

Community Affairs Legislation Committee
Questions on Notice - Budget Estimates - 29 and 30 May 2018
Health Portfolio

PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000418	0 - Whole of Portfolio	Watt, Murray	New Expenditure Programs	Senator WATT: Maybe, for the sake of time, you could take on notice the new programs that are receiving funding from the reinvestment of savings. Ms Beauchamp: That has all been publicly announced as, obviously, part of the budget process. Budget Paper No.2 and our portfolio budget statements, up the front, has each of the budget measures. But I can certainly provide a summary of new expenditure programs.	Hansard Proof, 29 May 2018, CA Committee, Page 6
SQ18-000419	0 - Whole of Portfolio	Watt, Murray	Funding Measures	Senator WATT: These new measures and initiatives that are not simply about increased demand for services, what is their total value? Ms Beauchamp: I would have to take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 7
SQ18-000420	0 - Whole of Portfolio	Singh, Lisa	Departmental Funding	Ms Beauchamp: It is \$68,261,432,000. Senator SINGH: What about the forwards? Mr Wann: I actually don't have those figures. I have whole of government. So they are the appropriations for the department. What we do have is the whole-of-government split, which takes into account all of the funding under administered programs going to health, aged care and sport. It would include DVA, DSS, DHS and the portfolio agencies. I can provide you with that number. I would have to take the appropriation to the department on notice	Hansard Proof, 29 May 2018, CA Committee, Page 15
SQ18-000421	0 - Whole of Portfolio	Singh, Lisa	Funding - Priority Areas	Senator SINGH: How many priority areas are there and what are all of these priority areas? Mr Wann: There are 200 priority areas. Senator SINGH: Right. Can we get some kind of list of what they all are? Mr Wann: Yes, absolutely. Senator SINGH: Do you have to take that on notice or can that be tabled to the committee? Mr Wann: We will take it on notice, but we can get it to you very quickly. Ms Beauchamp: But it is set out in the budget papers. Senator SINGH: Can you show me where? Ms Beauchamp: I think Mr Wann spoke about page 59 and the programs in each of outcome 2. Senator SINGH: But which are the priority areas? Ms Beauchamp: All of the priority areas are listed here under— Senator SINGH: There are seven priority areas there; is that what you are saying—from 2.1 to 2.7? Are they priority areas? Ms Beauchamp: No, under each of those program areas there are subprograms, which represent the priority areas. Senator SINGH: Right. And where are those subprograms? Mr Wann: They are at a lower level of reporting that is not reported in— Senator SINGH: So they are not in the portfolio budget statement? Mr Wann: No, but we can get you a list of them. Senator SINGH: Why aren't they in the portfolio budget statement? Mr Wann: Because the standards for the portfolio budget statement don't require that sort of reporting. Senator SINGH: So the flexible funds are no longer identified in the budget. Is that what you are saying? Mr Wann: They are grouped into those— Senator SINGH: They are grouped into those priority areas which are not in the budget statement. Mr Wann: You are absolutely correct. It doesn't go down to that level of detail. Senator SINGH: Isn't that an issue of transparency? You have created this new structure. The flexible funds are no longer kind of flexible funds. They are not being subsumed into these priority areas. You have told me there are 200 priority areas, none of which are listed in the portfolio budget statement—and which we still don't have a list of. You have had to take that on notice. It seems to me that the flexible funds have been completely hidden by this government.	Hansard Proof, 29 May 2018, CA Committee, Page 15 - 16
SQ18-000423	0 - Whole of Portfolio	Singh, Lisa	Funding - Priority Areas	Senator SINGH: Well, they are hardly priority areas if you don't have a list of your priority areas available to us right now. Anyway, let's go on. We are going to have to dig down a bit into this, and I am hoping it won't all have to be taken on notice. How much funding of each of these priority areas is committed? Mr Wann: We would be able to provide that. There is reporting underneath priority areas and you can go all the way down to cost centre level. It is, I guess, the way that is most appropriate in terms of a management and in a performance reporting sense. And the portfolio budget statement certainly stipulates that this is the level that is appropriate to report at.	Hansard Proof, 29 May 2018, CA Committee, Page 16
SQ18-000424	0 - Whole of Portfolio	Singh, Lisa	Funding - Priority Areas	Senator SINGH: The question by Senator Watt at the last senate estimates was in relation to the flexible funds and where forward spending was on those from 2013-14 to 2020-21. Your response was that they have now been administered under 'priority areas'. I am now asking you where those priority areas are, because I can't find them in the budget papers and neither can you. And you are telling me that it is transparent. It is not transparent, Ms Beauchamp, because it is not there. Ms Beauchamp: Sorry, these are the priority areas. One of them I just highlighted. Senator SINGH: How is anyone else supposed to know that? You know that. Ms Beauchamp: Just to pick up another one, in terms of Indigenous health funding, the Indigenous Australians' Health Program is absolutely identified as a priority area. Senator SINGH: Could you show me where? Where does it say that it is a priority area? Ms Beauchamp: As I said, I will map those flexible funds to exactly where they appear in the budget papers for you.	Hansard Proof, 29 May 2018, CA Committee, Page 17

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SQ18-000425	0 - Whole of Portfolio	Singh, Lisa	Funding - Priority Areas	Senator SINGH: Ms Beauchamp, how much of the funding is allocated in each of these 200 priority areas each year of the forward estimates? Mr Wann: Most of them will be in bill No. 1, but we can take that on notice and get back to you with an answer. Ms Beauchamp: Probably the best way to do it is to give you the forward estimates for each of the subprograms, which are the priority areas—that is, mental health, Aboriginal and Torres Strait Islander health, health workforce and those sorts of priority areas. Senator SINGH: We would like the whole 200 on notice, if you are going to do this.	Hansard Proof, 29 May 2018, CA Committee, Page 17
SQ18-000426	0 - Whole of Portfolio	Singh, Lisa	Funding - Priority Areas	Also, how much is contracted and committed and how much is uncommitted? Ms Beauchamp: That is a completely new question. Senator SINGH: Yes. Ms Beauchamp: The subprograms, if I can just confirm, are absolutely outlined in the portfolio budget statements and there is funding for 2017-18—estimated, actual and each of the forward estimates. For example— Senator SINGH: Excuse me, Ms Beauchamp, are you saying that the subprograms are the same as the priority areas? Ms Beauchamp: I think that the subprograms are probably the best way to look at it in terms of priority areas. Senator SINGH: I am asking you: are the subprograms the same as the 200 priority areas? Ms Beauchamp: Not exactly, no. There is a further level of detail beneath those subprograms. I am trying to make it easier so you can map it exactly to the budget papers. So, yes, we will get that information for you. You have asked for committed and contracted funding. When you have the number of program areas we have, and I think over 9,800 different contract areas, then it is a big job to look at committed and contracted funds. Of course, those contracted funding amounts change over time as contracts are entered into and renewed and the like. So I will absolutely have to take that on notice. Mr Wann: They would change almost on a daily basis—the level of commitments and pre-commitments. Senator WATT: Let's just go with, as of today. If you could take that on notice. Ms Beauchamp: As of today. We will get you the committed and contracted under each of the subprograms. Senator WATT: We would also like it broken down into the 200 priority areas. We want to get into that level of detail. Ms Beauchamp: I just want to make sure that we can manage that. It is a hugely busy portfolio. I will look at what information is available, confirm the number of subprograms and the level of detail and provide what is committed and contracted for each of those, without getting in the way of delivering on all of the budget initiatives that we have in front of us. Mr Wann: To take a point in time would require quite a large exercise. We couldn't provide something of that detail today. But we will see what is involved and get back to you.	Hansard Proof, 29 May 2018, CA Committee, Page 17
SQ18-000427	0 - Whole of Portfolio	Singh, Lisa	Flexible Funds	Senator SINGH: Well, let's try to get back to the detail of the flexible fund. You would recall then that in the 2014 budget, the 2015 budget and the 2016 budget there was a combined cut of \$975.5 million to the former flexible funds. \$104.2 million of those savings were budgeted in 2015-16 when the former flexible funds were still in place. Were those savings achieved? Ms Beauchamp: I would have to take that on notice. Senator SINGH: Okay. Can you also then give us a breakdown of which flexible funds, as they stood then, those savings came from? Mr Wann: Those savings would have been achieved as a matter of course, in terms of the money was taken out of the appropriation. Are you asking in what way that was given effect? Senator SINGH: Yes. To the flexible funds. Mr Wann: The flexible funds don't exist. Senator SINGH: As they stood at that time when they did exist. Mr Wann: Back in 2015-16? Senator SINGH: Yes. Mr Wann: Okay. We will definitely have to take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 18
SQ18-000428	0 - Whole of Portfolio	Singh, Lisa	Funding Cuts - Priority Areas	Senator SINGH: The question was if you could take on notice the cuts by priority area. Ms Beauchamp: Sorry, when you say, 'by priority area', do you mean for flexible funds allocated in 2015-16 or the current priority areas? Senator SINGH: No, that was not the question. That was the previous question. My question just now was in relation to the 2016-17 to 2019-20 budget cuts. That is the remaining \$870.9 million. I asked if you could confirm whether these savings will be achieved from the new priority areas and a breakdown of that amount—that cut—by year and by priority area.	Hansard Proof, 29 May 2018, CA Committee, Page 19
SQ18-000429	0 - Whole of Portfolio	Singh, Lisa	Flexible Funds - Tasmania	Senator SINGH: I want to ask about flexible funds in relation to services in north-west Tasmania and whether those services were quarantined from cuts to the flexible funds. That includes the \$197.1 million cut in 2014-15, the \$962.8 in the 2015-16 budget—which included cuts to, obviously, the flexible fund—and the \$182.2 million cut in the 2016-17 budget. Was there any quarantining of services in north-west Tasmania? Mr Wann: I think we would have to take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 19

