

# Newborn Bloodspot Screening Expansion (amended)

## FEDERATION FUNDING AGREEMENT – HEALTH

**Table 1: Formalities and operation of schedule**

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 2028 or following the completion of the final performance milestone.
Purpose	This Schedule will support the expansion of newborn bloodspot screening (NBS) programs over four years, and a timely and nationally consistent approach to the addition of conditions to NBS programs.

Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the states and territories of \$57.37 million in respect of this Schedule.					
	<b>Table 1 (\$)</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>	<b>Total</b>
	<b>Estimated total budget</b>	<b>7,861,364.30</b>	<b>16,161,230.27</b>	<b>16,032,999.99</b>	<b>17,312,000.00</b>	<b>57,367,594.56</b>
	<i>Less estimated National Partnership Payments</i>	7,861,364.30	16,161,230.27	16,032,999.99	17,312,000.00	57,367,594.56
	- New South Wales	2,300,235.75	4,126,818.12	4,667,054.43	5,261,571.59	16,355,679.89
	- Victoria	1,938,870.93	3,694,329.65	3,834,333.69	4,244,795.26	13,712,329.53
	- Queensland	1,507,198.55	3,173,068.02	3,142,461.90	3,399,999.61	11,222,728.08
	- Western Australia	864,347.42	2,388,871.63	1,984,068.53	1,985,567.50	7,222,855.08
	- South Australia	593,676.97	2,061,247.07	1,424,202.07	1,301,954.20	5,381,080.31
	- Tasmania	230,763.33	252,679.99	364,011.07	417,944.64	1,265,399.03
	- Australia Capital Territory	231,937.63	254,609.61	342,794.48	392,038.56	1,221,380.28
	- Northern Territory	194,333.72	209,606.18	274,073.82	308,128.64	986,142.36
	Balance of non-Commonwealth contributions	0	0	0	0	0

Additional terms	The parties agree that:					
	<p>(a) The Commonwealth is accountable for:</p> <ul style="list-style-type: none"> <li>Facilitating the consideration of NBS conditions through the decision-making pathway as endorsed by Health Ministers, including through the health technology assessment (HTA) process where appropriate.</li> <li>Providing leadership in the development of technical and clinical process/pathways or national resources.</li> <li>Providing updates to Health Ministers' Meetings annually from jurisdictional progress reports.</li> </ul> <p>(b) States and territories are responsible for:</p> <ul style="list-style-type: none"> <li>Management, oversight and operations of NBS programs including strengthening and maintaining program governance pathways as required to support the timely implementation of new conditions as agreed by Health Ministers.</li> <li>Supporting the timely progression of agreed conditions through the decision-making pathway. This includes the provision and consideration of technical, implementation and local policy advice on delivery of NBS programs and/or related services.</li> <li>Ensuring equitable access to screening, diagnostic testing and follow up care for clinical conditions included in NBS programs.</li> </ul>					

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|  | <ul style="list-style-type: none"><li>• Maintaining the quality and safety of existing NBS screening operations, and a high participation rate in screening.</li><li>• Providing a progress report, in the agreed format, at the times specified in Table 2.</li></ul> <p>(c) States with a laboratory are responsible for:</p> <ul style="list-style-type: none"><li>• screening within a maximum of two years of Health Ministers agreeing to add a condition.</li></ul> <p>(d) Both parties are responsible for:</p> <ul style="list-style-type: none"><li>• Working collaboratively to enhance data collection, reporting and monitoring through progress reports.</li><li>• Sharing accurate and timely data, and information on conditions, with other jurisdictions and the Commonwealth to support program and expansion activities.</li></ul> |
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The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. States and Territories party to this Schedule will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.



