

Emerge Australia

Submission to The Medicare Benefits Schedule Time-Tiered Items Consultation Medical Benefits Schedule (MBS) Review Advisory Committee (MRAC)

October 2026

Emerge Australia is the national organisation leading action on myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS), long COVID and overlapping conditions. We work to improve the lives of over 600,000 Australians who are affected through:

- clinical education
- policy and advocacy
- biomedical research
- health and support services

We collaborate with clinicians, researchers and governments to improve diagnosis, management and quality of life for our community.

Emerge Australia welcomes the opportunity to participate in the consultation to the MRAC's review of MBS time-tiered items for primary care. For people with **ME/CFS, long COVID** and **overlapping conditions**, the MBS Time-Tiered Items Draft Report is highly relevant because these conditions often require **longer, more complex, and more frequent consultations** than many other primary care presentations. Those living with severe, or very severe ME/CFS are often bed-bound or unable to leave home and need access to home-based and telehealth consultations. We are pleased that the review recognises the importance of services delivered outside consulting rooms, including home visits.

Introduction

Emerge Australia welcomes the principles and recommendations contained in *The MBS Time-Tiered Items Draft Report* as they relate to people with myalgic encephalomyelitis (ME/CFS), long COVID and overlapping conditions. These conditions often require longer, more complex and more frequent consultations to support assessment, symptom management, care coordination and ongoing monitoring.

We also support the proposed reforms that better recognise the complexity of chronic, multi-system conditions, that will better ensure that patients are not disadvantaged by funding arrangements that favour shorter consultations. As proposed, the length of a consultation should be guided by clinical need. It is our belief that the MBS should incentivise comprehensive, patient-centred care, including telehealth and activities required to coordinate multidisciplinary care.

Why the proposed changes matter to our communities

The need for in-home consultations

People with severe and very severe ME/CFS, many of whom are housebound or bedbound, rely on GP home visits and telehealth. EmERGE Australia welcomes the report's recognition that longer time-tiered items are needed to appropriately accommodate and support the delivery of home-based care.

Longer consultations are often essential

People with ME/CFS and long COVID frequently present with:

- Multi-system symptoms
- Diagnostic uncertainty
- Significant functional impairment
- Complex care coordination needs
- Multiple comorbidities

Managing these issues commonly requires consultations of 60 minutes or more.

Care coordination is a major issue

Effective care for people living with ME/CFS, long COVID and overlapping conditions often includes:

- Coordination with allied health providers
- Referral management
- Development and review of management plans
- Communication with employers, schools, NDIS providers, insurers, and carers

Telehealth considerations

Many people with ME/CFS, long COVID and overlapping conditions experience:

- Severe fatigue
- Post-exertional malaise
- Mobility limitations

These activities are frequently time-intensive yet not always adequately recognised within existing MBS funding arrangements.

Response to Relevant Consultation Questions

The following reform principles are relevant to people living with ME/CFS, long COVID and overlapping conditions.

Principle 2 – MBS benefits for time-tiered items should be equitable to support patient access to primary care services that meet their individual clinical needs.

Principle 3 – MBS time-tiered attendance items and their regulatory requirements should be consistent unless there is a defined clinical need for variation, such as where the services sit outside of the standard scope of practice for a GP.

Below, we address the recommendations under these principles that relate to our patient communities.

Principle 2 – MBS benefits for time-tiered items should be equitable to support patient access to primary care services that meet their individual clinical needs.

Recommendation 5 - Appropriate and varied consultation lengths

Emerge Australia supports the proposal that time-tiered items equitably support appropriate and varied consultation lengths to ensure patients can access care that meets their individual clinical needs.

Recommendation 6 – Incentivising longer consultations

Emerge Australia supports this recommendation which will see bulk-billing incentives based on a percentage of the MBS fee for bulk-billed services to avoid furthering incentivising shorter consultations when compared to longer consultations.

Principle 3 – MBS items and their requirements should be consistent, unless there is a defined clinical need for variation.

Recommendation 8 - Simplification and consistency of time-tiered items

Emerge Australia supports simplification of wording and consistency of duration of time-tiers that would ultimately benefit all Medicare users.

Emerge Australia agrees that simplification and consistency of time-tiered items would benefit Medicare users, as long as there is recognition of the needs of people living with complex chronic conditions such as ME/CFS and long COVID. However, we believe that lengths of time-tiers should accommodate modes of service, such as in-home care.

Recommendation 15 – Loading for out-of-consulting rooms consults for MyMedicare registered patients

Emerge Australia is pleased that the TTWG recognised that MBS arrangements do not adequately support patients, such as those with ME/CFS who are house or bed bound, would benefit from in-home consultations. We are supportive of all primary care team members being able to conduct in-home services. Emerge Australia welcomes the proposed fee loading changes to ensure continuity of

care for people needing home-based consults. We support this for all members of the primary care team.

With regard to the recommendation that an out-of-room loading be linked to patients' MyMedicare registration, there are several legitimate reasons why some of our patients may choose **not** to register with MyMedicare. We understand that the principle of MyMedicare is to improve continuity of care and that the Time-Tiered Working Group suggests that registration would ensure patient safety and continuity of care. Despite these benefits (including longer Medicare-funded telehealth consultations), concerns for our patient communities include:

- Patients who do not have a regular GP or practice may not wish to nominate only one practice
- Some patients could feel that they have to be tied to one clinic or limit future choices
- Some patients are cautious about any government health program that involves recording information about their healthcare relationships.
- ME/CFS and long COVID patients often see multiple providers because of the complexity of their conditions and may rely on a mix of GPs, specialists, and multidisciplinary providers. They may hesitate to nominate one practice if their care is distributed across several providers.
- As with many new health initiatives, some people are uncertain about why the program exists, how their information will be used, or whether it could lead to future changes in access to services. This can result in a decision not to register.
- Their preferred practice is not registered.

Emerge Australia Recommendation

That the TTWG amend recommendation 15 and remove the requirement for patients to be registered with MyMedicare in order for practitioners to claim the fee loadings.

Summary

Emerge Australia supports the recommendations of the Time-Tiered Primary Care Working Group Draft Report, particularly those that promote equitable funding for longer consultations, continuity of care, and services delivered outside the consulting room. These reforms are especially important for people living with ME/CFS and long COVID, whose complex, fluctuating, multi-system conditions often require extended consultations for assessment, care planning, symptom management, and coordination across multiple providers.

We support the report's recognition that current Medicare funding arrangements can disadvantage patients who require longer and more complex care, and that remuneration should better reflect clinical complexity and consultation length. We also strongly support retaining higher Medicare benefits for services provided outside consulting rooms, including home visits, recognising the additional costs and challenges involved in delivering care in these settings.

These measures are particularly relevant for people who are housebound or bedbound due to ME/CFS or long COVID, for whom travel to healthcare settings may be difficult or impossible. Medicare funding should continue to support home-based care, telehealth, continuity of care, and coordinated chronic disease management to ensure equitable access to healthcare. Emerge Australia does, however, caution about the requirement for patients to be MyMedicare registered in order to access some of these benefits and recommends that this requirement could, in fact, have the opposite effect of causing inequity for patients with legitimate reasons not to register with MyMedicare.

Overall, the proposed reforms would better align Medicare funding with the needs of people living with complex chronic illnesses by recognising the value of longer consultations, care coordination and in-home care.