



Policy costing

| Extension of the National Bowel Cancer Screening Program | | |
|---|--|--|
| Person/party requesting the costing: | Senator Matthew Canavan | |
| Date costing completed: | 16 December 2025 | |
| Expiry date of the costing: | Release of the next economic and fiscal outlook report | |
| Status at time of request: | Submitted outside the caretaker period | |
| | <input type="checkbox"/> Confidential | <input checked="" type="checkbox"/> Not confidential |
| <p>Summary of proposal:</p> <p>The National Bowel Cancer Screening Program (NBCSP) offers free bowel cancer screening kits to eligible Australians. Individuals aged 45 to 49 can request a screening kit, while those aged 50 to 74 automatically receive one in the mail every 2 years.</p> <p>The proposal would extend the NBCSP as follows:</p> <ul style="list-style-type: none">• Option 1 – extend full biennial screening available to individuals 50-74 to those aged 25-49.• Option 2 – extend opt-in screening available to individuals 45-49 to those aged 25-44. <p>The proposal would be ongoing and commence on 1 July 2026.</p> | | |

Overview

The proposal would be expected to decrease the fiscal balance by between \$96.5 million (Option 2) and \$294.5 million (Option 1) over the 2025-26 Budget forward estimates period. These costs reflect an increase in administered and departmental expenses. There are slight differences between the fiscal balance impacts (Table 1) and underlying cash balance due to timing of payments.

The proposal would be expected to have an impact beyond the 2025-26 Budget forward estimates period particularly as the policy scales to full capacity. A breakdown of the financial implications over the medium-term is provided at Attachment A.

Table 1: Extension of the National Bowel Cancer Screening Program – Financial implications (\$m)^{(a)(b)}

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | Total to 2028-29 |
|--|---------|---------|---------|---------|------------------|
| Option 1: Extend full biennial screening available to people aged 25-49 | | | | | |
| Fiscal balance | - | -47.5 | -96.9 | -150.1 | -294.5 |
| Underlying cash balance | - | -47.2 | -96.6 | -149.7 | -293.5 |
| Option 2: Extend opt-in screening to people aged 25-44 | | | | | |
| Fiscal balance | - | -16.3 | -31.5 | -48.7 | -96.5 |
| Underlying cash balance | - | -16.1 | -31.3 | -48.5 | -95.9 |

(a) A positive number represents an increase in the relevant budget balance; a negative number represents a decrease.

(b) PDI impacts are not included in the totals.

- Indicates nil.

Uncertainties

The financial implications of this proposal are highly uncertain and sensitive to a number of assumptions. The estimated eligible population that would choose to return the test kit each year is highly uncertain due to opt-in and opt-out rates, deferrals and exclusion rates due to prior testing. Since the program is demand driven, if the number of kits returned differ from these assumptions, the overall cost estimates would be significantly impacted.

The costing is also sensitive to other key assumptions, including:

- The cost of providing bowel screening kits, pathology analysis, and reporting results to participants and their nominated GPs.
- The proportion of people who receive a kit and require a follow-up, and the proportion who return the test kit.
- The proportion of testers receiving a positive screening test result; variation to this assumption would affect follow-up costs.
- The supply constraints of test kits and the time required for the National Cancer Screening Registry (NCSR) to scale up operations in response to increased demand. The NCSR's ability to scale up rapidly for both options, especially Option 1, is particularly uncertain.
- False positive rates being similar to what is observed in the current population. False positive rates may differ due to different target age groups having different total incidences than those currently covered by the program. If the false positive rates differ to the rate assumed, the MBS costs would change.

MBS costs are expected to increase due to follow-up services for individuals with positive screening results. This costing does not account for the broader benefits of the NBCSP, such as cancer prevention and the transition to earlier, less costly stages of diagnosis.

Further inherent uncertainties relate to behavioural responses to the proposed policy, including participant compliance and the potential flow-on impact on the Federation Funding Agreement for the Participant Follow-up Function of the NBCSP.

Key assumptions

The Parliamentary Budget Office (PBO) has made the following assumptions in costing this proposal.

