



Policy costing request—during the caretaker period for a general election

Name of policy:	Working to close the gap: Equitable and culturally safe health care
Person requesting costing:	Senator Richard di Natale
Parliamentary party:	Australian Greens
Date of request to cost the policy:	24 June 2016
<i>Note: This policy costing request and the response to this request will be made publicly available.</i>	
Has a costing of this policy been requested under Section 29 of the Charter of Budget Honesty (ie from the Treasury or the Department of Finance)?	No
Details of the public release of this policy (Date, by whom and a reference to that release):	Released by Australian Greens Senator Rachel Siewert, 8 June 2016: http://rachel-siewert.greensmps.org.au/content/media-releases/greens-act-aboriginal-health-and-launch-comprehensive-package ; http://greens.org.au/atsi-health .
Description of policy	
Summary of policy (as applicable, please attach copies of relevant policy documents):	The policy includes commitments in relation to eye, ear and kidney health, and funding to support Aboriginal and Torres Strait Islander Nurses and Midwives. Please see the appendix to this document for a list of specific commitments.
What is the purpose or intention of the policy?	To provide additional funding for key health programs.
What are the key assumptions that have been made in the policy, including:	
Is the policy part of a package? If yes, list the components and interactions with proposed or existing policies.	No
Where relevant, is funding for the policy to be demand driven or a capped amount? If a capped amount, are the costs of administering the policy to be included within the capped amount or additional to the capped amount?	Capped unless otherwise specified.

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<p>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?</p>	<p>Funding will involve a range of non-government organisations, including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and Kidney Australia.</p>			
<p>Are there associated savings, offsets or expenses? If yes, please provide details.</p>	-			
<p>Does the policy relate to a previous budget measure? If yes, which measure?</p>	-			
<p>If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program?</p>	-			
<p>Will the funding/program cost require indexation? If yes, list factors to be used.</p>	-			
Expected impacts of the proposal				
<p>If applicable, what are the estimated costs each year? If available, please provide details in the table below. Are these provided on an underlying cash balance or fiscal balance basis?</p>				
Estimated financial implications (outturn prices)^(a)				
	2016–17	2017–18	2018–19	2019–20
Underlying cash balance (\$m)	-19.5	-54.6	-52.7	-48.9
Fiscal balance (\$m)	-19.5	-54.6	-52.7	-48.9
<p>(a) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A positive number in the underlying cash balance indicates an increase in revenue or a decrease in expenses or net capital investment in cash terms.</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>Has the policy been costed by a third party? If yes, can you provide a copy of this costing and its assumptions?</p>	-			

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<p>What is the expected community impact of the policy?</p> <p>How many people 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>Improved health outcomes in key areas.</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>Commonwealth departments to administer funding provided to non-government organisations.</p>
<p>Please specify whether any special administrative arrangements are proposed for the policy and whether these are expected to involve additional transactions/processing (by service delivery agencies).</p>	<p>-</p>
<p>Intended date of implementation:</p>	<p>1 September 2016</p>
<p>Intended duration of policy:</p>	<p>Funding amounts are provided over the forward estimates. Demand driven components are ongoing.</p>
<p>Are there transitional arrangements associated with policy implementation?</p>	<p>-</p>
<p>List major data sources utilised to develop policy (for example, ABS catalogue number 3201.0).</p>	<p>Roadmap to Close the Gap for Vision</p>
<p>Are there any other assumptions that need to be considered?</p>	<p>-</p>
<p>NOTE:</p> <p><i>Please note that:</i></p> <p><i>The costing will be on the basis of information provided in this costing request.</i></p> <p><i>The PBO is not bound to accept the assumptions provided by the requestor. If there is a material difference in the assumptions used by the PBO, the PBO will consult with the requestor in advance of the costing being completed.</i></p>	

Specific amounts

Blindness prevention and closing the gap in eye health

- Working to limit preventable blindness (capped funding amounts from 1 September 2016):
 - \$10m over four years (2016-17 to 2019-20) for an awareness raising campaign to encourage eye examinations and awareness of risk factors.
 - \$12m over four years (2016-17 to 2019-20) to develop a comprehensive national eye health and

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vision strategy

- \$13m over four years (2016-17 to 2019-20) for monitoring and research of national eye health and vision care
- Implementing the recommendations of the [Roadmap to Close the Gap for Vision](#) by providing capped funding of \$10.22m over five years, including ongoing funding of \$2.92m from year 4 onwards (p. 102).

Hearing health

A suite of policies to improve hearing health from 1 July 2017:

- \$2m for a national database to track children with a hearing impairment
- \$15m annually for early evidence-based language and communication intervention for all children with hearing impairment prior to them starting school
- \$4m annually for sound field systems for new classrooms, and in all existing classrooms where there is a significant population of Aboriginal and Torres Strait Islander children
- \$2.5m annually in 2017-18 and 2018-19 for an exemplar multidisciplinary project to address incidence of otitis media in Aboriginal and Torres Strait Islander (ATSI) communities
- The Council of Australian Governments to prioritise hearing screenings and follow-up from all Aboriginal and Torres Strait Islander children from remote communities on commencement of school (not expected to require additional resourcing), and
- A \$30m million fund (over three years from 2016-2017) for induction programs for teachers posted to schools in ATSI communities.
- To improve support for people with hearing impairment accessing the NDIS by providing:
 - \$2m annually over two years to develop an accreditation scheme to identify clinicians with the ability to provide appropriate services to adults with complex hearing rehabilitation needs.
 - Demand-driven funding for interpreters where needed for NDIS participants with hearing disabilities – expected to match the funding under the current Australian Government Hearing Services Community Service Obligations Program.

The package would have effect from 1 July 2017. Funding is intended to be capped, with the exception of funding for interpreters.

Kidney health

Implementing recommendations in the [Kidney Health Australia 2016-17 budget submission](#) from 1 September 2016, through funding:

- A national strategy on chronic kidney disease, involving:
 - A national Action Plan on Aboriginal and Torres Strait Islander chronic kidney disease, developed by a taskforce funded at \$2 million (capped).
 - \$4 million for education and training for the Aboriginal and Torres Strait Islander health workforce (capped).
 - \$4 million for appropriate patient support services in remote and regional locations (capped).

Aboriginal and Torres Strait Islander Nurses and Midwives

Capped funding from 1 July 2017 of:

- \$1m for the development of a National Aboriginal and Torres Strait Islander Nursing Workforce Strategy
- \$12.54m over 3 years to support students.

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- \$412,672 over 3 years for a mentoring program.
- \$2.9m over three years for a Leaders in Indigenous Nursing and Midwifery Education (LINMEN) program.
- Grant funding for CATSINAM of \$2.75m.