

# PRO-FORMA REQUEST FOR COSTING AN ELECTION COMMITMENT<sup>1</sup>

<b>Name of policy</b>	<b>Heart Centre for Children</b>
Person requesting costing (Prime Minister/Leader of the Opposition/Leader of a minority party):	Prime Minister.
Date of public release of policy:	16 May 2022.
Link to the publicly released policy:	<a href="https://www.greghunt.com.au/15814-2/">https://www.greghunt.com.au/15814-2/</a>
Date of request to cost the policy:	16 May 2022.
Summary of policy (please attach copies of relevant policy documents):	<p>The Coalition will commit \$4.25 million to the Heart Centre for Children to:</p> <ul style="list-style-type: none"> <li>● develop a best practice model to support sick children transitioning to care in the community</li> <li>● provide dedicated support coordination as their care is managed between hospitals and jurisdictions</li> <li>● continue their trial which assists families to spend less time in hospital.</li> </ul>
Intention of policy:	To improve the lives of children living with severe heart and lung conditions and their families.
Certification that this, or a substantially similar costing request, has not been submitted to the Parliamentary Budget Office:	No, this or a substantially similar costing has not been submitted to the Parliamentary Budget Office.

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<sup>1</sup> An electronic version of this pro-forma can be found at [www.electioncostings.gov.au/templates](http://www.electioncostings.gov.au/templates).

<p><b>Description of policy</b> (note: where the request to cost a proposal differs from the announced policy, the costing will be on the basis of information provided in the costing request)</p> <p><b>What are the key assumptions that have been made in the policy including:</b></p>	
<p>Is the policy part of a package?</p> <p><i>If yes, list and outline components and interactions with proposed or existing policies.</i></p>	No.
<p>Where relevant, is funding for the policy to be demand driven or a capped amount?</p>	Capped.
<p>Will third parties (for instance the States/Territories) have a role in funding or delivering the policy?</p> <p><i>If yes, is the Australian Government contribution capped, with additional costs to be met by third parties, or is another funding formula envisaged?</i></p>	Not applicable.
<p>Are there associated savings, offsets or expenses?</p> <p><i>If yes, please provide details.</i></p>	No.
<p><b>Description of policy</b> (note: where the request to cost a proposal differs from the announced policy, the costing will be on the basis of information provided in the costing request)</p> <p><b>What are the key assumptions that have been made in the policy including:</b></p> <p><b>(continued)</b></p>	
<p>Does the policy relate to a previous budget measure?</p> <p><i>If yes, which measure?</i></p>	Yes, this proposal builds on the 2019-20 MYEFO measure titled <i>Supporting Children with Life-Threatening Medical Conditions and their Families.</i>
<p>If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program? Will funding/cost require indexation?</p> <p><i>If yes, list factors used.</i></p>	Not applicable.

What are the estimated costs each year? Are these provided on a cash or fiscal basis?	2022-23 \$0.5 million 2023-24 \$0.8 million 2024-25 \$1.5 million 2025-26 \$1.5 million
Are the revenue and/or expense costs likely to be significantly different beyond the forward estimates period? <i>If yes, why?</i>	No.
What assumptions have been made in deriving the expected financial impact in the party costing (please provide information on the data sources used to develop the policy)?	Not applicable.
Has the policy been costed by a third party? <i>If yes, can you provide a copy of this costing and its assumptions?</i>	Not applicable.
What is the expected community impact of the policy? How many people or businesses will be affected by the policy? What is the likely take up? What is the basis for these impact assessments/assumptions?	The Heart Centre for Children provides world class care treating more than 4,500 babies, children and adolescents with congenital heart disease each year.
<i>Note: it will be up to the professional judgment of the relevant Secretary as to whether these assumptions are adopted in a Treasury or Finance costing of the policy.</i>	
<b>Administration of policy</b>	
Who will administer the policy (for example, Australian Government entity, the States, non-government organisation, etc.)?	Department of Health.
Should departmental expenses associated with this policy be included in this costing? <i>If no, will the Australian Government Entity be expected to absorb expenses associated with this policy?</i> <i>If yes, please specify the key assumptions, including whether departmental costs are expected with respect to program management (by policy agencies) and</i>	No, the Department of Health is to absorb departmental expenses.

<i>additional transactions/processing (by service delivery agencies).</i>	
Intended date of implementation.	1 July 2022.
Are there transitional arrangements associated with policy implementation?	No.
Will the policy be ongoing or terminating*?	30 June 2026.
If terminating: What is the intended date of termination? Are there any transitional arrangements associated with the conclusion of the policy?	Terminating.
List major data sources utilised to develop policy (for example, ABS cat. no. 3201.0).	Not applicable.
Are there any other assumptions that need to be considered?	Not applicable.

\* Ongoing policies continue indefinitely (until a decision is made to cease or alter the program). Terminating measures end on a date set out in the initial policy and a further decision is required to continue the program beyond this date.