Election Costing Request Form

Details of request		
Party:	Australian Labor Party (NSW Branch)	
Name of Policy:	Q fever vaccinations	
Date of request:	14 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):	Provide \$2 million in each of 2019-20 and 2020-21 to support 8,000 Q fever vaccinations for at risk NSW residents in regional or rural areas not covered under employer schemes.	
Has the policy been publicly released yet?		

	2018/19 \$'000	2019/20 \$'000	2020/21 \$'000	2021/22 \$'000	Total \$'000
Impact on GGS expenses					
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?

¹ Negative for a saving that reduces expenditure

² Negative for a reduction in capital expenditure.

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? (See checklist)	Provide \$500 to GPs in rural and regional areas per eligible Q fever vaccination, capped at 4,000 in each of 2019-20 and 2020-21.	
	GPs would be provided with a rebate for the procedure upon declaring that the patient met eligibility criteria. The patient must not be charged for the vaccination or the pathology testing. However, the GP may charge a consultation fee.	
	Adjust funding in 2020-21 against movements in the consumer price index (Sydney).	
	The costs of the subsidy and associated administrative costs should be absorbed within the existing Ministry of Health budget.	
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:	1 July 2019
Intended duration of policy ⁴ :	30 June 2021.
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.

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

Are there transitional arrangements associated	
with policy implementation?	

If the policy is mainly an expenditure ⁵ commitment	
Demand driven or a capped amount:	Capped.
Eligibility criteria or thresholds:	N/a.

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