Table 2: New South Wales - Performance requirements, reporting and payment summary					
Output	Performance milestones	Report due	Base payment (\$)	PEM increase (\$)	Total allocation available
Implement target conditions within two years of endorsement by Health Ministers	<b>Program expansion and management (PEM) payment</b> Confirmation of commencement of screening for all agreed target conditions due in that financial year, through the progress report. <sup>1</sup>	30/04/2025	2,073,035.75	N/A	2,073,035.75
		30/04/2026	2,504,618.12	N/A	2,504,618.12
	<b>Program expansion and management (PEM) payment and increase<sup>2</sup></b> In 2026-27 and 2027-28, the PEM increase is available to states and territories. <ul style="list-style-type: none"> <li>A state or territory will receive the same PEM payment as the previous financial year, if it does not implement any of the required conditions, but achieves the requirements for last financial year (provision and acceptance of progress reports).</li> <li>If a Health Ministers' Meeting implementation decision is made in the final financial year of the FFA period, payments will be made after a commitment date is provided for adding the condition within a two-year timeframe in the final progress report.</li> <li>A state and territory will receive a proportion of the potential increased PEM payment available for that financial year if it implements some, but not all the required conditions.<sup>3</sup></li> </ul>	30/04/2027	2,504,618.12	Up to 1,542,436.31	4,047,054.43
		30/04/2028 If 26-27 condition/s added. Or <sup>4</sup>	4,047,054.43	Up to 894,517.16	4,941,571.59
		30/04/2028 If 26-27 condition/s not added.	2,504,618.12	Up to 1,542,436.31 <sup>5</sup> for implementing delayed 2026-27 conditions. And Up to 894,517.16 for implementing 2027-28 conditions.	4,941,571.59

<sup>1</sup> Where a condition is due to be implemented between 1 May and 30 June, an extension to the report due date may be sought within that financial year.

<sup>2</sup> Relevant to target conditions endorsed by Health Ministers from the 2024-25 financial year onwards. Therefore, the PEM increase is only available in financial years 2026-27 and 2027-28.

<sup>3</sup> This is a proportional payment, paid according to:

- If all required conditions for that financial year are reported as implemented in the relevant progress report, 100% of the PEM increase is paid.
- Where there are two conditions due, each condition is allocated 50% of the annual allocated PEM increase. This means if only one condition is implemented, 50% of the PEM increase is paid.
- Where there are three conditions due, each condition is allocated one-third of the annual allocated PEM increase. This means, if only one or two conditions are implemented, 33.3% or 66.7% of the PEM increase is paid respectively.

<sup>4</sup> The funding split across the base payment and PEM increase in 2027-28 varies depending on whether the 2026-27 milestones are met.

<sup>5</sup> Jurisdictions can only access up to the equivalent amount forfeited in the 2026-27 financial year, according to the proportion of 2026-27 conditions implemented.

**Table 2: New South Wales - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment (\$)
Provide management and oversight of operations of expanding NBS programs; and Provide and consider technical, implementation and local policy advice on delivery of NBS programs to support the timely progression of conditions for expansion.	<b>Program administration payment</b> (to be made annually following delivery of the progress report in April) Provision and Commonwealth acceptance of the progress report, in the agreed format which includes: <ul style="list-style-type: none"> <li>An implementation progress report in the agreed template <b>every six months (October and April)</b>; and</li> <li>Local de-identified data against agreed indicators <b>annually (April)</b>.</li> </ul> The final report (30/04/2028) will include a summary of deliverables and outcomes achieved in expanding local NBS programs. Payments will be made once <b>both</b> reports for the relevant financial year have been submitted and accepted by the Commonwealth.	N/A	
		30/04/2025	120,000
		31/10/2025	
		30/04/2026	120,000
		31/10/2026	
		30/04/2027	120,000
		31/10/2027	
Invest in capital infrastructure required for the addition of target conditions.	<b>Capital infrastructure payment</b> <ul style="list-style-type: none"> <li>The first capital infrastructure payment will be paid upon execution of the FFA.</li> <li>Subsequent capital infrastructure payments will be made after Commonwealth acceptance of a formal <b>capital expenditure plan</b> in July each year</li> <li>Confirmation of expenditure against the plan will be included in the <b>April progress report</b> to ensure funds were used according to the plan or on other capital to support expansion.</li> </ul>	On execution of Schedule	107,200
		31/07/2025	1,502,200
		31/07/2026	500,000
		31/07/2027	200,000