- The Australian Government and state and territory governments would be able to make the agreements necessary to support the implementation and ongoing maintenance of the proposal.
- The NBCSP would maintain opt-in eligibility for individuals aged 45 to 49 years in the baseline scenario over the medium term.
 - 20% of eligible individuals in this age group would opt-in and undertake bowel screening under the program once every 2 years. This is informed by the observed uptake among the 45 to 49 age cohort during the first 6 months of program availability in July–December 2024.¹
- The rate at which new participants would return testing kits is informed by age-specific participation rates², which indicate a clear upward trend as age increases, extrapolated for the new age cohorts.

¹ [Kit requests for those aged 45–49, July–December 2024](#) - AIHW National Bowel Cancer Screening Program monitoring report 2025.

² [AIHW National Bowel Cancer Screening Program monitoring report 2025](#).

- Bowel screening kits to the eligible population would be progressively rolled out over the first 3 years, due to supply and capacity constraints.
- The eligible population who are 25 to 49 years old would increase in line with population growth.
- Some individuals aged 25 to 49 years old would request a deferral or opt out of the program.
- The price would be similar to public retail prices and include the test kit, pathology and postage, with an assumed discount for government bulk purchases.
 - The actual cost of kits is highly uncertain and likely to vary compared to retail prices.
- The proportion of positive screening tests is informed by age-specific bowel cancer incidence patterns, which indicate a clear upward trend in incidence as age increases.³
 - The rate of positive screening tests would be comparable to the current incidence of bowel cancer observed in the general population and incorporates an additional 5% false-positive rate.
- There would be an increase in MBS costs due to new age cohorts.
 - Over 80% of individuals that receive a positive screening test would continue to a colonoscopy. The MBS costs would include a GP consultation, anaesthesia and a colonoscopy.
 - After having a colonoscopy, over 50% of individuals that receive a positive screening would have polyp removal and associated pathology.
 - MBS costs would increase in line with Medicare indexation arrangements over the costing period.
 - All individuals who receive a colonoscopy would be able to receive a colonoscopy in the same year as their positive screening result, noting that a large increase in the number of people requesting a colonoscopy could affect wait times for all patients.

Methodology

Administered costs for both components include 3 elements:

- The cost of bowel screening kits was calculated by multiplying the estimated number of screening kits issued to eligible individuals by the bulk purchase discounted unit cost.
- The increased cost of delivering the Participant Follow-Up Function (PFUF) was pro-rated based on the current PFUF agreement and expected follow-up demand of the expanded eligibility age cohorts.
- The MBS cost was calculated by multiplying the number of positive screening tests by the expected MBS costs for colonoscopies and polyp removal as per *Key assumptions*.

Ongoing departmental expenses were calculated as follows:

- For the Department of Health, Disability and Ageing, expenses were calculated based on historical data, with additional funding in the first year of the policy to pass through the NCSR to support the increased demand on the program.
- For Services Australia, expenses were calculated by applying the projected increase in services to the unit cost for administering each MBS service item, as provided by Services Australia.

³ [AIHW Cancer data in Australia](#), Book 1a – Cancer incidence (age-standardised rates and 5-year age groups)

Financial implications were rounded consistent with the PBO's rounding rules.⁴

Data sources

Australian Institute of Health and Welfare (2025) [National Bowel Cancer Screening Program monitoring reports \(2019-2025\)](#), AIHW website, accessed 24 November 2025.

Australian Institute of Health and Welfare (2025) [Cancer data in Australia](#), AIHW website, accessed 24 November 2025.

Bowel Cancer Australia (2025) [BowelScreen Australia ColoVantage Screening Test](#), accessed 24 November 2025.

Commonwealth of Australia (2025) *2025 Pre-election Economic and Fiscal Outlook*, Commonwealth of Australia.

ColoVantage Home (2025) [ColoVantage Home Test Kit \(12-Pack Pharmacies Only\)](#), ColoVantage website, accessed 24 November 2025.

Department of Health, Disability and Ageing (DHDA) (2025) [National Bowel Cancer Screening Program](#), DHDA website, accessed 24 November 2025.

