



Improving equitable access to migraine care in Australia

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Migraine Australia Ltd
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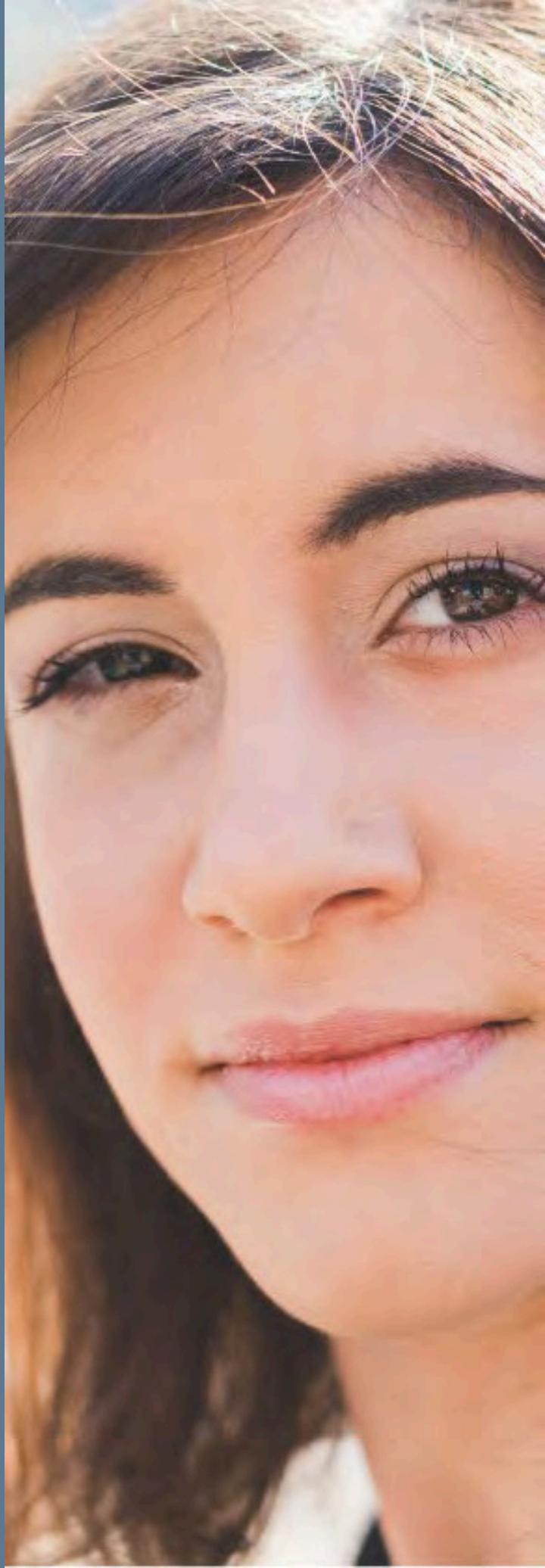
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Executive Summary

Migraine is a common neurological condition that can be profoundly disabling, particularly during acute attacks.

Despite affecting millions of Australians (most commonly women and people of working age) migraine remains under-recognised, under-measured, and unevenly treated across the health system.

Australians living with migraine face three interrelated challenges:

1. A growing and under-measured population, limiting effective policy and investment decisions.
2. High personal and economic cost, driven by lost productivity and repeated health-care use.
3. Inequitable access to effective care, shaped by specialist costs, long wait times, and the high out-of-pocket cost of newer migraine specific medicines.

Migraine Australia's Perceptions of Migraine survey and community evidence demonstrate that many people experience prolonged disability before accessing effective treatment, often absorbing significant personal and financial cost.

Those without financial means are disproportionately affected.

This submission proposes targeted, scalable reforms focused on measurement, access, and equity, rather than specific drug listings or structural disability expansion. Earlier and more equitable access to effective migraine care represents an opportunity to reduce avoidable disability, support workforce participation, and deliver better value for the health system.

With increasing workforce participation pressures, women's health reform priorities, and ongoing health system constraints, addressing migraine represents a timely opportunity to reduce avoidable disability and unlock productivity gains using existing health system levers.

Summary of recommendations

1. Improve national migraine data and surveillance.
2. Improve equitable access to effective migraine care.
3. Review migraine access settings and system design.
4. Build workforce and community capability.

About Migraine Australia



Migraine Australia is a national patient advocacy organisation formed in 2019 to support all Australians living with migraine and their families. **We are the voice of migraine in Australia.**

Through advocacy, information and support, and led by people living with migraine, our mission is to actively and demonstrably improve the quality of life and wellbeing of all Australians living with migraine and their families, and reduce the burden of migraine on both those directly affected and the broader community, through the prevention of migraine attacks, medication overuse headache, and other migraine-related conditions.

Migraine Australia is a volunteer organisation, led by a board and an organising committee entirely comprised of people with a lived experience of migraine. Under our current structure, each member of the board and organising committee take the lead for an area of our work.

