits Scheme (MBS) item so GPs can provide more comprehensive tests for conditions related to menopause, including essential bone density scans.• Removing the PBS co-payment for menopause treatments. <p>The proposal would be ongoing and start on 1 July 2026.</p>	

Costing overview

The proposal would be expected to decrease the fiscal balance by around \$330 million and the underlying cash balance by around \$329 million over the 2025-26 Budget forward estimates period (see Table 1). This reflects the new annual funding for menopause treatments and increases in administered expenses within the MBS and PBS systems. The difference between the fiscal and underlying cash balances represents the time lag between when services are delivered, and rebates are paid.

The proposal would be expected to have an impact beyond the 2025-26 Budget forward estimates period. A breakdown of the financial implications (including separate public debt interest (PDI) tables) over the period to 2035-36 is provided at Attachment A.

The financial implications of Component 2 of this proposal are uncertain and sensitive to a range of assumptions, including the projections of service volumes and scripts of the affected MBS and PBS items in the baseline over the costing period, and assumptions in relation to take-up rates and the timing of uptake over the policy period. There are further inherent uncertainties around the behavioural responses from patients, pharmacies and medical practitioners to the proposed policy change.

The Parliamentary Budget Office (PBO) notes that while increasing the MBS subsidies to 100% of schedule fees would reduce patients’ out-of-pocket costs, this alone will not guarantee free services for those MBS items as medical practitioners are able to set their own fees, which may reflect a broad

range of factors. In addition, this costing does not consider broader impact of the policy, such as further flow-on impacts on other public health expenditure.

Table 1: Women policy portfolio – Women’s Health – Menopause treatment – Financial implications (\$m)^{(a)(b)}

	2025-26	2026-27	2027-28	2028-29	Total to 2028-29
Fiscal balance	-	-151.9	-87.6	-90.9	-330.4
Underlying cash balance	-	-150.4	-87.5	-90.7	-328.6

(a) A positive number represents an increase in the relevant budget balance; a negative number represents a decrease.

(b) PDI impacts are not included in the totals.

- Indicates nil.

Key assumptions

The PBO has made the following assumptions in costing this proposal.

Component 1

- No funds allocated to a given year are left unspent.

Component 2

- Approximately 27% of women aged 45 to 60 would take the proposed health assessments.
 - The 27% take-up rate assumption is informed by a 2016 Post Reproductive Health research article¹, which suggests that 67% of women have menopause symptoms and 40% of those women would seek medical advice.
 - It is assumed that the eligible population would switch to accessing the new MBS item in the first year. In subsequent years, the population accessing the assessment would comprise 27% of newly eligible women, reflecting that women who have already accessed the new MBS item will more likely use other MBS items going forwards.
 - The eligible population would grow in line with the growth of the female population between the ages of 45 and 60.
 - Women generally become menopausal between 45 and 60 years of age, and menopausal symptoms can last for 5 to 10 years².
- Schedule fees for the new MBS item would grow as per current indexation arrangements.
- The new counselling services would be based on MBS item 705 and would substitute some existing services from MBS item 44, which captures GP consultation of at least 40 minutes.
- Prescription volume growth would be approximately 6% for the affected PBS items, which is consistent with the average prescription volume growth by patient category between 2020-21 and 2023-24, provided by the Department of Health and Aged Care.
- The PBS co-payment and the cost of medicines below the co-payment threshold would grow in line with the Consumer Price Index (CPI) over the medium term.

¹ Constantine, G. D., Graham S., Clerinx C., et al. 2016. [Behaviours and attitudes influencing treatment decisions for menopausal symptoms in five European countries](#). Post Reproductive Health Vol. 22(3) 112–122. Accessed 22 May 2025.

² [Menopause - symptoms and treatments | healthdirect](#)

Methodology

Component 1

Administered expenses are as specified in the proposal, with an annual capped amount, not indexed and ongoing. Departmental expenses were estimated based on the cost of administering similar programs and are in addition to the capped funding amount.

Component 2

MBS expenditure

- The increase in administered expenditure was estimated by multiplying the new MBS benefits (100% of schedule fees) by the projected volume of services per *Key assumptions*.
- The cost offset due to substitution of MBS item 44 was estimated by multiplying the projected menopause counselling service volume by the benefit for MBS item 44.
- Departmental costs were calculated based on multiplying the per-service MBS administration cost (provided by the Services Australia Funding Model) by the number of additional services under the proposal.

The MBS liability factor was then applied to the administered expenses to determine the difference between the fiscal and underlying cash balances.

PBS expenditure

- The average PBS co-contribution per patient who is prescribed a menopause treatment was calculated for each type of PBS beneficiary (general patients and concessional patients) by dividing the total PBS patient contribution by the prescription volume, over the period from 2020-21 to 2023-24, and then grown in line with CPI.
- The increase in administered expenditure was estimated by multiplying the average PBS co-contribution per patient by the projected volume of prescriptions dispensed per *Key assumptions*.
- Departmental expenses in the first year of the policy were estimated at approximately 1% of administered expenses.

