

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

Name of policy	Additional Health Services for North and North-western Tasmania
Person requesting costing (Prime Minister/Leader of the Opposition/Leader of a minority party):	Prime Minister
Date of public release of policy:	18 April 2019
Date of request to cost the policy:	9 May 2019
Summary of policy (please attach copies of relevant policy documents):	<p>The Coalition will make a further \$25.6 million investment in improving healthcare in north and north-western Tasmania</p> <p>The policy includes the following grants:</p> <ul style="list-style-type: none"> <li>• \$10 million to redevelop and extend the existing Kings Meadows Community Health Centre into a contemporary community health centre to meet increased demand, including for renal and oral health with \$5 million per annum in 2022-23 and 2023-24.</li> <li>• \$10 million for improvements to the Acute Care facility at North West Regional Hospital with \$5 million per annum in 2022-23 and 2023-24.</li> <li>• \$1 million for the Queenstown Allied Health and Aged facility in 2021-22.</li> <li>• \$4.5 million for a perinatal infant mental health service at Launceston General Hospital and North West Regional Hospital with \$1.5 million in 2020-21 and \$3.0 million in 2021-22.</li> </ul>

<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).

	<ul style="list-style-type: none"> <li>\$100,000 for two mobile unit health buses supported by Rotary Tasmania and the Royal Flying Doctor Service in 2019-20.</li> </ul>
Intention of policy:	To provide additional medical services to North and North West Tasmania
Certification that this, or a substantially similar costing request, has not been submitted to the Parliamentary Budget Office	This, or a substantially similar costing request, has not been submitted to the Parliamentary Budget Office
<p>Description of policy (please note that, 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>What are the key assumptions that have been made in the policy including:</p>	
Is the policy part of a package? If yes, list and outline components and interactions with proposed or existing policies.	No
Where relevant, is funding for the policy to be demand driven or a capped amount?	Capped
Will third parties (for instance the States/Territories) have a role in funding or delivering the policy? If yes, is the Australian Government contribution capped, with additional costs to be met by third parties, or is another funding formula envisaged?	Tasmanian Government, Royal Flying Doctor Service and primary health networks will coordinate.
Are there associated savings, offsets or expenses? If yes, please provide details.	No
<p>Description of policy (please note that, 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>What are the key assumptions that have been made in the policy including: (continued)</p>	
Does the policy relate to a previous budget measure? If yes, which measure?	This policy is in addition to the \$91.9 million Tasmanian Health Plan that addresses health care needs and provides affordable and accessible healthcare for Tasmanians

<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>If yes, list factors used.</p>	<p>Not applicable</p>
<p>What are the estimated costs each year? Are these provided on a cash or fiscal basis?</p>	<p>\$0.1 million in 2019-20  \$1.5 million in 2020-21  \$4.0 million in 2021-22  \$10.0 million in 2022-23  \$10.0 million in 2023-24  Cash basis</p>
<p>Are the revenue and/or expense costs likely to be significantly different beyond the forward estimates period? If yes, why?</p>	<p>No</p>
<p>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)?</p>	<p>Not applicable</p>
<p>Has the policy been costed by a third party? If yes, can you provide a copy of this costing and its assumptions?</p>	<p>No</p>
<p>What is the expected community impact of the policy?</p> <p>How many people or businesses will be affected by the policy?</p> <p>What is the likely take up?</p> <p>What is the basis for these impact assessments/assumptions?</p>	
<p><b>NOTE:</b> 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.</p>	
<p>Administration of policy</p>	
<p>Who will administer the policy (for example, Australian Government entity, the States, non-government organisation, etc.)?</p>	<p>Department of Health</p>

<p>Should departmental expenses associated with this policy be included in this costing?</p> <p>If no, will the Australian Government Entity be expected to absorb expenses associated with this policy?</p> <p>If yes, please specify the key assumptions, including whether departmental costs are expected with respect to program management (by policy agencies) and additional transactions/processing (by service delivery agencies).</p>	<p>No.</p> <p>Department of Health to absorb any associated departmental operating or capital expenses</p>
Intended date of implementation.	1 July 2019
Are there transitional arrangements associated with policy implementation?	
Will the policy be ongoing or terminating*?	Terminating
<p>If terminating:</p> <p>What is the intended date of termination?</p> <p>Are there any transitional arrangements associated with the conclusion of the policy?</p>	30 June 2024
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?	No

\* 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.