



GP rebate 95% rural · NDIS audit every provider · AI watches every claim · \$33.9B hospitals protected · healing towns · one file per patient

95%

GP rebate rural
85% metro — bulk billing back

\$41.9B

NDIS 2023-24
\$3-4B/yr fraud to stop

\$33.9B

Federal hospitals
Record — fully protected

\$5B/yr

Prevention Fund
REL-funded · constitutionally protected

THE PROBLEM — TREATING SICKNESS INSTEAD OF PREVENTING IT — GPs GONE — EDs BREAKING

BULK BILLING COLLAPSED — GPs GO

Medicare rebates have not kept pace with the actual cost of running a practice. GPs who bulk bill are subsidising Medicare with their own income. The result: bulk billing rates collapsing, gap fees

NDIS — \$3-4B FRAUD PER YEAR

The NDIS cost \$41.9 billion in 2023-24 and is growing at 14% per year. The NDIA's own analysis estimates \$3-4 billion per year in provider fraud and overbilling. Not participants

HOSPITALS UNDERFUNDED — EDs FULL

Australia has a world-class acute medical system and a chronically underfunded prevention system. The result is exactly what you would expect: emergency departments overwhelmed by

THE MMP SOLUTION — RESTORE BULK BILLING — STOP NDIS FRAUD — PREVENT NOT TREAT

GP REBATE — 95% RURAL 85% METRO

MMP increases GP Medicare rebate to 95% of AMA fee for bulk billing in rural Australia, 85% metro. A bulk billing premium paid for every bulk billed consultation makes it the rational choice. A rural loading makes rural practice financially competitive. A GP in Bourke earns as much as a GP in Bondi.

NDIS AUDIT — EVERY PROVIDER

Mandatory independent audit of every NDIS provider billing \$1M+/yr. Starting Year 1. Results published annually. Confirmed overbilling recovered. Deliberate fraud prosecuted and named publicly. Participants whose provider is audited continue receiving supports. Every dollar recovered stays in the NDIS.

ONE PORTAL — AI WATCHES CLAIMS

Three NDIS portals consolidated into one. AusLLM watches every claim before payment releases. Same worker billed to two participants: automatically blocked. Participants get real-time notifications: "Provider X claimed 3 hours for \$450. Did this happen?" Payment holds for claims above \$200 pending confirmation.

PBS PROTECTED — NO TRADE OVERRIDE

No trade agreement can allow a foreign pharmaceutical company to challenge PBS listing decisions or pricing. The PBS is sovereign policy — not a trade concession. PBS gap expansion: TGA-approved medicines listed within 6 months maximum. Current wait: 18 months average.

HEALING TOWNS — NOT HOSPITALS

Suicide is the number one cause of death for Australian men under 45. The healing town is the most evidence-based response: a place — with horses and a farm and a river and something worth getting up for. Not a hotline. Not an awareness campaign. Small. Beautiful. Sustainable. Designed to heal.

\$33.9B HOSPITALS — FULLY PROTECTED

The Commonwealth contributes \$33.9 billion per year to state public hospitals — a record that is growing under MMP's protected health funding commitment. Not one dollar is cut from Medicare, public hospitals, the NDIS, or aged care. The \$100B in savings comes entirely from bureaucracy, duplication, and industry grants.

PREVENTION FIRST — SAVE BILLIONS

Every \$1 spent on accessible primary care saves \$3-7 in avoided hospital admissions. MMP funds a national health literacy program: evidence-based nutrition, movement, sleep hygiene taught in schools as seriously as mathematics. A levy on ultra-processed food advertising directed at children funds this directly.

AGED CARE — STAY HOME IF POSSIBLE

Aged care preference: dignity, community, and staying home. Home care funding matched to demand. Workforce wages restored to attract and retain staff. The granny flat as-of-right policy is also aged care policy: keeps families close, reduces isolation, and defers residential aged care at a fraction of the institutional cost.