Financial implications were rounded consistent with the PBO's rounding rules.³

Data sources

Commonwealth of Australia (2025) *Pre-election Economic and Fiscal Outlook 2025*, Commonwealth of Australia.

Constantine, G. D., Graham S., Clerinx C., et al. (2016) [*Behaviours and attitudes influencing treatment decisions for menopausal symptoms in five European countries*](#). Post Reproductive Health Vol. 22(3) 112–122. Accessed 22 May 2025.

Health Direct (2024) [*Menopause - symptoms and treatments*](#). Accessed 22 May 2025.

Item-specific information on schedule fees, benefits were taken from [MBS online](#). Accessed 22 May 2025.

³ <https://www.pbo.gov.au/for-parliamentarians/how-we-analyse/pbo-rounding-rules>

The Department of Health and Aged Care provided data on historical patient contributions and prescriptions, prescription volume projections, and relevant MBS volumes and benefit payments.

Attachment A – Women policy portfolio – Women’s Health – Menopause treatment – Financial implications

Table A1: Women policy portfolio – Women’s Health – Menopause treatment – Fiscal balance (\$m)^(a)

	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	Total to 2028-29	Total to 2035-36
Expenses													
Administered													
<i>Component 1 - \$50 million funding</i>	-	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-150.0	-500.0
<i>Component 2 - New MBS item</i>	-	-69.9	-5.3	-5.9	-6.5	-7.1	-7.8	-8.5	-9.4	-10.4	-11.0	-81.1	-141.8
<i>Component 2 - Removing PBS co-payment</i>	-	-28.6	-31.0	-33.7	-36.5	-39.6	-43.0	-46.7	-50.7	-55.0	-56.9	-93.3	-421.7
Total – administered	-	-148.5	-86.3	-89.6	-93.0	-96.7	-100.8	-105.2	-110.1	-115.4	-117.9	-324.4	-1,063.5
Departmental													
<i>Departmental cost</i>	-	-3.4	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-6.0	-15.1
Total – departmental	-	-3.4	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-6.0	-15.1
Total (excluding PDI)	-	-151.9	-87.6	-90.9	-94.3	-98.0	-102.1	-106.5	-111.4	-116.7	-119.2	-330.4	-1,078.6

(a) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms.

- Indicates nil.

Table A2: Women policy portfolio – Women’s Health – Menopause treatment – Underlying cash balance (\$m)^(a)

	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	Total to 2028-29	Total to 2035-36
Payments													
Administered													
Component 1 - \$50 million funding	-	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-50.0	-150.0	-500.0
Component 2 - New MBS item	-	-69.8	-5.3	-5.9	-6.4	-7.1	-7.8	-8.5	-9.4	-10.3	-11.4	-81.0	-141.9
Component 2 - Removing PBS co-payment	-	-27.2	-30.9	-33.5	-36.4	-39.5	-42.9	-46.5	-50.5	-54.8	-59.5	-91.6	-421.7
Total – administered	-	-147.0	-86.2	-89.4	-92.8	-96.6	-100.7	-105.0	-109.9	-115.1	-120.9	-322.6	-1,063.6
Departmental													
Departmental cost	-	-3.4	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-6.0	-15.1
Total – departmental	-	-3.4	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-6.0	-15.1
Total (excluding PDI)	-	-150.4	-87.5	-90.7	-94.1	-97.9	-102.0	-106.3	-111.2	-116.4	-122.2	-328.6	-1,078.7

(a) A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.

- Indicates nil.

Table A3: Women policy portfolio – Women’s Health – Menopause treatment – Memorandum item: Public Debt Interest (PDI) impacts – Fiscal and underlying cash balances (\$m)^{(a)(b)}

	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	Total to 2028-29	Total to 2035-36
Fiscal balance	-	-3.3	-8.7	-13.1	-17.8	-22.8	-28.3	-34.3	-40.8	-47.8	-55.4	-25.1	-272.3
Underlying cash balance	-	-2.5	-7.4	-12.0	-16.6	-21.6	-27.0	-32.8	-39.2	-46.0	-53.5	-21.9	-258.6

(a) As this table is presented as a memorandum item, these figures are not reflected in the totals in the tables above. This is consistent with the approach taken in the budget where the budget impact of most measures is presented excluding the impact on PDI. If the reader would like a complete picture of the total aggregate, then these figures would need to be added to the figures above. For further information on government borrowing and financing please refer to the PBO’s online budget glossary⁴.

(b) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms. A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.

- Indicates nil.

⁴ https://www.aph.gov.au/about_parliament/parliamentary_departments/parliamentary_budget_office/online_budget_glossary