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SQ18-000430	0 - Whole of Portfolio	Singh, Lisa	TAZREACH Program	<p>Senator SINGH: Okay, great. My question is in relation to the TAZREACH program and whether the cuts to that program were a result of the 2015 budget decision? CHAIR: Sorry, just before you answer, Mr Hallinan, we are happy to be flexible in the cross-portfolio section, but if we start getting into really specific program details for other areas— Senator SINGH: It is still budget cuts. CHAIR: Okay. Mr Hallinan: The TAZREACH program was rolled out as an element of the then medical specialist outreach assistance program. That was an outreach program across the country. It was established through a 2012 commitment by the then government but was scheduled to terminate in June 2016, which is when it terminated. Senator SINGH: Were the cuts were a result of the 2015 budget decision? Mr Hallinan: No. My understanding of that program was that it was scheduled to terminate, as a terminating measure, in June 2016, which is why the funding for it discontinued at that stage. But that does go back a couple of years now, so I can take the details on notice and confirm that for you, if you like. Senator SINGH: Okay. It was reported in June 2016 that the funding to TAZREACH was reduced by \$2.5 million by the West Coast Council mayor. Are you aware of that? Mr Hallinan: It would be in that order, yes. Senator SINGH: It would be in the order of \$2.5 million? Mr Hallinan: The additional funding that was committed in the period between 2012 and 2016 was \$1,021,000 in 2013-14, \$1,564,000 in 2014-15 and \$2,392,000 in 2015-16. That additional funding ceased in June 2016 in accordance, I think, with the original measure from 2012. But I will take that on notice and confirm it following the hearing. There is still funding going into outreach activities in Tasmania through the rural health outreach fund. I think it is in the order of \$1 million to \$2 million per annum. Again, I can take that on notice. Senator SINGH: Okay. What did this reduction mean for outreach services on the north-west coast of Tasmania? Mr Hallinan: I would have to take that on notice. It did cease almost two years ago now, so it is not something that I have detailed information on with me.</p>	Hansard Proof, 29 May 2018, CA Committee, Page 19-20
SQ18-000431	0 - Whole of Portfolio	Singh, Lisa	TAZREACH Program	<p>Senator SINGH: What services were previously offered by TAZREACH that are no longer available because of this reduction? CHAIR: This is really getting into the weeds of a particular policy. I accept that these are legitimate questions, Senator Singh, but we are really outside of cross-portfolio. We can carry these questions over to when we have the health workforce on. Health workforce is not that far away. Senator SINGH: I don't have any more, other than one question, so we could knock it over. CHAIR: All right. I'll let you ask the question. Let's knock it over. Mr Hallinan: I can take that on notice for you, Senator.</p>	Hansard Proof, 29 May 2018, CA Committee, Page 20
SQ18-000432	0 - Whole of Portfolio	Rice, Janet	Australian Government Guidelines on the Recognition of Sex and Gender	<p>Senator RICE: I want to start by asking about your department's implementation of the Australian Government Guidelines on the Recognition of Sex and Gender, which allow for record keeping to record genders other than male or female on databases and forms, and which support respectful relationships between gender-diverse, transgender and intersex people. The guidelines were meant to have been fully implemented by July 2016, but I'm aware that not all departments have done that implementation, so I want to know what steps the department has taken to implement the guidelines. Ms Balmanno: We implemented the guidelines in the early part of the 2016-17 financial year. We included a non-binary gender option within our HR systems. We've also implemented e-learning modules within the department, which we encourage staff to undertake so they better understand the experiences of LGBTI people. And we're currently working with our LGBTI staff network to develop an LGBTI action plan. Senator RICE: Is the e-learning available for people to undertake? Ms Balmanno: Yes, it's available for all staff to undertake. Senator RICE: Is there any mandatory training? Ms Balmanno: Not at this stage, no. Senator RICE: Do you track how many staff undertake that training? Ms Balmanno: Yes, we can track that. I don't have that data with me. Senator RICE: If you could take that on notice, that would be good.</p>	Hansard Proof, 29 May 2018, CA Committee, Page 21
SQ18-000433	0 - Whole of Portfolio	Rice, Janet	Outward-facing Departmental Operations	<p>Senator RICE: Does the department have outward-facing operations—that is, interactions with members of the public? Ms Balmanno: Yes. Mr McCabe: Yes, we do. One example is the My Aged Care system. Senator RICE: And how have the guidelines been implemented in terms of your outward-facing operations—your dealings with the public? Mr McCabe: We'd have to take that on notice to provide a detailed response, but specific to the system I mentioned, we have implemented additional fields for clients to add additional information regarding gender diversity. Senator RICE: What training has been provided to people who are dealing with members of the public to encourage respectful relationships? Ms Balmanno: We would have to take that on notice. Colleagues in the aged-care part of the portfolio may be able to answer. Ms Beauchamp: And also, through our contracted providers through the Department of Human Services, I'll just confirm with them exactly what they're doing as well.</p>	Hansard Proof, 29 May 2018, CA Committee, Page 21

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SQ18-000434	0 - Whole of Portfolio	Rice, Janet	Outward-facing Agency Operations	Senator RICE: Would those agencies be where most of the outward-facing operations occur that the department's responsible for? Ms Balmanno: Some agencies are outward-facing; some are not. Senator RICE: Right. But there would be considerable outward-facing interactions with the community through those agencies? Mr McCabe: The MyHealth record would be a good example with the Australian Digital Health Agency. Senator RICE: Do you know, for example, whether they have fully implemented the guidelines? Mr McCabe: I don't, off the top of my head, but we could ask them. Senator RICE: Could you take on notice what you know about how well the various agencies that fall within the department have implemented the guidelines? Mr McCabe: Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 21-22
SQ18-000435	0 - Whole of Portfolio	Rice, Janet	Support for Intersex Organisations	Senator RICE: My second lot of questions is with regard to support for intersex organisations. There was a Senate inquiry into the involuntary or coerced sterilisation of intersex people in Australia. One of the recommendations for that inquiry was: The committee recommends that the provision of information about intersex support groups to both parents/families and the patient be a mandatory part of the health care management of intersex cases. So I want to know whether there is any federal funding given to intersex-led support groups. Mr McCabe: We're not aware, specifically within our portfolio, of any funding or arrangements. Senator RICE: So you'll have to take that on notice. I did ask a question in October estimates last year about funding for intersex peer-support services. The information I got back was that the department funded QLife, MindOUT!, ReachOUT and Qheadsapce. Do you agree that none of these organisations, despite all the very good work that they do, are in fact intersex peer-support organisations? Ms Beauchamp: We don't do anything around intersex peer-support organisations, but we do provide services, particularly through mental health, for the ones that you just mentioned. Senator RICE: Given that Senate inquiry recommended that there should be mandatory connection with intersex support groups, is there any reason or has consideration ever been given to supporting intersex peer-support organisations, or any reason why there is no federal funding for these organisations? Ms Beauchamp: I think that's really an issue that we'll have to address across a number of portfolios, but I can certainly take it on notice from a health portfolio perspective. Senator RICE: I'm told that it would be through the health portfolio perspective. If there was funding to be available for intersex support organisations, it would be through Health, particularly given the ongoing issue of involuntary and coerced sterilisation of intersex babies and infants— Ms Beauchamp: I'll take that on notice. Senator RICE: and whether the department has got any plans to ensure the wellbeing of the intersex population.	Hansard Proof, 29 May 2018, CA Committee, Page 22
SQ18-000436	1 - Health System Policy, Design and Innovation	Singh, Lisa	MRFF Funding	Senator SINGH: In relation to page 47, you referred to the \$2 billion accumulative figure. Is it correct that the government is committed to \$1 billion a year from 2022-23, after the forwards? Is that still the commitment? That is what was in the 2014 budget announcement. Ms Edwards: We can provide you with information about the disbursements available up until 2021-22, and the amounts that have been invested to date over that period. We haven't got any figures in relation to what's happening after that event. Issues to do with the performance of the fund and so on are matters for the Department of Finance.	Hansard Proof, 29 May 2018, CA Committee, Page 30
SQ18-000437	1 - Health System Policy, Design and Innovation	Singh, Lisa	MRFF Funding	Senator SINGH: Okay. The budget papers appear to include around \$1.6 billion in further MRFF disbursements across two measures. Is that right, or are some of the disbursements counted in both measures? Dr Hartland: We can take you through the government's recent announcements in the budget on MRFF funding. Senator SINGH: What I'm after is a breakdown of spending by disbursement. and year over the next 10 years. I'm happy for you to take that on notice because we might be here a while. Ms Kneipp: That's all on the public record, and the budget fact sheets are as well. A major component of that was the National Health and Medical Industry Growth Plan, which effectively is about \$1.3 billion, and then there are a further \$500 million of commitments for other MRFF-related projects. The minister has chosen to articulate those programs around four themes—patients, researchers, missions and translation. If you would like an easily captured table that summarises all the programs and their forward estimates, we can put that together for you.	Hansard Proof, 29 May 2018, CA Committee, Page 33