Department of Health, Disability and Ageing (2025) [MBS Online – Medicare Benefits Schedule](#), MBS online website, accessed 24 November 2025.

Federal Financial Relations (2024) [National Bowel Cancer Screening Program - Participant Follow-up Function](#), FFR website, accessed 24 November 2025.

Royal Australasian College of Surgeons (2025) [Position Paper – Bowel Cancer Screening in Australia and Aotearoa New Zealand](#), RACS website, accessed 1 December 2025.

Services Australia provided the Services Australia Funding Model unit prices as at 2025-26 Budget.

The Department of Health, Disability and Ageing provided the MBS liability factor as at the 2025-26 Budget.

The Pharmacy Network (2025) [ColoVantage Home Bowel Screening Kit](#), The Pharmacy Network website, accessed 24 November 2025.

The Treasury provided Australian demographic projections and economic parameters as at the 2025-26 Budget.

⁴ <https://www.pbo.gov.au/for-parliamentarians/how-we-analyse/pbo-rounding-rules>

Attachment A – Extension of the National Bowel Cancer Screening Program – Financial implications

Table A1: Extension of the National Bowel Cancer Screening Program – Option 1: Extend full biennial screening available to individuals aged 25-49 – Fiscal balance (\$m)^(a)

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|---------------------|
| Expenses | | | | | | | | | | | | | |
| Administered | | | | | | | | | | | | | |
| <i>National Bowel Cancer Screening Program</i> | - | -35.0 | -73.0 | -113.0 | -118.0 | -122.0 | -127.0 | -131.0 | -136.0 | -141.0 | -146.0 | -221.0 | -1,142.0 |
| <i>Participant Follow-up Function</i> | - | -1.5 | -3.1 | -4.8 | -5.0 | -5.1 | -5.3 | -5.4 | -5.5 | -5.6 | -5.8 | -9.4 | -47.1 |
| <i>Medicare Benefits Schedule</i> | - | -8.6 | -17.9 | -27.9 | -28.9 | -30.0 | -31.0 | -32.1 | -33.2 | -34.3 | -35.4 | -54.4 | -279.3 |
| Departmental | | | | | | | | | | | | | |
| <i>Department of Health, Disability and Ageing</i> | - | -2.4 | -2.8 | -4.2 | -6.2 | -6.3 | -6.3 | -6.9 | -6.9 | -7.0 | -7.5 | -9.4 | -56.5 |
| <i>Services Australia</i> | - | 0.0 | -0.1 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.3 | -1.7 |
| Total – expenses | - | -47.5 | -96.9 | -150.1 | -158.3 | -163.6 | -169.8 | -175.6 | -181.8 | -188.1 | -194.9 | -294.5 | -1,526.6 |
| Total (excluding PDI) | - | -47.5 | -96.9 | -150.1 | -158.3 | -163.6 | -169.8 | -175.6 | -181.8 | -188.1 | -194.9 | -294.5 | -1,526.6 |

(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 negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms.

- Indicates nil.

Table A2: Extension of the National Bowel Cancer Screening Program – Option 1: Extend full biennial screening available to individuals aged 25-49 – Underlying cash balance (\$m)^(a)

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|---------------------|
| Expenses | | | | | | | | | | | | | |
| Administered | | | | | | | | | | | | | |
| <i>National Bowel Cancer Screening Program</i> | - | -35.0 | -73.0 | -113.0 | -118.0 | -122.0 | -127.0 | -131.0 | -136.0 | -141.0 | -146.0 | -221.0 | -1,142.0 |
| <i>Participant Follow-up Function</i> | - | -1.5 | -3.1 | -4.8 | -5.0 | -5.1 | -5.3 | -5.4 | -5.5 | -5.6 | -5.8 | -9.4 | -47.1 |
| <i>Medicare Benefits Schedule</i> | - | -8.3 | -17.6 | -27.5 | -28.9 | -30.0 | -31.0 | -32.1 | -33.1 | -34.3 | -35.4 | -53.4 | -278.2 |
| Departmental | | | | | | | | | | | | | |
| <i>Department of Health, Disability and Ageing</i> | - | -2.4 | -2.8 | -4.2 | -6.2 | -6.3 | -6.3 | -6.9 | -6.9 | -7.0 | -7.5 | -9.4 | -56.5 |
| <i>Services Australia</i> | - | 0.0 | -0.1 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.2 | -0.3 | -1.7 |
| Total – payments | - | -47.2 | -96.6 | -149.7 | -158.3 | -163.6 | -169.8 | -175.6 | -181.7 | -188.1 | -194.9 | -293.5 | -1,525.5 |
| Total (excluding PDI) | - | -47.2 | -96.6 | -149.7 | -158.3 | -163.6 | -169.8 | -175.6 | -181.7 | -188.1 | -194.9 | -293.5 | -1,525.5 |