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

13  
[Day] January 2025

Signed for and on behalf of the State of New South Wales by



**The Honourable Ryan Park MP**  
Minister for Health and Regional Health

[Day] January 2025

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**Table 2: Victoria - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Base payment (\$)	PEM increase (\$)	Total allocation available
Implement target conditions within two years of endorsement by Health Ministers	<b>Program expansion and management (PEM) payment</b> Confirmation of commencement of screening for all agreed target conditions due in that financial year, through the progress report. <sup>1</sup>	30/04/2025	1,711,670.93	N/A	1,711,670.93
		30/04/2026	2,072,129.65	N/A	2,072,129.65
	<b>Program expansion and management (PEM) payment and increase<sup>2</sup></b> In 2026-27 and 2027-28, the PEM increase is available to states and territories. <ul style="list-style-type: none"> <li>A state or territory will receive the same PEM payment as the previous financial year, if it does not implement any of the required conditions, but achieves the requirements for last financial year (provision and acceptance of progress reports).</li> <li>If a Health Ministers' Meeting implementation decision is made in the final financial year of the FFA period, payments will be made after a commitment date is provided for adding the condition within a two-year timeframe in the final progress report.</li> <li>A state and territory will receive a proportion of the potential increased PEM payment available for that financial year if it implements some, but not all the required conditions.<sup>3</sup></li> </ul>	30/04/2027	2,072,129.65	Up to 1,142,204.04	3,214,333.69
		30/04/2028 If 26-27 condition/s added. Or <sup>4</sup>	3,214,333.69	Up to 710,461.57	3,924,795.26
		30/04/2028 If 26-27 condition/s not added.	2,072,129.65	Up to 1,142,204.04 <sup>5</sup> for implementing delayed 2026-27 conditions. And Up to 710,461.57 for implementing 2027-28 conditions.	3,924,795.26

<sup>1</sup> Where a condition is due to be implemented between 1 May and 30 June, an extension to the report due date may be sought within that financial year.

<sup>2</sup> Relevant to target conditions endorsed by Health Ministers from the 2024-25 financial year onwards. Therefore, the PEM increase is only available in financial years 2026-27 and 2027-28.

<sup>3</sup> This is a proportional payment, paid according to:

- If all required conditions for that financial year are reported as implemented in the relevant progress report, 100% of the PEM increase is paid.
- Where there are two conditions due, each condition is allocated 50% of the annual allocated PEM increase. This means if only one condition is implemented, 50% of the PEM increase is paid.
- Where there are three conditions due, each condition is allocated one-third of the annual allocated PEM increase. This means, if only one or two conditions are implemented, 33.3% or 66.7% of the PEM increase is paid respectively.

<sup>4</sup> The funding split across the base payment and PEM increase in 2027-28 varies depending on whether the 2026-27 milestones are met.

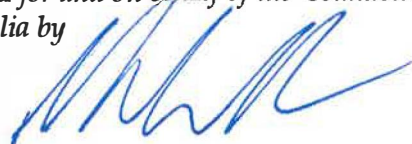
<sup>5</sup> Jurisdictions can only access up to the equivalent amount forfeited in the 2026-27 financial year, according to the proportion of 2026-27 conditions implemented.

**Table 2: Victoria - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment (\$)
Provide management and oversight of operations of expanding NBS programs; and Provide and consider technical, implementation and local policy advice on delivery of NBS programs to support the timely progression of conditions for expansion.	<b>Program administration payment</b> (to be made annually following delivery of the progress report in April) Provision and Commonwealth acceptance of the progress report, in the agreed format which includes: <ul style="list-style-type: none"> <li>An implementation progress report in the agreed template <b>every six months (October and April)</b>; and</li> <li>Local de-identified data against agreed indicators <b>annually (April)</b>.</li> </ul> The final report (30/04/2028) will include a summary of deliverables and outcomes achieved in expanding local NBS programs. Payments will be made once <b>both</b> reports for the relevant financial year have been submitted and accepted by the Commonwealth.	N/A	
		30/04/2025	120,000
		31/10/2025	
		30/04/2026	120,000
		31/10/2026	
		30/04/2027	120,000
Invest in capital infrastructure required for the addition of target conditions.	<b>Capital infrastructure payment</b> <ul style="list-style-type: none"> <li>The first capital infrastructure payment will be paid upon execution of the FFA.</li> <li>Subsequent capital infrastructure payments will be made after Commonwealth acceptance of a formal <b>capital expenditure plan</b> in July each year</li> <li>Confirmation of expenditure against the plan will be included in the <b>April progress report</b> to ensure funds were used according to the plan or on other capital to support expansion.</li> </ul>	On execution of Schedule	107,200
		31/07/2025	1,502,200
		31/07/2026	500,000
		31/07/2027	200,000