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SQ18-000438	1 - Health System Policy, Design and Innovation	Di Natale, Richard	Funding - Prevention	Senator DI NATALE: When you look at what is clearly labelled as prevention—and I agree that where you draw those boundaries can be tricky—it is broadly about one per cent of total disbursements. I am wondering how that fits in with the priorities that have been established. Ms Kneipp: Prevention is identified in the priorities. We can take that on notice. You can create the program and go to market and call for it. It is the researchers' ideas around solutions to the problem that will show you where on that care continuum there effort is going to lie. Senator DI NATALE: Given that it is a priority, if it is only one per cent you would hope to be increasing the proportion of funding for prevention activities over time. Ms Kneipp: Yes. Ms Edwards: I don't think our calculation would have it as one per cent. We might have to come back to you another time. Senator DI NATALE: On notice—that would be great. Ms Kneipp: With caveats. Senator DI NATALE: That's fine. I'm talking about clearly prevention labelled activities, but you may have a different— Ms Edwards: It is certainly a much higher percentage when you consider the things being worked through with some of the major projects. Senator DI NATALE: Maybe you could provide that on notice. That would be great.	Hansard Proof, 29 May 2018, CA Committee, Page 39
SQ18-000439	1 - Health System Policy, Design and Innovation	Griff, Stirling	CFS Committee - 2002	Senator GRIFF: My understanding is that your previous committee had 14 advisory members—this was the one back in 2002—and two conveners, and the current one has six members. Is that correct? Prof. Kelso: I'm sorry; which committee? Senator GRIFF: The CFS committee that operated in 2002 actually had 14 advisory members. Prof. Kelso: That's a long time before my time. I don't know if there's anybody in the team here who was around in 2002. Senator GRIFF: You can't channel a previous— Prof. Kelso: No. Senator GRIFF: I can't pull it up right now, but I do have it here. This related to the guidelines that were written in 2002. There were 14 members of the committee at that time. Now, given the importance of having members with biomarker and molecular expertise—and I believe there are only a limited number of people on the current committee who have that, perhaps only one person, in my understanding—would you consider adding more members with biomarker and molecular expertise? Prof. Kelso: We might need to take the question on notice to be certain exactly who has that sort of experience. But I can see at least one person there who I know for sure has that kind of background.	Hansard Proof, 29 May 2018, CA Committee, Page 41
SQ18-000440	1 - Health System Policy, Design and Innovation	Griff, Stirling	Mitochondrial Genetics Expertise	Prof. Kelso: Yes, it's our other area of common interest at the moment. I'm not sure exactly about mitochondrial genetics expertise. That's an interesting question. I'm not aware of whether that has been identified as particularly important for ME/CFS, but I can find out about that. Senator GRIFF: I understand that it is related to poor mitochondrial function, so I would have thought that it would have been important to have that level of expertise on the committee as well. Prof. Kelso: Perhaps I could just add, then, that the importance of this committee is not necessarily to have a deep understanding of all of the possible mechanisms that lead to ME/CFS but to be able to give us the type of advice on what the best way we could invest in this area would be, whether it's through a targeted call for research or it's through the need for clinical guidelines. Sometimes what one then needs is a range of expertise that extends beyond the specific biology of a syndrome. So I believe we have a good mix there, but we could provide more information, Senator	Hansard Proof, 29 May 2018, CA Committee, Page 42
SQ18-000442	1 - Health System Policy, Design and Innovation	Smith, Dean	Secondary Use of Data	Senator DEAN SMITH: Don't get too far ahead, because I am still interested in my question. Who makes the decision? Is the decision disclosed to the broader community? I'm interested in the governance that sits around that. Ms Edwards: The final decision will rest with the data governance board which will be established with the AIHW. Senator DEAN SMITH: Is it a subset of the AIHW board, or are they one of the same thing? Ms Edwards: I might have to take the detail of how it operates on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 47
SQ18-000443	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	Senator WATT: I think it's been reported that about two-thirds of people in those trial sites didn't know that they'd been given My Health Records. Is that right? Mr Kelsey: The evaluation report has actually been published. We can provide you with links that contain all those figures. I think that sounds about right. Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 49
SQ18-000444	1 - Health System Policy, Design and Innovation	Watt, Murray	Opt Out Trial Sites	Senator WATT: Is there someone from the department who can tell me what public information campaign occurred in the trials? Ms Edwards: We might have to take that on notice, because it pre-dates the current officers in the roles and it would be more accurate to take on notice the detail of what happened for the trial sites. Mr Kelsey: But it is in the public domain, Senator.	Hansard Proof, 29 May 2018, CA Committee, Page 49

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SQ18-000445	1 - Health System Policy, Design and Innovation	Watt, Murray	Opt Out Trial	Senator WATT: And 1.9 per cent of people opt out in total. What I'm interested in is how many people chose to opt out after the opt-out period closed off. Ms McMahon: To cancel their record? Senator WATT: Yes, I suppose that's the way to put it—to cancel their record. Mr Kelsey: I actually don't have that to hand.	Hansard Proof, 29 May 2018, CA Committee, Page 50
SQ18-000446	1 - Health System Policy, Design and Innovation	Watt, Murray	Opt Out Trial Sites	Senator WATT: And you've taken on notice the number of people who decided to cancel their records after the opt-out period in the trial sites? Mr Kelsey: We can certainly have a look for that information. Senator WATT: If you could, that would be great. And what proportion of people in the trial sites set up PIN numbers to control who had access to their personal information? Ms McMahon: We don't have the breakdown in the trial sites, but less than a 10th of one per cent of people have applied privacy controls within their record. We can see if we can get you a breakdown within those regions. We may not be able to, but if the data is available we'll provide it.	Hansard Proof, 29 May 2018, CA Committee, Page 50
SQ18-000447	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	Senator WATT: I saw some media reports last year that said only about 263 specialists had connected to the system. Mr O'Connor, in those figures that you provided me, were specialists picked up in any of the categories you listed? Mr Kelsey: I think that referred to specialist organisations. So that's not the number of specialists but the number of specialist organisations. Senator WATT: Do you have the comparable figures now? Mr Kelsey: For specialist organisations? No. Senator WATT: Could you take that on notice? Mr Kelsey: Yes. Senator WATT: To the extent you can work this out, I'd be interested to know what percentage of the number of specialists overall in Australia that represents. Mr Kelsey: Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 51
SQ18-000448	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Senator GRIFF: Out of that, how many would be medical practitioners per se, like GPs and specialists? You mentioned 6,372 GPs. Do you have a specialist number as well? Mr Kelsey: I don't think we do. We have the number that was reported earlier by Senator Watt in relation to the number of specialist organisations that are connected. Senator GRIFF: Do those 11,238 they have functional access, or are they just registered? Are all of those people actively sending you data now? Mr Kelsey: People obviously send data at different times. They are all capable of sending data. Ms McMahon: It varies depending on the type of healthcare organisation. For example, we have 1,831 retail pharmacies and community pharmacies connected. Each time they dispense a medicine, a record of that dispensed medicine is automatically sent up. So every single one of those is actively uploading data every day as they dispense medicines to people with a My Health Record. With general practice organisations, there's a type of document called a shared health summary that is curated by a general practitioner, and they curate that record and send it up as often as clinically appropriate. So it's not an automatic process. With hospitals that are connected, as a discharge summary is sent, a copy is also sent to the My Health Record routinely. Senator GRIFF: How many of those GPs—those 6,372—are actively uploading now? Mr Kelsey: We don't have the figure with us, but we can provide the figure. Senator GRIFF: On notice? Mr Kelsey: Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 54
SQ18-000449	1 - Health System Policy, Design and Innovation	Watt, Murray	Secondary Use of Data	Senator WATT: Has any consideration being given, either by the agency or by the department, to putting in place some sort of new penalties against people who inappropriately force the giving of consent? To take Senator Di Natale's pre-employment situation, it's not difficult to envisage a situation where someone might be pretty desperate for a job and a prospective employer applies pressure to them to consent to the release of the information. Sure, it can't happen without their consent, but in this evolving world of data and privacy has any consideration been given to new precautions to stop that sort of abuse? Ms Edwards: I would make the point that forced consent is not consent. Going back to first principles, if anyone is coerced into giving their consent I think there would be a good argument that that is not consent at all. There are very strong penalties in the act against unauthorised use, which I can take on notice to refer you to the detail of. Certainly, in coming up with the legislation and all the rules and the workings we do, there is absolute primary consideration given to privacy and so on. I will take away the point you've made and check it out.	Hansard Proof, 29 May 2018, CA Committee, Page 59

