

Election Costing Request Form

Details of request	
Party:	Australian Labor Party (NSW Branch)
Name of Policy:	Boost to health workforce
Date of request:	15 March 2019

Description of policy	
Summary of policy (please attach copies of relevant policy documents and include information on what the policy aims to achieve):	<ul style="list-style-type: none">• Fill all funded vacant positions.• 1,500 paramedics over eight years, with the 750 announced in the 2018-19 budget to be delivered in Labor's first term.• Match the 2,240 allied health, cleaning and support personnel announced by the Government on 17 February 2019.• \$14.5 million each year towards removing the salary-packaging fee for low income health workers.• On the expiry of hospital car parking contracts review existing arrangements with a view to capping parking fees for health workers at \$10 per week in 2019 dollars. <p><i>Note 250 hospital security staff separately costed.</i></p>
Has the policy been publicly released yet?	No

	2018/19 \$'000	2019/20 \$'000	2020/21 \$'000	2021/22 \$'000	Total \$'000
Impact on GGS expenses		\$14m	\$14m	\$14m	\$42m
Impact on GGS revenue					
Impact on General Government Sector (GGS) net operating result ¹					
Impact on GGS capital expenditure ²					
Impact on GGS net lending/borrowing					

Note: Has the policy been costed by a third party?
If yes, can you provide a copy of this costing and its assumptions?

Key assumptions made in the policy	
Does the policy relate to a previous announcement? If yes, which announcement?	
What assumptions have been made in deriving the financial impacts in your estimated costing? <i>(See checklist)</i>	<p>The Coalition Government announced 2,240 health workers on 17 February 2019. To the extent that additional workers are required to be employed to meet this target beyond existing budget allocations, phase them in from 1 January 2021 to 1 January 2023 in equal annual increments.</p> <p>Assume 750 extra paramedics and ambulance call centre staff in the existing budget. An additional 750 would be employed in equal annual increments from 1 July 2023 to 1 July 2027.</p> <p>Any changes to hospital car parking fees would be subject to a contract review at the expiry of the contract. Revised agreements</p>

¹ Negative for a saving that reduces expenditure

² Negative for a reduction in capital expenditure.

	would be subject to a subsequent decision of government.
Is there a range for the costing or any sensitivity analysis that you have undertaken?	No.
Are there associated savings, offsets or, in the case of a revenue proposal, offsetting expenses? If yes, please provide details.	..
Are there significant costs or savings outside the forward estimates period which should be considered in costing this policy? ³	..

Administration of policy	
Intended date of implementation:	Upon formation of government.
Intended duration of policy ⁴ :	Ongoing.
Who will administer the policy (e.g. Government entity, non-government organisation, etc.)?	Ministry of Health.
Are there any specific administrative arrangements for the policy that need to be taken into account (e.g. agreements between different levels of government)?	No.
Are there transitional arrangements associated with policy implementation?	..

If the policy is mainly an expenditure⁵ commitment	
Demand driven or a capped amount:	Capped.
Eligibility criteria or thresholds:	Guidelines would be determined in consultation with stakeholders.

³ Particularly important for large projects with long lead times, policies with a delayed timetable for implementation, or policies where up-front investment is required to achieve long term savings.

⁴ Where a policy is intended to be ongoing, please indicate "ongoing" in the space to the right

⁵ Expenditure is operating expenses, e.g. salaries, interest cost and grants. Expenditures are fully included in the impact on operating balance.