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

13  
[Day] January 2025

Signed for and on behalf of the State of Victoria by



**The Honourable Mary-Anne Thomas MP**  
Minister for Health

17 March 2025

**Table 2: Tasmania - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Base payment (\$)	PEM increase (\$)	Total allocation available
Implement target conditions within two years of endorsement by Health Ministers	<b>Program expansion and management (PEM) payment</b>	30/04/2025	110,763.33	N/A	110,763.33
	Confirmation of commencement of screening for all agreed target conditions due in that financial year, through the progress report. <sup>1</sup>	30/04/2026	132,679.99	N/A	132,679.99
	<b>Program expansion and management (PEM) payment and increase<sup>2</sup></b>	30/04/2027	132,679.99	Up to 111,331.08	244,011.07
	In 2026-27 and 2027-28, the PEM increase is available to states and territories.	30/04/2028	244,011.07	Up to 53,933.57	297,944.64
	<ul style="list-style-type: none"> <li>A state or territory will receive the same PEM payment as the previous financial year, if it does not implement any of the required conditions, but achieves the requirements for last financial year (provision and acceptance of progress reports).</li> <li>If a Health Ministers' Meeting implementation decision is made in the final financial year of the FFA period, payments will be made after a commitment date is provided for adding the condition within a two-year timeframe in the final progress report.</li> <li>A state and territory will receive a proportion of the potential increased PEM payment available for that financial year if it implements some, but not all the required conditions.<sup>3</sup></li> </ul>	If 26-27 condition/s added. Or <sup>4</sup> 30/04/2028 If 26-27 condition/s not added.	132,679.99	Up to 111,331.08 <sup>5</sup> for implementing delayed 2026-27 conditions. And Up to 53,933.57 for implementing 2027-28 conditions.	297,944.64

<sup>1</sup> Where a condition is due to be implemented between 1 May and 30 June, an extension to the report due date may be sought within that financial year.

<sup>2</sup> Relevant to target conditions endorsed by Health Ministers from the 2024-25 financial year onwards. Therefore, the PEM increase is only available in financial years 2026-27 and 2027-28.

<sup>3</sup> This is a proportional payment, paid according to:

- If all required conditions for that financial year are reported as implemented in the relevant progress report, 100% of the PEM increase is paid.
- Where there are two conditions due, each condition is allocated 50% of the annual allocated PEM increase. This means if only one condition is implemented, 50% of the PEM increase is paid.
- Where there are three conditions due, each condition is allocated one-third of the annual allocated PEM increase. This means, if only one or two conditions are implemented, 33.3% or 66.7% of the PEM increase is paid respectively.

<sup>4</sup> The funding split across the base payment and PEM increase in 2027-28 varies depending on whether the 2026-27 milestones are met.

<sup>5</sup> Jurisdictions can only access up to the equivalent amount forfeited in the 2026-27 financial year, according to the proportion of 2026-27 conditions implemented.

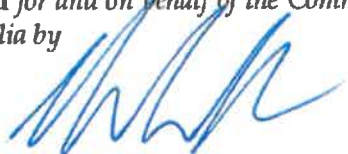


**Table 2: Tasmania - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment (\$)
Provide management and oversight of operations of expanding NBS programs; and  Provide and consider technical, implementation and local policy advice on delivery of NBS programs to support the timely progression of conditions for expansion.	<b>Program administration payment</b> (to be made annually following delivery of the progress report in April) Provision and Commonwealth acceptance of the progress report, in the agreed format which includes: <ul style="list-style-type: none"> <li>An implementation progress report in the agreed template <b>every six months (October and April)</b>; and</li> <li>Local de-identified data against agreed indicators <b>annually (April)</b>.</li> </ul> The final report (30/04/2028) will include a summary of deliverables and outcomes achieved in expanding local NBS programs. Payments will be made once <b>both</b> reports for the relevant financial year have been submitted and accepted by the Commonwealth.	N/A	
		30/04/2025	120,000
		31/10/2025	
		30/04/2026	120,000
		31/10/2026	
		30/04/2027	120,000
		31/10/2027	
		30/04/2028	120,000

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

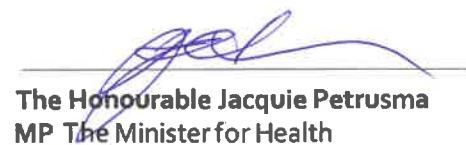
Signed for and on behalf of the Commonwealth of Australia by