We currently have no ongoing staff and an extremely small core operating budget. But thanks to our passionate and dedicated volunteers, we are able to operate a network of support groups – the Migraine Warrior Support Network, the only support structure there is for people with migraine in Australia – and provide a constantly updated resource of accurate information about migraine and its management. We also run an annual Migraine Awareness Month in June, aligning with global migraine awareness activities.

Like everything else in migraine, our ability to improve services is severely limited by the 'just a headache' stigma which makes it very difficult to fundraise or be taken seriously when approaching government, companies, or other organisations to advocate for better treatment of people with migraine.

1 The policy issue

1.1 A growing but inconsistently measured condition

Migraine affects millions of Australians, yet national prevalence estimates vary significantly across data sources. This inconsistency reflects under-diagnosis, under-reporting, and limited visibility of migraine in population health surveillance.

Without reliable and consistent measurement:

- the true scale of need is underestimated;
- funding and service planning remain fragmented;
- inequities – particularly for women and regional Australians are obscured.

Better data is foundational to better policy.

1.2 Migraine imposes a high economic and social cost

Migraine imposes substantial costs on individuals, employers, and the broader economy. These costs are not limited to health-care expenditure, but include:

- absenteeism and presenteeism;
- reduced workforce participation;
- underemployment and career disruption; and
- increased reliance on acute and emergency care.

Because migraine disproportionately affects people during peak working years, unmanaged migraine translates directly into productivity loss.

2 Access and equity in Migraine Care

2.1 Structural barriers drive inequitable access

Access to effective migraine care in Australia is shaped less by clinical need than by ability to pay.

People with migraine consistently report:

- long waits for neurologist appointments;
- private specialist fees commonly exceeding \$300–\$500 per consultation, with limited Medicare rebate;
- the need for multiple specialist visits to initiate or maintain treatment;
- limited specialist availability outside metropolitan areas. .

For many Australians, particularly those in regional areas or lower-income households, specialist-led pathways are simply inaccessible.

2.2 High cost effective medicines remain out of reach for many

Newer migraine-specific medicines represent a significant clinical advance for people who do not respond to older therapies. However, current access settings mean that many Australians::

- reach effective treatment only after prolonged disability;
- incur significant out of pocket costs through private prescriptions;
- face complex eligibility and step-therapy requirements; and
- lack clear information about prescribing pathways, particularly in primary care.

The result is a two-tiered system, where those with financial means can access timely relief, while others endure unmanaged migraine with significant personal and economic consequences.

From a system perspective, delayed access does not avoid cost; it shifts it to emergency care, repeated GP visits, and lost productivity.

3 Migraine as a disabling condition

Migraine can cause significant episodic disability that is poorly captured by existing systems.

Migraine is a neurological condition that can be profoundly disabling. During attacks, individuals may experience severe pain, sensory disturbance, nausea, visual impairment, and cognitive dysfunction that prevents participation in work, education, and daily life.

While migraine may meet the definition of disability under anti-discrimination law when it substantially limits daily activities, it is inconsistently recognised in practice due to its episodic and fluctuating nature.

As a result, many people with migraine fall between systems:

- not adequately supported by standard health pathways;
- not recognised within disability support frameworks; and
- not consistently accommodated in workplaces.

This gap has real consequences:

- delayed treatment;
- limited workplace understanding and adjustment; and
- increased reliance on personal leave or workforce withdrawal.

Recognising migraine as a condition that can cause functional disability; without expanding formal disability schemes, supports earlier intervention, better care design, and improved economic participation.

4 Policy opportunity and rationale

Why now? Workforce participation pressures, women's health priorities, and system constraints create a timely reform opportunity.

Improving migraine care presents a clear opportunity to advance multiple Government priorities through long-term, structural reform that improves living standards, strengthens workforce participation, and delivers sustainable value from existing systems.

Supporting a Healthy Australia

Migraine is a common neurological condition that can be profoundly disabling, yet it remains under-recognised and unevenly addressed within the health system. Improving access to timely, evidence-based care would reduce avoidable disability, improve health outcomes, and decrease reliance on crisis and emergency care. Strengthening national data and care pathways supports a more effective, equitable health system.

Enabling a Skilled and Prosperous workforce

Migraine disproportionately affects people during peak working years, particularly women. Unmanaged migraine contributes to absenteeism, presenteeism, reduced workforce participation, and career disruption. Targeted reforms that improve access to effective care and reduce prolonged disability would support skills retention, productivity, and economic participation, contributing to improved living standards.

Improving Security for individuals and households

High out-of-pocket costs, reliance on private specialist care, and inconsistent access to effective treatment expose people with migraine to financial and employment insecurity. Improving system design and access pathways can reduce these pressures, supporting greater stability for individuals managing migraine alongside work, caring responsibilities, and community participation.

Strengthening Community capability and connection

Building capability across primary care, workplaces, and the community improves early identification management and navigation of migraine care. Education and

4 Policy opportunity and rationale cont

Strengthening Community capability and connection

Building capability across primary care, workplaces, and the community improves early identification, management, and navigation of migraine care. Education and low-cost, non-medication supports complement clinical care and enable people to remain engaged in work, volunteering, and community life, particularly where specialist access is limited.

