## Expanding access to cervical screening services FEDERATION FUNDING AGREEMENT - HEALTH

Parties	Commonwealth				
	New South Wales				
	Victoria				
	Queensland				
	Western Australia South Australia				
					Tasmania
	Australian Capital Territory				
	Northern Territory				
	Duration	This Schedule is expected to expire on 30 June 2027.			
Purpose	This Schedule supports States and Territories to expand cervical screening services, supporting the delivery of improved access.				
	Activities under this Schedule will include:				
	<ul> <li>Enabling nurses, First Nations Health Practitioners, and midwives to sign Pathology Request Forms for Cervical Screening Tests</li> </ul>				
	<ul> <li>Implementing innovative screening models to reach under screened populations including but not limited to LGBTQIA+, culturally and linguistically diverse people and people with a disability.</li> </ul>				
	The National Strategy for the Elimination of Cervical Cancer (Strategy) outlines Australia's commitment to achieving equitable elimination of cervical cancer as a public health problem by 2035 and outlines the objectives and actions needed to achieve this goal.				
	Strategic priority 6 of the Strategy aims to 'Increase access to screening, colposcopy and follow up by expanding who can offer these services, and where and how they are offered, to improve reach and uptake'. The funding aligns to priority areas 6.1 and 6.4 of the Strategy.				
	<ul> <li>6.1: Provide a clear pathway to enable appropriately trained registered nurses,         Aboriginal Health Workers, Aboriginal Health Practitioners, and midwives to be able to         independently request and sign the pathology form for a Cervical Screening Test (and be         eligible for Medicare reimbursement).</li> </ul>				
	<ul> <li>6.4: Resource pilots and, where successful, resource scale-up and routine provision of innovative screening models such as peer-led and community-developed services and telehealth approaches. Work with community-controlled organisations to develop models, scale up successful models, and share best practice approaches.</li> </ul>				
	This Schedule includes an assessment of activities undertaken and the outcomes achieved under this agreement.				

## OFFICIAL

financial	The Commonwealth will provide an estimated total financial contribution to the States and Territories of \$21.8 million in respect of this Schedule.					
contributions	Table 1					
	(\$)	2024-25	2025-26	2026-27	Total	
	Estimated total budget	5,524,000	7,232,000	8,996,000	21,752,000	
	New South Wales	1,275,564.00	1,808,938.00	2,359,800.00	5,444,302.00	
	Victoria	1,104,482.00	1,544,321.00	1,998,580.00	4,647,383.00	
	Queensland	936,332.00	1,284,237.00	1,643,549.00	3,864,118.00	
	Western Australia	632,643.00	814,509.00	1,002,340.00	2,449,492.00	
	South Australia	519,103.00	638,893.00	762,611.00	1,920,607.00	
	Tasmania	370,165.00	408,528.00	448,149.00	1,226,842.00	
	Australian Capital Territory	355,543.00	385,911.00	417,273.00	1,158,727.00	
	Northern Territory	330,168.00	346,663.00	363,698.00	1,040,529.00	
	Less estimated National Partnership Payments	5,524,000	7,232,000	8,996,000	21,752,000	
	Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0	
	The Commonwealth supports the p Reform Agreement (NHRA). The N where the same service, or any par Commonwealth. States and Territo	HRA provides that t of the same serv	it the Common rice, is otherwis	wealth will not f e funded by the	und a service	
Additional terms	Reform Agreement (NHRA). The N where the same service, or any par	HRA provides that t of the same serv ories will ensure th	nt the Common vice, is otherwish nat any claim fo	wealth will not f e funded by the r funding under	the NHRA is	
	Reform Agreement (NHRA). The N where the same service, or any par Commonwealth. States and Territo not funding services, or any part of	HRA provides that tof the same servories will ensure the aservice, provided as eligible to particities and a Cervical Sci	it the Common rice, is otherwise nat any claim fo ed for under this ipate in the Nat	wealth will not fee funded by the refunding under and agreement and ional Cervical Science	the NHRA is d will creening	
terms Definitions	Reform Agreement (NHRA). The N where the same service, or any part Commonwealth. States and Territor not funding services, or any part of maintain appropriate records.  Under-screened population: - women and people with a cervix Program who have either never	HRA provides that tof the same serveries will ensure the aservice, provided as eligible to particities and a Cervical Scient.	it the Common rice, is otherwise nat any claim fo ed for under this ipate in the Nat reening Test or	wealth will not fee funded by the refunding under agreement and ional Cervical Scare two or more	the NHRA is d will creening	
terms  Definitions	Reform Agreement (NHRA). The N where the same service, or any par Commonwealth. States and Territo not funding services, or any part of maintain appropriate records.  Under-screened population: - women and people with a cervix Program who have either never overdue for their next screen tes  Non-medical providers (NMPs)	HRA provides that tof the same servories will ensure the aservice, provided aservice, provided aservice to participate a Cervical Scient.	t the Common vice, is otherwise nat any claim fo ed for under this spate in the Nat reening Test or s, and midwives	wealth will not fee funded by the refunding under agreement and ional Cervical Scare two or more	the NHRA is d will creening e years	
Definitions	Reform Agreement (NHRA). The N where the same service, or any par Commonwealth. States and Territo not funding services, or any part of maintain appropriate records.  Under-screened population: - women and people with a cervix Program who have either never overdue for their next screen tes  Non-medical providers (NMPs) - includes nurses, First Nations He Note: The Commonwealth is curren	HRA provides that tof the same serveries will ensure the aservice, provided as service, provided as a Cervical Scient.  The ealth Practitioner atly undertaking with the service of the computation of the	the Commonstice, is otherwise nat any claim for ed for under this in the Native nation of the	wealth will not fee funded by the refunding under agreement and ional Cervical Scare two or more	the NHRA is d will creening e years	

