

Medicare ineligibility as a risk to hepatitis B elimination

Authors:

Shrestha A¹, Clynes L¹, Fox H¹, & Apostolellis A²

1. *Hepatitis Australia*
2. *ASHM*

Background: Australia has committed to the elimination of hepatitis B by 2030, yet a growing number of people living in Australia are excluded from Medicare, creating systemic barriers to accessing affordable hepatitis testing, treatment and care. Despite increasing recognition of this issue, there is limited consolidated evidence translating Medicare ineligibility into clear implications for hepatitis elimination planning and practical policy responses. This review of Medicare ineligibility and hepatitis B care identifies feasible interim policy and system responses under current policy settings.

Methods: Evidence relating to Medicare ineligibility and hepatitis B in Australia was reviewed. Through the evidence, policy and service delivery gaps, and feasible interim policy and system responses under current settings were identified.

Results: Existing evidence indicates that Medicare ineligibility disrupts access to hepatitis testing, treatment initiation and routine monitoring and care, contributing to delayed diagnosis, fragmented care pathways and inequitable health outcomes. Health services frequently rely on ad-hoc access arrangements, inconsistent billing practices, and informal workarounds by clinicians and services, creating inefficiencies and shifting costs to individuals and hospital settings. Feasible interim policy and service delivery responses within current settings were identified. Relevant precedents from other BBV responses in Australia demonstrate that structured access models for Medicare-ineligible populations are achievable and may inform hepatitis-specific implementation options.

Conclusion: Medicare ineligibility is a significant structural barrier to hepatitis elimination and undermines national equity commitments. An alternative policy response is required to improve consistent access to hepatitis testing, treatment, monitoring and care, while longer-term reforms, including Medicare access expansion, are pursued.

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