Delivering a Connected and Sustainable system

Current migraine care pathways are often fragmented, specialist-dependent, and inefficient. Reviewing access settings and strengthening primary-care-led models supports a more connected system that delivers care earlier, more equitably, and at lower long-term cost. These reforms align with sustainability objectives by reducing downstream expenditure and improving value for money without requiring expansion of disability or entitlement programs.

Taken together, these reforms offer a balanced, scalable approach to improving health outcomes, supporting workforce participation, and strengthening system sustainability in line with Government priorities.

5 Proposed reforms and recommendations

The following recommendations are scalable, non-binding, and intended to inform policy development rather than prescribe implementation.

Summary of recommendations:

1. Improve national migraine data and surveillance.
2. Improve equitable access to effective migraine care.
3. Review migraine access settings and system design.
4. Build workforce and community capability.

- reduced reliance on specialist access pathway

For many Australian pathways require extensive multiple preventative before escalation, do benefit of some individuals and lived experience prolonged ineffective contribute to increased frequency, medication progression to chronic

Recommendation 1: Improve national migraine data and understanding

Objective: To strengthen the evidence base for migraine policy and investment decisions by improving national measurement, consistency, and visibility of migraine prevalence, burden, and care pathways.

Establish a national approach to migraine data and surveillance, potentially delivered through existing national health data infrastructure, to improve prevalence estimates, understand care pathways, and support evidence-based funding decisions.

- align prevalence estimates.
- better understand care pathways and unmet need.
- identify high-impact cohorts (e.g. chronic migraine, women, regional Australians).
- support evidence-based policy and funding decisions.

Recommendation 2: Improve equitable access to effective migraine care

Objective: To reduce avoidable disability and inequity by improving access to timely, evidence-based migraine care, particularly for people facing financial, geographic, or system-level barriers.

Support reforms that reduce financial and structural barriers to care, including:

- strengthened primary-care-led migraine pathways.
- clearer escalation and referral guidance that supports timely access to effective treatment and reduces the risk of progression to chronic migraine.
- improved navigation of evidence-based treatments, recognising that prolonged cycles of ineffective preventive therapy can increase disability, medication overuse, and long-term system cost

5 Recommendations continued

- reduced reliance on high-cost specialist access as the default pathway

For many Australians, current care pathways require extended trials of multiple preventative treatments before escalation, despite limited benefit of some individuals. Evidence and lived experience indicate prolonged ineffective treatment can contribute to increased attack frequency, medication overuse, and progression to chronic migraine.

Recommendation 3: Review access settings and system design

Objective: To assess whether current migraine access settings and care pathways align with contemporary clinical practice and equity principles, and to identify opportunities to improve system efficiency and value.

Undertake a policy-led review of migraine care pathways, including:

- alignment of PBS access settings with contemporary clinical practice;
- impact of step-therapy requirements on disability and productivity; and
- opportunities to reduce out of pocket costs and inequity.

Comparable jurisdictions have

demonstrated that expanding appropriately trained primary and non-medical prescribers can reduce reliance on specialist bottlenecks for migraine care, without compromising safety, highlighting opportunities to rethink workforce roles within Australian pathways.

This review should focus on system efficiency and equity, not specific medicines.

Recommendation 4: Build workforce and community capability

Objective: To improve early identification, management, and navigation of migraine care by strengthening workforce capability and community understanding through scalable education and awareness initiatives.

Invest in education and awareness initiatives for:

- general practitioners and pharmacists.
- employers and workplaces.
- people living with migraine.

Targeted education can reduce stigma, improve early diagnosis, support safe medicine use, and minimise avoidable disability.



6 Budget considerations and funding pathways

Migraine Australia recognises that Government may progress reform through a combination of funding mechanisms and portfolios. The initiatives outlined are intentionally scalable and capable of being delivered through existing health, primary care, prevention and data infrastructure, depending on fiscal settings.

The indicative investment bands below are provided to signal relative scale only.

Initiative	Indicative scope	Investment band	Potential funding pathway
National migraine data and research	Surveillance, prevalence alignment, reporting	Low (\$1-5m over 2-3 years)	Health, prevention, research funding
Primary-care migraines pathways	GP tools, navigation, regional pilots	Medium (\$5-15m)	Primary care reform, PHNs
Capability and awareness initiatives	Clinician and public education	Low-Medium (\$2-10m)	Workforce, prevention, women's health
Policy-led access review	PBS and care pathway review	Non-spend / absorbed	Health / PBAC processes
Complementary low and non-medication supports	Education, self-management, digital supports	Low (\$1-5m)	Prevention, community or PHN funding

Final costings and funding decisions would be determined through existing budget, departmental, and PBAC processes.

7 Conclusion

Migraine is common, costly, and frequently disabling—yet many Australians are unable to access effective care due to cost and system design rather than clinical need.

Targeted, scalable reforms focused on measurement, access, and equity would reduce avoidable disability, improve workforce participation, and deliver long-term value for the Australian community.

Migraine Australia welcomes the opportunity to work with Government to progress these reforms.



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