(a) A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.

(b) The underlying cash balance impacts differs marginally from the fiscal balance impacts, reflecting minor timing lags between the delivery of Medicare Benefits Schedule (MBS) services and the payment of subsidies to health care providers.

- Indicates nil.

Table A3: Extension of the National Bowel Cancer Screening Program – Option 1: Extend full biennial screening available to individuals aged 25-49 – Memorandum item: Public Debt Interest (PDI) impacts – Fiscal and underlying cash balances (\$m)^{(a)(b)}

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|---------------------|
| <i>Fiscal balance</i> | - | -1.1 | -4.3 | -9.9 | -17.2 | -25.2 | -33.8 | -43.0 | -53.1 | -63.9 | -75.6 | -15.3 | -327.1 |
| <i>Underlying cash balance</i> | - | -0.8 | -3.5 | -8.5 | -15.4 | -23.2 | -31.6 | -40.7 | -50.6 | -61.2 | -72.7 | -12.8 | -308.2 |

- (a) As this table is presented as a memorandum item, these figures are not reflected in the totals above. This is consistent with the approach taken in the budget where the budget impact of most measures is presented excluding the impact on PDI. If the reader would like a complete picture of the total aggregate, then these figures would need to be added to the figures above. For further information on government borrowing and financing please refer to the PBO's online budget glossary⁵.
- (b) 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 negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms. A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.
- Indicates nil.

⁵ [Online budget glossary – Parliamentary Budget Office \(pbo.gov.au\)](https://pbo.gov.au)

Table A4: Extension of the National Bowel Cancer Screening Program – Option 2: Extend opt-in screening to individuals aged 25-44 – Fiscal balance (\$m)^(a)

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|---------------------|
| Expenses | | | | | | | | | | | | | |
| Administered | | | | | | | | | | | | | |
| <i>National Bowel Cancer Screening Program</i> | - | -7.1 | -14.6 | -22.6 | -23.4 | -24.3 | -25.1 | -26.0 | -26.9 | -27.8 | -28.8 | -44.3 | -226.6 |
| <i>Participant Follow-up Function</i> | - | -1.1 | -2.3 | -3.6 | -3.7 | -3.8 | -3.9 | -4.0 | -4.0 | -4.1 | -4.2 | -7.0 | -34.7 |
| <i>Medicare Benefits Schedule</i> | - | -6.5 | -13.3 | -20.6 | -21.3 | -22.0 | -22.8 | -23.5 | -24.3 | -25.1 | -25.9 | -40.4 | -205.3 |
| Departmental | | | | | | | | | | | | | |
| <i>Department of Health, Disability and Ageing</i> | - | -1.6 | -1.2 | -1.8 | -2.3 | -2.3 | -2.4 | -2.5 | -2.5 | -2.6 | -2.6 | -4.6 | -21.8 |
| <i>Services Australia</i> | - | .. | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.2 | -0.9 |
| Total – expenses | - | -16.3 | -31.5 | -48.7 | -50.8 | -52.5 | -54.3 | -56.1 | -57.8 | -59.7 | -61.6 | -96.5 | -489.3 |
| Total (excluding PDI) | - | -16.3 | -31.5 | -48.7 | -50.8 | -52.5 | -54.3 | -56.1 | -57.8 | -59.7 | -61.6 | -96.5 | -489.3 |

(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 negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms.