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SQ18-000450	1 - Health System Policy, Design and Innovation	Smith, Dean	My Health Record	Senator DEAN SMITH: This is my point: the consumer has to consciously apply those advance settings. Is that correct? Ms McMahon: That's right. If I, as a consumer, in My Health Record, wanted to be notified when a new healthcare organisation was accessing my record or my child's record, I would need to put in my mobile phone number or my email address and express whether I wanted a text message or an email, for example. That's one of the controls. I would need to go into the My Health Record and put those settings in place. So, a consumer needs to do that. To the second part of your question on how we're raising the awareness of consumers about the availability of these controls and then how to use them—that's through our broader consumer communications campaign that Mr O'Connor listed earlier. We've got a range of direct communications to consumers through the healthcare providers and through a number of other community organisations, which he listed. We can provide the full list of those to you now, verbally, or on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 60
SQ18-000451	5 - Regulation, Safety and Protection	Watt, Murray	Ebola Outbreak	Senator WATT: Was the advice that's been provided requested by government or was it provided unsolicited? Prof. Murphy: I think we stood that up. I wasn't here at the time. I'd have to seek advice from my deputy, who was in charge at the time. But I believe that it was requested by government. Senator WATT: Is she or he here? Prof. Murphy: Not till the next outcome. Senator WATT: Okay. Could you check that out for me.	Hansard Proof, 29 May 2018, CA Committee, Page 61
SQ18-000452	5 - Regulation, Safety and Protection	Watt, Murray	Ebola Outbreak	Senator WATT: I'm not sure if this has come across your desk yet, but the shadow health minister and the shadow foreign affairs minister have written to Minister Hunt and Minister Bishop about this outbreak—the letter was dated 18 May—essentially committing a bipartisan approach here. Prof. Murphy: Correct. Senator WATT: Do you know whether anything has been done in response to that letter? Prof. Murphy: I have seen that letter, and I have seen a response to that letter. I'm not sure whether that response has been sent. But there are responses being prepared by the department for the ministers.	Hansard Proof, 29 May 2018, CA Committee, Page 62
SQ18-000453	5 - Regulation, Safety and Protection	Watt, Murray	Ebola Outbreak	Senator WATT: Is there anything the government is intending to do to take up that offer of bipartisanship? Prof. Murphy: I think that's a question for the ministers, but there is really nothing more that government can do at the moment. This is well managed by the WHO. We've provided financial assistance, which is what they wanted. But we would certainly be happy, under the direction of the ministers, to further brief other members of parliament. But that's a decision for the ministers to make. Senator WATT: Do you know anything about that, Minister? Senator McKenzie: I can take it on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 62
SQ18-000454	2 - Health Access and Support Services	O'Neill, Deborah	Correspondence from PHNs	Senator O'NEILL: The first questions that I have go to the extension of the suicide prevention trial sites. I asked a number of questions about this matter at the last estimates. Following the last estimates, the department confirmed that a number of members and senators had written to the Minister for Health, encouraging him to consider extending the national suicide prevention trial. The department also confirmed that it was not aware of any PHNs writing to the Minister for Health regarding the extension of the national suicide prevention trial. If this has changed in recent times, could you please advise which PHNs did write to the minister or the department? Ms Edwards: We're not aware of any subsequent correspondence from PHNs, but we can check that and come back to you if there has been any such contact since we last met. Senator O'NEILL: Are you sure about that? Ms Edwards: I'm sure that I'm not aware of any. I said I'll go and check to see if there's contact of which I'm not aware. Senator O'NEILL: The letters that you received from us indicated a request for a 12-month extension. Are you aware of that? Ms Edwards: Yes. Senator O'NEILL: How did you present that information to the minister? Did you present that information or did the minister give it to you? What happened with that? Ms Cole: Letters that are received in the minister's office are often passed on to the department for advice and/or drafting of a response. Those letters that we're referring to in the QONs are letters which went through that process, and that's why we're aware of them. Those are the relevant letters you were talking about from MPs and senators. Senator O'NEILL: And you remain not aware of any PHNs having written to the Minister for Health. Ms Cole: I do not recall any PHNs writing directly to the Minister for Health on this issue. However, we will go back and check all the correspondence records for you.	Hansard Proof, 29 May 2018, CA Committee, Page 62-63

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SQ18-000455	2 - Health Access and Support Services	O'Neill, Deborah	PHN Evaluation Committee	Senator O'NEILL: A letter from the minister states, 'Changes to the scope and length of the trial will be considered in consultation with PHNs and the evaluation steering committee.' Can the department detail when consultations started with the PHNs and the evaluation committee, and who this consultation was with? Indeed, who's on the evaluation committee? Ms Cole: We'll take on notice the members of the evaluation committee for you. Senator O'NEILL: Is that because you don't know them or because you don't want to disclose them? Ms Cole: I don't have them listed on my papers right now. I'll take that on notice. The evaluation committee hasn't been going that long, as the evaluator was only chosen in November or December. It would have been some time around that period. Senator O'NEILL: So the evaluator was chosen in November last year? Ms Cole: I'll check that date for you. We've got it somewhere in our things. We went through an ATM process and a relevant university was chosen. processes? Are they parallel; are they integrated; did one precede the other? Ms Cole: Sorry, Senator. I just need to correct my previous evidence. It was actually February this year that the tender for the evaluation process was completed.	Hansard Proof, 29 May 2018, CA Committee, Page 64
SQ18-000456	2 - Health Access and Support Services	O'Neill, Deborah	PHN Consultations	Senator O'NEILL: So that came in February 2018. That goes to the question I was asking Ms Beauchamp. You indicated that conversations or evaluations throughout the course of 2017 led to this announcement. Ms Beauchamp: I'd have to take on notice all the details of those consultations that did occur and get back to you. Senator O'NEILL: To be clear: can the department detail when consultations started with the PHNs around— Ms Beauchamp: I'm not talking about just PHNs. I'm talking about a number of relevant organisations. Senator O'NEILL: If you can separate them out for me, I'm particularly interested in your consultations with the PHNs, when they occurred, where they occurred and who was present. Ms Cole: We talk to PHNs all the time about a variety of issues. I and the relevant officer who is responsible for the PHN programs and the mental health programs, the four of us, are in contact with those PHNs almost daily, so your request could be difficult to answer, from that point of view. Ms Edwards: Perhaps we could outline key events or documented meetings or so on that come up in our records and also give you a flavour of the regular contact that happens between officers and PHNs on a day-to-day basis.	Hansard Proof, 29 May 2018, CA Committee, Page 65
SQ18-000457	2 - Health Access and Support Services	O'Neill, Deborah	Evaluation Steering Committee - PHNs	Senator O'NEILL: Can I go back to the minister's letter, which says, 'Changes to the scope and length of the trial will be considered in consultation with PHNs and the evaluation steering committee.' Can you detail when these changes to the scope and length of the trial were considered in consultation with the PHNs and the evaluation steering committee? Ms Cole: In relation to the evaluation steering committee, I'll come back to you with dates on notice. In terms of the PHNs, we have a constant conversation with them. One of those conversations is often, for example, the length of various programs, what they're up to, that sort of thing. In those conversations, some of the PHNs have mentioned that they think it would be beneficial to have an extension of the trials. To document that is going to be very difficult, because they are casual conversations that we have PHNs all the time.	Hansard Proof, 29 May 2018, CA Committee, Page 65
SQ18-000458	2 - Health Access and Support Services	O'Neill, Deborah	Funding for PHNs	Senator O'NEILL: Does this mean that anything that the PHNs want, they don't need to go through a formal process? They just need to keep talking to you and get what they want when they want it? You can't have it both ways. Senator McKenzie: That is not what the officer said, Senator O'Neill. Ms Edwards: I think in my previous answer I made it clear that the views expressed by the PHNs, by other community groups, from our own knowledge in the department and also from academic resources, a broad advice was provided to the minister, and the minister, also having other correspondence to him directly, as you pointed out, made the decision to extend the trials. Senator O'NEILL: So the minister made the decision? Ms Edwards: Yes. Senator O'NEILL: You mentioned academic resources. What were they and who were they from? Ms Edwards: I'd have to take it on notice. We have a lot of expertise in our teams. They spend a lot of time getting across material. Ms Cole may know more.	Hansard Proof, 29 May 2018, CA Committee, Page 66
SQ18-000459	2 - Health Access and Support Services	O'Neill, Deborah	Black Dog Institute	Ms Cole: The other thing to take into account is that we fund the Black Dog Institute to support the trials over the period of the trials, in terms of technical advice and academic advice. They were obviously keen to see the trials run for an appropriate period as well. Senator O'NEILL: Did they provide a written request for an extension to the trials to you? Ms Cole: I will have to check.	Hansard Proof, 29 May 2018, CA Committee, Page 66

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SQ18-000460	2 - Health Access and Support Services	O'Neill, Deborah	PHN Funding	Senator O'NEILL: I'm happy about the quantum. I'm just concerned about some of the processes. When did that evidence that you say you drew on and your recommendation go to the minister as part of the budget process—what date? Ms Beauchamp: I'd have to take that on notice, but we don't normally provide information in confidence around— Senator O'NEILL: I'm not asking about the detail. I'm well within my rights to ask what date. Ms Beauchamp: Let me take that on notice. We're providing the minister with advice all the time, every day. I'd have to go back and single out exactly what pieces of advice were provided and when.	Hansard Proof, 29 May 2018, CA Committee, Page 66-67
SQ18-000461	2 - Health Access and Support Services	O'Neill, Deborah	Black Dog Institute	Senator O'NEILL: How much is for the evaluation and for the Black Dog Institute of that million; is it split evenly? Ms Cole: So those are currently being negotiated. They will be no more than—I think it's up to \$400,000 for the evaluator and up to \$600,000 for Black Dog Institute. But I'll just confirm, it may be the other way around for those two.	Hansard Proof, 29 May 2018, CA Committee, Page 68
SQ18-000462	2 - Health Access and Support Services	O'Neill, Deborah	PHN Funding	Ms Cole: Generally that's what's happening. There is some minimal expenditure. I'll have to give you a breakdown by each PHN to be able to answer that question more. Senator O'NEILL: That would be of great interest, frankly, because the burden of that cost in the remote contexts—and I'm mindful of Senator Dodson being here; up in Western Australia it's a very significant issue—and for regional and rural Queensland and in some parts of the north of New South Wales, these concerns about the costs of travel have certainly been well articulated by those communities. You can't confirm that all of the funding is quarantined for on-the-ground services only? Ms Cole: Some of the funding is not actually quarantined for on-the-ground services in the sense of actual clinical services. Some of the funding is being used, for example, for training of local community members and so forth, in order to help them be able to identify people who may be suicidal or who may need a little assistance. So, for example, quite a few of the sites have indicated that they're going to have or are going to expend money on training community members through things like mental health first aid and some of the other more specific suicide prevention training type programs. And some of the sites have also indicated that they're doing some specialised training for GPs, for example, to assist them to be able to deal with people in this situation more readily. Senator O'NEILL: Will you be able to provide a report that indicates, by suicide prevention trial site—maybe like a pie chart, indicating the ways in which the funding that's already been used has been allocated to different parts, and clearly identify where funds have gone to the practicalities of simply moving people around? Ms Cole: Yes, I can do that for you. Senator O'NEILL: And a breakdown with the training education, the community education and awareness raising? Ms Cole: Yes. To get those specific numbers we'll have to go back to each site, so it's not something we'll be able to do today. Senator O'NEILL: I understand. Ms Cole: Thank you. Senator O'NEILL: And service provision clearly is something where people are really interested in finding out how much of this money is going in to create the space that fills those service gaps that were there in the first place. Ms Cole: Yes. Senator O'NEILL: When you're doing that, could you indicate for each trial site how much of the funding's been spent to date for each location? Ms Cole: Yes, we can do that too.	Hansard Proof, 29 May 2018, CA Committee, Page 68-69
SQ18-000463	2 - Health Access and Support Services	Siewert, Rachel	Beyondblue Funding	Senator SIEWERT: It seems like a lot of money: \$10.5 million—I presume that \$10.5 million is over the four years. Is that correct? Ms Cole: Yes. Senator SIEWERT: I'm happy for you to take this on notice, because we all have a lot of questions in this outcome or area. Can you take on notice how that will work? My calculation is that's around a bit over \$2.5 million a year for what that support looks like? Ms Cole: Yes. We'll take that on notice and give you a bit of a breakdown, because those were fairly complicated discussions with beyondblue. Senator SIEWERT: If you could take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 71

