

Outcomes of people without Medicare accessing HIV treatment

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Background/purpose

In Australia, access to HIV care and antiretroviral therapy (ART) is subsidised under Medicare, leaving people without Medicare at risk of delayed or fragmented care. Since January 2023, federally funded agreement (FFA) has enabling access for people without Medicare to ART. This population is often mobile and faces uncertainty in healthcare access beyond HIV treatment. This study aimed to describe the demographic characteristics and clinical outcomes of people without Medicare accessing HIV care at a single centre.

Approach

We conducted a retrospective review of all people ineligible for Medicare who accessed HIV care at a single specialist centre between January 2023 and December 2025. Demographic data, ART, duration of FFA ART provision, Medicare eligibility, viral suppression, general practitioner (GP) registration, and statin uptake (if indicated) were extracted from medical records. Descriptive analyses were undertaken.

Outcomes/Impact

Of 389 people attending for HIV care during the study period, 43 (11.1%) were Medicare ineligible, median age 35.5 years (IQR 29–44); 69.8% were male. Most patients (90.7%) accessed ART through the FFA, median duration of 19 months (IQR 11–30.5). Thirteen patients (30.2%) became Medicare-eligible during follow-up. By the last visit, 34 (79.1%) remained in ongoing care, while others had left Australia, died, or transferred care elsewhere. Viral suppression at last clinical visit was achieved in 41 (95.3%) of patients. Only 18 (41.9%) were registered with a GP. Among those eligible for statins (n=19), nine (47.4%) were receiving therapy, highlighting gaps in non-HIV preventive care.

Innovation and significance

People without Medicare can achieve HIV outcomes comparable to the general population when access to ART is maintained through federal funding, despite the structural barriers they face to accessing healthcare. These findings support the importance of continued sustainable funding models to ensure equitable care and advance HIV elimination goals regardless of an individual's Medicare status.

Disclosure of Interest Statement:

The authors declare no conflicts of interest.