**The Honourable Mark Butler MP**  
Minister for Health and Aged Care

13  
[Day] January 2025

Signed for and on behalf of the State of Tasmania by



**The Honourable Jacqui Petrusma MP**  
The Minister for Health

[Day] January 2025 9  
11/2/2025

**Table 2: Australian Capital Territory - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Base payment (\$)	PEM increase (\$)	Total allocation available
Implement target conditions within two years of endorsement by Health Ministers	<b>Program expansion and management (PEM) payment</b> Confirmation of commencement of screening for all agreed target conditions due in that financial year, through the progress report. <sup>1</sup>	30/04/2025	111,937.63	N/A	111,937.63
		30/04/2026	134,609.61	N/A	134,609.61
	<b>Program expansion and management (PEM) payment and increase<sup>2</sup></b> In 2026-27 and 2027-28, the PEM increase is available to states and territories. <ul style="list-style-type: none"> <li>A state or territory will receive the same PEM payment as the previous financial year, if it does not implement any of the required conditions, but achieves the requirements for last financial year (provision and acceptance of progress reports).</li> <li>If a Health Ministers' Meeting implementation decision is made in the final financial year of the FFA period, payments will be made after a commitment date is provided for adding the condition within a two-year timeframe in the final progress report.</li> <li>A state and territory will receive a proportion of the potential increased PEM payment available for that financial year if it implements some, but not all the required conditions.<sup>3</sup></li> </ul>	30/04/2027	134,609.61	Up to 88,184.87	222,794.48
		30/04/2028 If 26-27 condition/s added. Or <sup>4</sup>	222,794.48	Up to 49,244.08	272,038.56
		30/04/2028 If 26-27 condition/s not added.	134,609.61	Up to 88,184.87 <sup>5</sup> for implementing delayed 2026-27 conditions. And Up to 49,244.08 for implementing 2027-28 conditions.	272,038.56

<sup>1</sup> Where a condition is due to be implemented between 1 May and 30 June, an extension to the report due date may be sought within that financial year.

<sup>2</sup> Relevant to target conditions endorsed by Health Ministers from the 2024-25 financial year onwards. Therefore, the PEM increase is only available in financial years 2026-27 and 2027-28.

<sup>3</sup> This is a proportional payment, paid according to:

- If all required conditions for that financial year are reported as implemented in the relevant progress report, 100% of the PEM increase is paid.
- Where there are two conditions due, each condition is allocated 50% of the annual allocated PEM increase. This means if only one condition is implemented, 50% of the PEM increase is paid.
- Where there are three conditions due, each condition is allocated one-third of the annual allocated PEM increase. This means, if only one or two conditions are implemented, 33.3% or 66.7% of the PEM increase is paid respectively.

<sup>4</sup> The funding split across the base payment and PEM increase in 2027-28 varies depending on whether the 2026-27 milestones are met.

<sup>5</sup> Jurisdictions can only access up to the equivalent amount forfeited in the 2026-27 financial year, according to the proportion of 2026-27 conditions implemented.

**Table 2: Australian Capital Territory - Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment (\$)
Provide management and oversight of operations of expanding NBS programs; and Provide and consider technical, implementation and local policy advice on delivery of NBS programs to support the timely progression of conditions for expansion.	<b>Program administration payment</b> (to be made annually following delivery of the progress report in April) Provision and Commonwealth acceptance of the progress report, in the agreed format which includes: <ul style="list-style-type: none"> <li>An implementation progress report in the agreed template <b>every six months (October and April)</b>; and</li> <li>Local de-identified data against agreed indicators <b>annually (April)</b>.</li> </ul> The final report (30/04/2028) will include a summary of deliverables and outcomes achieved in expanding local NBS programs. Payments will be made once <b>both</b> reports for the relevant financial year have been submitted and accepted by the Commonwealth.	N/A	
		30/04/2025	120,000
		31/10/2025	
		30/04/2026	120,000
		31/10/2026	
		30/04/2027	120,000
		31/10/2027	
		30/04/2028	120,000

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

<sup>13</sup>  
~~(Day)~~ January 2025

Signed for and on behalf of the Australian Capital Territory by



**Ms Rachel Stephen-Smith MLA**  
Minister for Health

~~[Day] January~~ 2025  
5 March