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SQ18-000464	2 - Health Access and Support Services	Steele-John, Jordon	Number of Licensed Medical Professionals Registered with AHPRA	Senator STEELE-JOHN: Thank you very much. How many licensed medical professionals are registered with AHPRA? CHAIR: Senator Steele-John has indicated if you need to take this on notice you may. Senator McKenzie: We might have found the right table. Mr Hallinan: In 2016, there were 106,634 total registered medical practitioners. Senator STEELE-JOHN: Are there updated figures for 2017 or 2018? Mr Hallinan: No, we don't have those figures yet. We get the data on this through the health workforce survey that is completed as part of medical registration processes through the Medical Board of Australia. The next update to that will be in the next six months or thereabouts. Senator STEELE-JOHN: Of that number, can you tell me how many identified as having a disability? Mr Hallinan: I'm afraid we don't collect that information, or that information isn't collected through the data workforce survey, so we don't have data on that. Senator STEELE-JOHN: So you can't even take it on notice, then? Mr Hallinan: I can seek through the Medical Board whether they do have any source of information for that, but the advice I have at this stage is that it's not information that they've collected through the survey. Senator STEELE-JOHN: Is there any other time at which we gather information on that area, or is that it? Mr Hallinan: Not that I'm aware of. It's usually information that's collected by employers. As a department, we don't employ the medical practitioners and we don't have a management role with the Medical Board either. But I'll take it on notice and will see what we can find.	Hansard Proof, 29 May 2018, CA Committee, Page 74
SQ18-000465	2 - Health Access and Support Services	O'Neill, Deborah	Black Dog Institute	Senator O'NEILL: So, the data that you used to deliver that information on 6 March would primarily have been from phone conversations with PHNs and from correspondence received from Labor senators and members? Ms Cole: And our own advice and the advice of the Black Dog Institute. I will check whether we ever got anything in writing. Senator O'NEILL: If you could trawl for anything that you did get in writing from any of those agencies, I'd appreciate that. Thank you for getting back to me.	Hansard Proof, 29 May 2018, CA Committee, Page 76
SQ18-000466	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Funding	Senator O'NEILL: Can the department provide the total amount of funding for mental health services in the 2017-18 budget as a total, and what was allocated for each year over the forward estimates? Ms Edwards: 2017-18? Last year's budget? It's in the budget papers. Ms Cole: It is in the budget papers. I don't have the year-by-year breakdown with me, but I can probably get it for you over the course— Senator O'NEILL: You can take that on notice. Ms Edwards: It would have been in last year's budget papers. We've obviously updated. Senator O'NEILL: Can you do that for this year in the same way? Ms Cole: I think we've just gone through that, but we can go through it again if you'd like. Senator O'NEILL: If you can put the two years next to one another for comparison, that would be really good.	Hansard Proof, 29 May 2018, CA Committee, Page 77
SQ18-000467	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Advisory Panel	Senator O'NEILL: Are you able to advise the details of the attendees at the roundtable that was held on 5 March? Ms Cole: Yes. We'll take that on notice. Senator O'NEILL: Thank you very much.	Hansard Proof, 29 May 2018, CA Committee, Page 80
SQ18-000468	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Road Map	Senator O'NEILL: On what date was it that the initial road map went to the minister? Ms Cole: We might have to take that on notice because I can't remember off the top of my head.	Hansard Proof, 29 May 2018, CA Committee, Page 80
SQ18-000469	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health - Consultations	Senator O'NEILL: Could you give a list of the researchers and stakeholders that you're consulting with. Ms Cole: Yes. Senator O'NEILL: Thank you.	Hansard Proof, 29 May 2018, CA Committee, Page 80
SQ18-000471	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health in Education Initiative	Senator O'NEILL: How similar to or different is it from the Minds Matter and KidsMatter programs, which had pretty amazing coverage across the country? Ms Cole: Essentially, KidsMatter and Minds Matter and then some work that was done around early childhood were all developed at slightly different times. KidsMatter had been around for 15 years or something like that—we can check that for you—and Minds Matter was a later version developed by a different organisation. We've asked beyondblue to make sure that the program is cohesive from the early childhood right through to the end of high school. It's taking the basic principle of those two programs, which was essentially around assisting teachers to teach basic resilience and other skills—emotional intelligence type skills—as a preventative measure as well as being able to identify at all those different stages, depending on what type of teacher you are, children who may require some additional assistance or showing sciences of perhaps trauma within the family, early signs of mental health, suicidal ideation and all those sorts of things. So it is taking those ideas and ensuring that there's a consistent thread and theme right from the three- and four-year-olds right up to the 18-year-olds.	Hansard Proof, 29 May 2018, CA Committee, Page 82
SQ18-000472	2 - Health Access and Support Services	O'Neill, Deborah	Preventative Child Support Programs	Senator O'NEILL: Do you have any details about that? If it's gone out to tender I'd say it's reasonably advanced. Would you be able to provide the plan and what you're up to? Ms Cole: We can provide that.	Hansard Proof, 29 May 2018, CA Committee, Page 82

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SQ18-000473	2 - Health Access and Support Services	Siewert, Rachel	Funding for Day to Day Living and PIR	Senator SIEWERT: Are you able to then take it on notice as to how many people are still on PIR— Ms Edwards: Yes. Senator SIEWERT: and Day to Day Living that are still receiving funding from those programs? Do you have details on that—either now, if you do, but, if not, can you take it on notice? Ms Edwards: I don't think we have it here. We can take it on notice. Senator SIEWERT: Okay. Can I have the most up-to-date figures on how many are still getting funding for Day to Day Living and PIR? Ms Edwards: Yes. Ms Cole: Day to Day Living will be tricky because of the nature of the program, but we'll do what we can. Senator SIEWERT: If you could, that'd be appreciated. Thank you. How much funding is then allocated to that group of people, or will it cost— Ms Cole: Until full transition, we have the full funding originally allocated for those programs. What the continuity of support is is it's the extra funding required for the under-65s who require funding, whatever— Senator SIEWERT: Who will require ongoing funding. Ms Cole: That's right. There's no actual reduction in our allocations, until we go to June 2019. Senator SIEWERT: Even though some of those people will have transitioned already? Ms Cole: Yes. There's an in-kind arrangement. Senator SIEWERT: Yes. That's what I want to know, sorry: do you have the figures for how much now is in-kind contribution? Ms Cole: To date, the in-kind contribution has been very small. We don't have any figures related to this financial year yet. It's done in arrears as people shift over and then receive services. Senator SIEWERT: On notice, can you give me whatever figures you've got? That'd be really appreciated. So that's people under 65 who don't transition to NDIS and who need continuity of support who have existing supports. Ms Cole: Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 87
SQ18-000474	2 - Health Access and Support Services	Siewert, Rachel	Partners in Recovery Agreements	Senator SIEWERT: Will there be information available on those agreements? Is that going to be publicly available? Ms Cole: Yes, they'll be published. Senator SIEWERT: Once you release them? Will you do them as a job lot or can I go and find WA and South Australia somewhere? Ms Edwards: I think we'll do them as a job lot. Senator SIEWERT: In the near future? Ms Edwards: I expressed my great hope last time and, in the meantime time, we've done everything we can from our end. I've got no reason not to think the other states will quickly finalise it and it will happen very quickly, but we've certainly done everything we can to make it happen really quickly. Senator SIEWERT: Can I be really cheeky and could you take on notice when they're completed and then make available the agreements? Ms Edwards: Assuming they're done by the time the date for answers is up, yes.	Hansard Proof, 29 May 2018, CA Committee, Page 88
SQ18-000475	2 - Health Access and Support Services	Siewert, Rachel	Tele-mental Health	Ms Edwards: Our response to the question on notice is still our view, but if you provide us some additional material we would be happy to respond. Senator SIEWERT: I have quite a few references here. Minister, if the papers are to your satisfaction in terms of being clinically sufficient, is there a possibility that the government can change the rules on this program to take out the requirement for face-to-face consultations? Senator McKenzie: The decision to structure the program as we have was based on sound clinical evidence. If there is clinical evidence that that changes then obviously it is within our remit as a government to review it and have a look at that. Senator SIEWERT: I will provide you with those references. If you could take that notice, that would be really appreciated. Ms Edwards: Thanks, Senator.	Hansard Proof, 29 May 2018, CA Committee, Page 93
SQ18-000476	2 - Health Access and Support Services	Brockman, Slade	Mental Health - Budget	CHAIR: What is the total quantum of spending on mental health over the forward estimates? Ms Edwards: This requires me to do maths again! It is the number we talked about before. It is \$4.2 billion annually. That covers mental health programs, MBS mental health related services, PBS prescriptions for mental health, the Australian government's share of public hospital in relation to mental health, mental health share of private health insurance rebates and research from the NHMRC and the Mental Health Commission. In relation to the mental health program itself, the one that the team runs, it is over \$800 million a year, plus the \$338 million. And of my trusty budget people will tell me in a moment what the forward estimates. Ms Beauchamp: I think we went through the forward estimates with Senator O'Neill. Ms Edwards: We did—in relation to the addition. Ms Cole: We did. We don't have it for four years with the new budget measures in. What we will do is take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 94
SQ18-000477	2 - Health Access and Support Services	Rice, Janet	Maternity Services - Consultation Process	Senator RICE: Okay. Do you know what the time line for the new strategic approach is? Ms Cole: The outcomes of that consultation with the group and from the consultations around Australia are going to inform the new strategic approach. Then I think they'll go out for a further round of consultations before they finalise the approach. Senator RICE: Right. Ms Cole: So it's a while away. Senator RICE: It's a while away. But you can't tell me when. Ms Cole: No, I'm sorry, but I can take that on notice for you.	Hansard Proof, 29 May 2018, CA Committee, Page 100