ONE FILE PER PATIENT — DAY 1

Three bureaucracies that cannot share information about the same person become one. One file per patient. CARE + PEOPLE: co-located, sharing AI data systems, meeting jointly every week. An elderly person needs hospital access from CARE and home care from PEOPLE. One building, one file, one phone call.

INVESTIGATE — ZERO INDUSTRY

National Health Environment Commission: zero industry, zero industry-funded scientists. Autism 1 in 40 (was 1 in 160 in 2003), childhood cancer, metabolic disease. Every food additive and pesticide reviewed. Fluoride: independent review, no predetermination. PFAS mapped. Precautionary principle. Findings published in full.

FULL TRANSPARENCY — ALL PRODUCTS

Every product sold in Australia: full ingredient list, every manufacturing chemical, every processing aid. No "flavourings" hiding anything. Cigarettes: every additive on the pack. Manufacturers meet the same standard as farmers. If you sell it to Australians, Australians know what is in it.

BARCODE SCANNER — FULL STORY

People's Portal scanner: scan any product, get the full story. Chemical inputs. Origin. Production date. Date entered storage. Total storage time. Shelf life consumed before purchase. Transport energy. Harvest date and days in cold store for food. Australians know how fresh their food actually is.

CURRENT vs MMP SOLUTION

CURRENT — THE PROBLEM

MMP — THE SOLUTION

Bulk billing rate collapsed. GPs leaving regional areas. Gap fees rising.

GP rebate: 95% AMA fee for rural bulk billing, 85% metro. Bulk billing premium paid.

NDIS: \$41.9B/yr, \$3–4B/yr in provider fraud. Pay first, investigate later.

Mandatory audit every provider billing \$1M+. AusLLM watches every claim before payment.

NDIS: three portals that do not communicate. Fraud not visible.

One portal. Real-time participant notifications. Every claim confirmed before payment holds.

Hospital ED: overwhelmed by presentations a GP visit would have prevented.

\$33.9B federal hospital contribution fully protected. Not one dollar cut from frontline.

PBS: vulnerable to trade agreement provisions from pharmaceutical companies.

PBS sovereign protection in all trade agreements. No foreign pharmaceutical challenge.

Prevention: investment approximately zero. System built to treat, not prevent.

National health literacy program. \$1 preventive care = \$3–7 saved in hospitals.

Mental health: medicate and refer to 18-month waiting list. Community investment nil.

Green Zones in every community. Sports voucher. Healing towns. Community is the medicine.

Aged care: institutional default. Home care underfunded. Workforce understaffed.

Home care matched to demand. Granny flats as of right. Workforce wages restored.

Health bureaucracy: 22 agencies, siloed, cannot share data about the same person.

CARE super-department: one file per patient, one minister, CARE + PEOPLE twin pair.

Regional health: GPs leaving, HECS debt keeping talent in cities, no loading.

Rural GP loading: earns same as urban GP. HECS forgiven after 5 years regional service.

Hospital funding: Commonwealth ~40%. Promise of 42.5% by 2030 not kept. Letter ignored.

MMP: 42.5% by 2028, 45% by 2033. Legislated. Efficient Price capped at CPI+2%.

Food additives: industry funds the research, contests findings, regulators captured.

Zero-industry Commission: food additives, pesticides, fluoride, PFAS — all reviewed.

Product ingredients: "flavourings," "natural colours" — no full disclosure required.

Full disclosure: every compound, every product. Barcode scanner: full story on any product.

Food freshness: "best before" only. Storage time hidden. Consumer cannot compare.

Production date + storage time on every product. Barcode shows % shelf life consumed.

"Australia spends more on healthcare every year and gets sicker every year. We spend billions treating type 2 diabetes that didn't need to develop. We spend billions on preventable hospital admissions from conditions a GP visit six months earlier would have caught. The system is built to treat sickness. MMP builds the system that prevents it." — MMP Federal Platform

★ **VOTE 1 — BRETT MURRELL — FARRER — SATURDAY 9 MAY 2026** ★