- Indicates nil.

.. Not zero but rounded to zero.

Table A5: Extension of the National Bowel Cancer Screening Program – Option 2: Extend opt-in screening to individuals aged 25-44 – Underlying cash balance (\$m)^(a)

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|--|---------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|---------------------|
| Expenses | | | | | | | | | | | | | |
| Administered | | | | | | | | | | | | | |
| <i>National Bowel Cancer Screening Program</i> | - | -7.1 | -14.6 | -22.6 | -23.4 | -24.3 | -25.1 | -26.0 | -26.9 | -27.8 | -28.8 | -44.3 | -226.6 |
| <i>Participant Follow-up Function</i> | - | -1.1 | -2.3 | -3.6 | -3.7 | -3.8 | -3.9 | -4.0 | -4.0 | -4.1 | -4.2 | -7.0 | -34.7 |
| <i>Medicare Benefits Schedule</i> | - | -6.3 | -13.1 | -20.4 | -21.3 | -22.0 | -22.7 | -23.5 | -24.3 | -25.1 | -25.8 | -39.8 | -204.5 |
| Departmental | | | | | | | | | | | | | |
| <i>Department of Health, Disability and Ageing</i> | - | -1.6 | -1.2 | -1.8 | -2.3 | -2.3 | -2.4 | -2.5 | -2.5 | -2.6 | -2.6 | -4.6 | -21.8 |
| <i>Services Australia</i> | - | .. | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.1 | -0.2 | -0.9 |
| Total – payments | - | -16.1 | -31.3 | -48.5 | -50.8 | -52.5 | -54.2 | -56.1 | -57.8 | -59.7 | -61.5 | -95.9 | -488.5 |
| Total (excluding PDI) | - | -16.1 | -31.3 | -48.5 | -50.8 | -52.5 | -54.2 | -56.1 | -57.8 | -59.7 | -61.5 | -95.9 | -488.5 |

- (a) A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.
- (b) The underlying cash balance impacts differs marginally from the fiscal balance impacts, reflecting minor timing lags between the delivery of Medicare Benefits Schedule (MBS) services and the payment of subsidies to health care providers.
- Indicates nil.
- .. Not zero but rounded to zero.

Table A6: Extension of the National Bowel Cancer Screening Program – Option 2: Extend opt-in screening to individuals aged 25-44 – Memorandum item: Public Debt Interest (PDI) impacts – Fiscal and underlying cash balances (\$m)^{(a)(b)}

| | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | 2031-32 | 2032-33 | 2033-34 | 2034-35 | 2035-36 | Total to 2028-29 | Total to 2035-36 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|---------------------|
| <i>Fiscal balance</i> | - | -0.4 | -1.4 | -3.2 | -5.6 | -8.1 | -10.9 | -13.9 | -17.1 | -20.5 | -24.2 | -5.0 | -105.3 |
| <i>Underlying cash balance</i> | - | -0.3 | -1.2 | -2.8 | -5.0 | -7.5 | -10.2 | -13.1 | -16.3 | -19.7 | -23.3 | -4.3 | -99.4 |

- (a) As this table is presented as a memorandum item, these figures are not reflected in the totals above. This is consistent with the approach taken in the budget where the budget impact of most measures is presented excluding the impact on PDI. If the reader would like a complete picture of the total aggregate, then these figures would need to be added to the figures above. For further information on government borrowing and financing please refer to the PBO's online budget glossary⁶.
- (b) 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 negative number for the fiscal balance indicates a decrease in revenue or an increase in expenses or net capital investment in accrual terms. A positive number for the underlying cash balance indicates an increase in receipts or a decrease in payments or net capital investment in cash terms. A negative number for the underlying cash balance indicates a decrease in receipts or an increase in payments or net capital investment in cash terms.
- Indicates nil.

⁶ [Online budget glossary – Parliamentary Budget Office \(pbo.gov.au\)](https://pbo.gov.au/online-budget-glossary)