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SQ18-000478	2 - Health Access and Support Services	Rice, Janet	Maternity Services - Continuity of Care	Senator RICE: The other issue related to that is data collection. I'm interested to know whether there are plans at this stage, going into this review, to be measuring and reporting on women's access to continuity of care. Prof. Murphy: I'm not aware of that sort of detail. That could be taken on notice to answer for Ms Cole or for Ms Thoms to answer when she comes back.	Hansard Proof, 29 May 2018, CA Committee, Page 102
SQ18-000479	2 - Health Access and Support Services	Brockman, Slade	Local Drug Action Teams	CHAIR: On notice, can I have the 25 locations for Western Australia. Then I can work out whether they're regional or not. Mr Laffan: Sure. I do have them, but I think it will take some time to read them.	Hansard Proof, 29 May 2018, CA Committee, Page 104
SQ18-000480	2 - Health Access and Support Services	Urquhart, Anne	Ice Use - Circular Head	Senator URQUHART: Are you able to get that during the course of the hearing? I'm interested because there are reports of one in 10 people using ice within that Circular Head region. So I'm really interested in the time frame to try and sort of understand just what is going on there. Dr Studdert: We'll see what we can find out for you and come back to you tomorrow. Senator URQUHART: That would be great, thank you.	Hansard Proof, 29 May 2018, CA Committee, Page 105
SQ18-000481	2 - Health Access and Support Services	Di Natale, Richard	Drug and Alcohol Funding in South Australia	Senator DI NATALE: Minister, does this have something to do with a particular arrangement with NXT and Centre Alliance that's related to the welfare testing bill? Senator McKenzie: I'll have to take that on notice, Senator Di Natale. Senator DI NATALE: Why South Australia, Minister? Senator McKenzie: This is area— Senator DI NATALE: Is there a particular problem with drug use— Senator McKenzie: Senator Di Natale, you asked me a question; please allow me to answer it. Senator DI NATALE: I hadn't finished asking the question. Senator McKenzie: Okay. Senator DI NATALE: Is there a particular issue in South Australia that warrants funding over and above other states when it comes to drug and alcohol use and abuse? Senator McKenzie: I'm not sure, Senator Di Natale. I'll consult Minister Hunt and get back to you. Senator DI NATALE: So just to be clear: is the \$20 million for professional development or drug treatment? Which one of those is confined to South Australia? Dr Studdert: The treatment services. Senator DI NATALE: So, in this budget, the only additional funding for treatment services is in South Australia? Dr Studdert: I think that's correct, Senator, yes. Senator DI NATALE: Where are the trials of drug testing currently engaged in that the government is looking to associate with these welfare measures—what states? Mr Laffan: Senator, as you are aware, the legislation in relation to the drug-testing trial is before the House at the moment, and it was, I understand, intended that the three locations for that were to be Logan in Queensland, Canterbury Bankstown in New South Wales and Mandurah in WA. Senator DI NATALE: So South Australia is not one of the states where trials are going to go ahead and yet you've decided to commit \$20 million to a place that's not even associated with the trial, based on no evidence that there's a different prevalence or specific problems in South Australia compared with other states? CHAIR: The minister took the last half of that question— Senator DI NATALE: No, I'm asking Dr Studdert. Senator McKenzie: I've taken that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 111
SQ18-000482	2 - Health Access and Support Services	Di Natale, Richard	Alcohol Campaigns	Senator DI NATALE: Just some more questions on alcohol. Could you provide us with an update on the status of the funding for the Women Want to Know and Pregnant Pause campaigns around alcohol? Dr Studdert: I'm just checking if we have that information at hand. Mr Laffan: I'd need to take questions about those two on notice. Senator DI NATALE: So you can't tell me if funding for both of those health programs is going to continue beyond 2018-19? Mr Laffan: I'm not sure if it is. I don't have that information in front of me. Senator DI NATALE: If you don't mind taking that on notice? Mr Laffan: Sure.	Hansard Proof, 29 May 2018, CA Committee, Page 115
SQ18-000483	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	Senator DI NATALE: What are the outcome indicators associated with that framework? Ms Quigley: If you're happy for me to, I'll get the plan and outline the range of approaches that is in there— Senator DI NATALE: Not approaches—the specific indicators that you're measuring. Ms Quigley: And the specific outcomes, yes. Senator DI NATALE: Okay. Perhaps you can take that on notice. Ms Edwards: Yes.	Hansard Proof, 29 May 2018, CA Committee, Page 123
SQ18-000484	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	Senator DI NATALE: Yes, I can. Very quickly, do you have the mix in terms of the patients that are enrolled in corporate practices—Sonic primary practices et cetera—versus other practices? Ms Quigley: We have a break-up of the practice size, shape, geographic region et cetera. Senator DI NATALE: If you could provide that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 123

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SQ18-000485	2 - Health Access and Support Services	O'Neill, Deborah	Peninsula PHN	Senator O'NEILL: And how did this \$2,000 payment, which constitutes, according to what I understand, meeting fees, contribute to the recruitment of GPs to the peninsula? And who got the \$2,000? Ms Cole: I assume the meeting fees were essentially to cover the costs of some of those people taking out time from their professional day in order to attend the meetings. Senator O'NEILL: So are you telling me some people who attended a meeting got paid? Ms Cole: That is possible, but I will double check with the PHN as to exactly what they meant. Senator O'NEILL: Some people got paid and others didn't get paid, but they attended a number of meetings? Ms Cole: Please let me take that on notice, and I'll come back to you with a breakdown on that \$2,000. Senator O'NEILL: Was the \$2,000 used to directly recruit any GP to peninsula or is the \$2,000 solely allocated to meeting fees? Senator McKenzie: The officer has taken your question on notice on the breakdown of the \$2,000. Ms Cole: I have taken it on notice. I'll come back to you.	Hansard Proof, 29 May 2018, CA Committee, Page 128
SQ18-000486	2 - Health Access and Support Services	Urquhart, Anne	Mersey Hospital - North-west Coast NBN	pg 131 Senator URQUHART: Minister, this is in relation to the Mersey Hospital. In 2017 the then mayor Steve Martin, who is now Senator Steve Martin— Senator McKenzie: Nationals Senator Steve Martin. Senator URQUHART: There were four quotes that he talked about. One was that Michael Ferguson, who, as you'd be aware, is the state minister, was trying to achieve 10 years of funding with ownership by the federal government. He then went on to say that didn't occur so that wasn't what the health minister nor the general community wanted. Alderman Martin said there were 'no benefits in putting the hospital into state hands'. He said: There's no more sweeteners that we're getting from the Federal Government in regards to this ... He concluded by saying: I would've expected a bit more than just annual funding for the next 10 years. Do you agree with Senator Martin that your funding deal was not what the general community wanted?... page 132 Senator URQUHART: On 24 January 2017, then mayor Steve Martin said: The federal government has been attacked by Devonport mayor Steve Martin— This is a story in The Advocate— for treating residents of the North-West Coast as "second-rate citizens" in the digital age. He went on to say: Launceston and 80 per cent of Hobart have a fibre to the premises system—which offers quicker internet speeds. Alderman Martin said this would leave the North-West Coast of Tasmania at a significant disadvantage. He then went on to say: "It's easy to set up a business in Launceston or Hobart— Unidentified speaker: Last time I looked we were in Health estimates. Senator McKenzie: Yes. Senator URQUHART: sorry?— because the infrastructure is already there and it's there for the future ... Senator ABETZ: What's the NBN got to do with hospitals and health? Senator URQUHART: He said: We should be connected fibre to the premises as the rest of the two thirds of the state is. Then he said: Fibre to the node is catered for the present day— Senator ABETZ: Point of order, Chair: what is the relevance of NBN in Health? Senator URQUHART: Are you saying that NBN isn't a valuable piece of infrastructure that, with innovations in telehealth, could keep people out of hospitals? I'm talking about hospitals. Senator McKenzie: Nice! Senator Urquhart, I'll pay that. CHAIR: That is an extraordinarily long bow. Senator ABETZ: This is worse than Senator Macdonald with the Traveston dam. Senator URQUHART: Do you agree with Senator Martin that the government is treating residents of the north-west coast as second-rate citizens? Senator McKenzie: Senator, the piece that you have read out—and I will have to look at it in detail on notice—shows what a strong advocate for his local community now National Party Senator Martin is. The fact is that he stands up and calls it like it is, and believes that his community— Senator URQUHART: He believes that the government is treating north-west residents as second-class citizens. Senator McKenzie: needs further services. I think that is a perfect mix for a National Party senator. And he won't be the first National Party senator that critiques government policy, unfortunately. We have a free will in the Nationals and we're not afraid to express it, so I think he'll make a great addition to our party room. CHAIR: I think that was an extremely long bow, Senator Urquhart.	Hansard Proof, 29 May 2018, CA Committee, Page 131-132
SQ18-000487	2 - Health Access and Support Services	Abetz, Eric	Health Funding to Tasmania	Senator ABETZ: Yes, so the Mersey hospital funding, where the state government has got an exceptionally generous—I can say that now; at the time when I was arguing for the state of Tasmania, of course, it definitely wasn't enough!—\$700 and how many million dollars? Ms Edwards: It's \$730 million-ish from memory. I haven't got that briefing in front of me. Senator ABETZ: Yes, for a period of— Ms Edwards: For 10 years. Senator ABETZ: For 10 years. Are you able to advise on the increase in health funding generally to Tasmania? Apart from the— Ms Edwards: No, I'd have to take that on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 133
SQ18-000488	3 - Sport and Recreation	Farrell, Don	AIS Staffing	Senator FARRELL: Those numbers seem to be different from the ones that we got in the response. Ms Brassil: Correct. I don't think the ones in the response are a good indication of the organisation. What they represent is the organisation in transition—the numbers represent the original structure that existed, plus the commencement of transition to the new structure. So there are some duplications within those numbers from the question on notice. The more accurate numbers, from an original staffing level, are the ones I just gave you. They're numbers from January prior to our restructure process. Senator FARRELL: Could have a think about explaining to me how those numbers are different from the ones that I got in the question on notice.	Hansard Proof, 29 May 2018, CA Committee, Page 136-137