Output	Performance milestones	Report due	Payment
Initiative 1  Enable nurses, First Nations Health Practitioners, and midwives to sign Pathology Request Forms for Cervical Screening Tests (CSTs).  Initiative 2  Implement innovative screening models to reach under screened populations including LGBTQIA+, culturally and linguistically diverse people and people with a disability.	Provision and acceptance of a project plan outlining planned activities and expected timeframes to:  a) expand current nurse-led models for cervical screening in Queensland.  b) implement innovative screening models to reach under screened populations in Queensland	Within 2 months of signing or by 3 June 2025, whichever is the earliest. (please send to NCSPCommittees@health.gov.au)	100% of annual allocation for 2024-25.
	Provision and acceptance of the first progress report outlining activities undertaken against the agreed project plan, including a description of any enhancements identified or being implemented and an overview of any measured or expected impacts/outcomes.  If progress against the project plan is delayed, the State or Territory must advise the Commonwealth in writing prior to 15 September 2025 of the delay. The progress report must include proposed actions to deliver planned activities and against revised timeframes.	30 September 2025 (please send to NCSPCommittees@health.gov.au)	100% of annual allocation for 2025-26.
	Provision and acceptance of the second progress report outlining activities undertaken against the agreed project plan, including a description of any enhancements identified or being implemented and an overview of any measured or expected impacts/outcomes.  If progress against the project plan is delayed, the State or Territory must advise the Commonwealth in writing prior to 14 July 2026 of the delay. The progress report must include proposed actions to deliver planned activities and against revised timeframes.	31 July 2026 (please send to NCSPCommittees(@health.gov.au)	100% of annual allocation for 2026-27.
	Provision and acceptance of a final report including at minimum but not limited to:  a) a review of progress against the agreed project plan, b) an assessment of the activities undertaken, and the outcomes achieved under this agreement (both measured and observed) c) an assessment of the impact of project activities on access to screening services and outcome reporting, and d) any lessons learned and how these learnings could support expanded access to screening services.	15 June 2027	No payment

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the Commonwealth

of Australia by

The Honourable Mark Butler MP Minister for Health and Aged Care

28/91/2025

Signed for and on behalf

State of Queensland by

The Honourable Timothy Nicholls MP Minister for Health and Ambulance Services

29/4/2025