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SQ18-000489	3 - Sport and Recreation	Leyonhjelm, David	Athlete's Resort in Lombardy, Northern Italy	Senator LEYONHJELM: I'm not sure how many taxpayers are aware that the Australian Institute of Sport owns and operates an athlete's resort in picturesque Lombardy in northern Italy. Could the commission please tell us how much this verdant outpost, with its eight full-time staff, costs to run on an annual basis? Ms Palmer: I'll have to take that on notice. Just a point of clarification: are you referring to the AIS Europe?	Hansard Proof, 29 May 2018, CA Committee, Page 137
SQ18-000490	3 - Sport and Recreation	Leyonhjelm, David	Athlete's Resort in Lombardy, Northern Italy	Senator LEYONHJELM: What would be a typical length of stay for an Australian athlete at this facility? Ms Palmer: I can't give you that detail; I'm happy to take that one on notice. Senator LEYONHJELM: If we can go further with questions on notice, could you provide us with details of the athletes who took advantage of it over perhaps the last 12 months? I don't want names, but I want the types of sports they were involved in. Ms Palmer: Absolutely.	Hansard Proof, 29 May 2018, CA Committee, Page 137
SQ18-000491	3 - Sport and Recreation	Di Natale, Richard	Sports Funding	Senator DI NATALE: Could I on notice ask for a breakdown of this investment into elite programs versus grassroots sorts of programs? Senator McKenzie: There are no elite programs announced in the budget. Senator DI NATALE: And then I suppose capital investment versus participation? Senator McKenzie: Yes, sure.	Hansard Proof, 29 May 2018, CA Committee, Page 138
SQ18-000492	3 - Sport and Recreation	Farrell, Don	Sports Scientists	Senator FARRELL: What about sports scientists? Mr Conde: We will continue to employ sports scientists directly for the needs of the campus. Senator FARRELL: How many of those will there be? Mr Conde: I don't have that count, I'm afraid. Senator FARRELL: No, but you could find out for me. Mr Conde: Yes, I absolutely could.	Hansard Proof, 29 May 2018, CA Committee, Page 141
SQ18-000493	3 - Sport and Recreation	Farrell, Don	Sports Specialists	Senator FARRELL: Are there any other groups of sports specialists I haven't mentioned that you employ? Mr Conde: Sports science and sports medicine covers a very broad array. In sports medicine we would continue to see the AIS as the leader in complex rehabilitation, in establishing policies for sport around the country, as recently has been done with concussion and so on. It is a recent example of the AIS leading across a broad array of sports—Olympic, Commonwealth Games and professional sports. I think that probably hasn't been picked up when you're talking about sports science— Senator FARRELL: But you could probably break down and do a little table for the numbers in each of those? Mr Conde: Very easily.	Hansard Proof, 29 May 2018, CA Committee, Page 142
SQ18-000494	4 - Individual Health Benefits	Watt, Murray	GP Supply	Senator McKenzie: I think one of the additional measures in the suite of initiatives is that, over time, domestically-trained doctors will be throughout the system, rather than overseas-trained doctors filling gaps in supply, and therefore quality improving— Senator WATT: Seeing that you are confident that these savings will be achieved, can you outline exactly which Medicare services will be cut? Mr Hallinan: I would have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 8
SQ18-000495	4 - Individual Health Benefits	Watt, Murray	Overseas Trained Doctors	Senator WATT: And how are you actually going to implement that? How are you going to ensure that it is major cities only and not rural and remote locations? Mr Hallinan: In order to grant the visa, we will be working with the Department of Home Affairs. We will be using another complementary measure in the Stronger Rural Health Strategy—I think we call it the heads-up tool—to do an assessment of local need across the country and identify areas that have, based on population demand and supply statistics, much greater access than other parts of the country and limit visas into those areas. That will happen through a process combined between the department, rural workforce agencies and the Department of Home Affairs to reduce the number of visas granted to a planning target of around 200 fewer than previous years. Senator WATT: Would you on notice be able to provide a breakdown of the expected savings by year, Medicare item or group of items and geographic area? Mr Hallinan: We can take that on notice and see what we can provide.	Hansard Proof, 30 May 2018, CA Committee, Page 10
SQ18-000496	4 - Individual Health Benefits	Griff, Stirling	MBS Review Taskforce	Senator GRIFF: I have a handful of questions. Just in relation to the MBS Review Taskforce, how much does it actually cost to operate that task force, including department costs so far? Mr Weiss: The expenditure on the MBS Review Taskforce to date—the administered expenses—is \$19.9 million as at the end of 30 April this year. Senator GRIFF: How many item numbers have been abolished or changed? Ms Shakespeare: I think that is probably something we would need to take on notice. There are quite a few different views that have impacted on areas of the MBS where items have been restructured. Some have been abolished and some have been changed. It is quite a complex question. We will see what we can provide on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 11

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SQ18-000497	4 - Individual Health Benefits	Griff, Stirling	MRI	CHAIR: Can I just jump in there on a similar question? In this committee's inquiry into MRI, there was evidence from both medical professionals and diagnostic imaging professionals that lower back MRI should also be considered in the same vein. Is that currently under consideration? Ms Shakespeare: I am not sure, Senator. We would need to take that on notice. CHAIR: Okay.	Hansard Proof, 30 May 2018, CA Committee, Page 11
SQ18-000498	4 - Individual Health Benefits	Watt, Murray	MBS Review Items	Senator WATT: The way I have got to that is that there were net savings of \$409 million in the 2017 MYEFO and \$189.7 million in the 2018 budget. So, adding that together, it is basically \$600 million. Could you on notice please provide a breakdown of all spends and saves from the MBS review so far by item or group of items and year across the forward estimates? Ms Shakespeare: I think by item would be incredibly difficult. As I said, the MBS task force recommendations often result in restructuring of items. But I am happy to take on notice what information we can provide. Senator WATT: Is there a way of doing it by group of items? Ms Beauchamp: We may be able to do it by group.	Hansard Proof, 30 May 2018, CA Committee, Page 13
SQ18-000499	4 - Individual Health Benefits	Watt, Murray	MBS Items	Senator WATT: Thank you. So that is the savings across the forward estimates—about \$600 million across the forward estimates. On the flip side, it looks like there has been \$36 million of new or amended MBS items listed over the same period. Does that sound right? Where I have got that from is that in MYEFO there were new or amended items of \$10.6 million and in the budget just recently there were \$25.4 million. Ms Shakespeare: Those items are generally going to be things that result from recommendations from the Medical Services Advisory Committee, which is a separate process from the MBS Review Taskforce. Senator WATT: Right, but, however it comes about, the end result is new or amended MBS items involving an additional cost to the budget? Ms Shakespeare: There are certainly new and amended MBS items that come out of the Medical Services Advisory Committee that have an additional cost to the budget. There may also be recommendations that result in a reduction to the MBS budget out of MSAC. There will be recommendations from the MBS task force impacting on the forward growth of the MBS, some of which add to that growth and some which moderate that growth. Senator WATT: This is not a trick question. I am actually trying to give you credit for some extra spending on Medicare. It looks like a total of \$36 million. Ms Shakespeare: I would need to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 13
SQ18-000500	4 - Individual Health Benefits	Watt, Murray	Medicare Taskforce Clinical Committee - Eating Disorders	Senator WATT: The task force, I understand—it was recommended that it look into Medicare in May 2017. When was the first meeting of the Medicare task force clinical committee that is examining eating disorders? Mr Simpson: I would have to double-check for you, but I believe it was earlier this year in February or March.	Hansard Proof, 30 May 2018, CA Committee, Page 18
SQ18-000501	4 - Individual Health Benefits	Watt, Murray	MBS Review	Senator DI NATALE: Okay. Can the department break down the saving figure of \$189.7 million to reflect what each MBS review recommendation it accounts for? Ms Shakespeare: We can talk you through the areas that have contributed to that net impact. Senator DI NATALE: But do you have—on notice if you do not have it now—the specific information about how you account for that total savings figure? Ms Shakespeare: We can take on notice what we can provide in terms of the dollars.	Hansard Proof, 30 May 2018, CA Committee, Page 18-19
SQ18-000502	4 - Individual Health Benefits	Watt, Murray	MBS Taskforce	Ms Shakespeare: Would you like us to talk you through it, though? Senator DI NATALE: Yes, that would be helpful. Ms Shakespeare: The measures in the budget that respond to recommendations of the MBS task force include changes in the following areas: dermatology, allergy and immunology and changes to allergen testing, which will improve diagnosis of allergens in line with modern clinical guidelines. That involves restructuring allergen testing into different categories, including environmental, food and latex, medical, and anaesthetic related allergies. The task force also made some recommendations— Senator DI NATALE: Do you have savings next to each of these? Ms Shakespeare: We can take that on notice. These all contribute to the net figure that you mentioned before—the \$189 million. Senator DI NATALE: Yes, but you do not have them line by line next to each of these? Ms Shakespeare: We can provide those. Senator DI NATALE: Thank you. So specifically— Ms Shakespeare: Do you want them on notice? Senator DI NATALE: Do you have them here? Ms Shakespeare: We will take them on notice, but I can talk you through the areas. Senator DI NATALE: Okay, but just to be clear so that there is no confusion with the information you are taking on notice, you will be able to provide me with the line-by-line breakdowns for the estimated savings in each— Ms Shakespeare: For the areas.	Hansard Proof, 30 May 2018, CA Committee, Page 19

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SQ18-000503	2 - Health Access and Support Services	Singh, Lisa	Indigenous Hearing Health	Senator SINGH: I am just wondering where the first 18,000 children will receive these assessments. Will it be at school or—I think you said preschool, didn't you? Ms Edwards: It would be before school. It is zero to six. The program is expected to commence in the first quarter of 2018-19. We are currently working with the Indigenous health sector and other key stakeholders, including Australian Hearing, to finalise the implementation arrangements. Senator SINGH: Okay. So in the next financial year? Ms Edwards: Correct. Senator SINGH: Okay. Do you know what the profile of the \$30 million is as far as the allocation by activity? Ms Edwards: In years? Do you mean in which years, Senator? Senator SINGH: The location. Ms Edwards: No, I would have to take that on notice. I suspect it has not yet been determined. It is something we are working through with the sector.	Hansard Proof, 30 May 2018, CA Committee, Page, 25
SQ18-000504	2 - Health Access and Support Services	Siewert, Rachel	Sound Fields in Classrooms	Senator SIEWERT: Before we go to appropriate referrals, can I just ask about sound fields as well? In talking about appropriate responses, we have discussed in the past sound fields in classrooms, and we still do not have them rolled out in all of the appropriate locations. Is that considered a response as well? Ms Edwards: I would have to take that on notice. The relevant people are not here today. I can assure you that we are really committed to making sure that the assessments lead to an appropriate response. Exactly what the details of that are, either I am not aware of them or they have not been resolved yet. Senator SIEWERT: Can you take that on notice? Ms Edwards: I will take that on notice—the sound fields.	Hansard Proof, 30 May 2018, CA Committee, Page 25
SQ18-000505	2 - Health Access and Support Services	Siewert, Rachel	Literacy and Numeracy Programs - Hearing Loss	Senator SIEWERT: Yes. The other issue is catching them up in terms of literacy and numeracy programs. One of the key areas here is not just addressing their hearing but also the development they have missed out on during to their hearing loss. Is that going to be ramped up as well, once we have identified in the assessment what their functional capacity is due to hearing loss? Ms Edwards: I appreciate the issue. Educational catch-up and related issues are not within our direct scope, but it is something we are dealing with other departments about and we will be talking to them. In the context of social determinants and the work on Closing the Gap we will talk to Education and others about that, but it is not directly within our sphere of activity. Senator SIEWERT: I understand what you have just said, that it relates to Education. But this is the issue with silo approaches. Is there a responsible agency—or is it PM&C—that is responsible for then looking at how that goes into the Closing the Gap Refresh? I am aware of the refresh program. It is running. But in the meantime you have this program going, which is good—I am not complaining. But then who is the responsible coordinating agency? To make sure that those other bits and pieces bolt on, to make sure that these kids—addressing the hearing loss is only part of the answer here. Ms Edwards: I would be going to PM&C first to ask that question, because I would not want to be definitive about whose responsibility it is. We would have to direct that to them. Senator SIEWERT: So I should ask PM&C. Ms Edwards: One of the key things about this is that, because it is directed at zero to six, we are hoping to minimise—obviously, there is massive development before age six but, as to the schooling aspect of it, it is to try to resolve hearing issues before school. Senator SIEWERT: Yes, I understand that, but the problem is that the work shows that zero to six is a critical time. We already know their development will have been affected. So just fixing the hearing loss—I absolutely agree that it is essential, but unless we do that catch-up work we are not going to fix up the issue once they hit school, because they will not have that basic literacy and numeracy that other kids have. That is what the evidence shows. Ms Edwards: I understand the issue. We can take on notice what complementary activities are happening in other departments and pass it to them. Senator SIEWERT: That would be great. Thank you.	Hansard Proof, 30 May 2018, CA Committee, Page 26
SQ18-000506	4 - Individual Health Benefits	Di Natale, Richard	PBS Medicines	Senator DI NATALE: Can the government confirm this, Senator McKenzie? Once medicines are recommended for listing, given that there is now this contingency, they will be listed as soon as that recommendation occurs—or is that still going to be a decision that requires cabinet approval? Senator McKenzie: I will have to consult with the minister on that, but I note that everything that has been recommended for listing since we have come to government has become available on the PBS, which is a fantastic outcome for access to up-to-date medicines for the Australian public. Senator DI NATALE: Will you take that on notice? Senator McKenzie: Yes.	Hansard Proof, 30 May 2018, CA Committee, Page 28-29

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SQ18-000507	4 - Individual Health Benefits	Griff, Stirling	MedsCheck Program	Senator GRIFF: It is the Review of Pharmacy Remuneration and Regulation—that recommendation that stated that they should be audited and enforced to ensure compliance. Are many pharmacies currently registered to participate in the MedsCheck program? Ms Shakespeare: Yes, Senator. Senator GRIFF: Can you provide the number of pharmacies that are registered? Ms Quaine: I think we would have to take that on notice. Ms Shakespeare: Those programs are administered by the Pharmacy Guild on behalf the government, so we would probably need to seek the information from them.	Hansard Proof, 30 May 2018, CA Committee, Page 30
SQ18-000508	4 - Individual Health Benefits	Griff, Stirling	MedsCheck Funding	Senator GRIFF: How much per year is spent on MedsCheck? Ms Quaine: Under the Sixth Community Pharmacy Agreement there is \$1,263 million spent over the five years from 2015 to 2020 on community pharmacy programs. I do not have the particular figures on MedsCheck with me. I would need to take that on notice. Senator GRIFF: Could you also on notice provide me with information over the last three years as to whether the increases	Hansard Proof, 30 May 2018, CA Committee, Page 30
SQ18-000509	4 - Individual Health Benefits	Leyonhjelm, David	Access to Medical Terminations	Senator LEYONHJELM: I think I am under the right item number with my question. I asked a question on notice after the last estimates which led to the advice that there are 1,476 doctors certified to prescribe Mifepristone or RU-486. My question is: of those doctors, some might consent to their names and practices being published to improve access to medical terminations. I am wondering what barriers there might be to publishing a list of such doctors and do you think it would be helpful to assist women who are seeking a medical termination? Ms Shakespeare: I think the department would need to very carefully consider our obligations under I think it is section 135 of the National Health Act, where it is actually a criminal offence to reveal information that we collect for the purposes of administering the PBS basically in a way that is going to disclose individuals, whether it is doctors or patients. However, I suppose there would be nothing to stop those practitioners themselves advertising that they are available, have completed the training and can prescribe those medicines. Senator LEYONHJELM: You have not quite answered my question. I did use the word 'consent'. If the doctors were to consent to having their names and practices published in order to improve access of women to medical terminations, the logical publisher of that information of those doctors who consented would be the department I would have thought. There would be no legal barrier and no legal impediment to that occurring if they consented. What would be any other barriers? In terms of privacy there would be no barrier. Ms Shakespeare: I am not sure, Senator. I would need to seek advice on the operation of that provision in the National Health Act. Senator LEYONHJELM: What I would like to know is, firstly, whether there are any other impediments to the department doing that and, secondly, whether the department acknowledges that that might actually result in increased options for more women? Ms Shakespeare: I suppose the other factors we would need to consider are the cost to the community of the government supporting the publication of that information on government information sites and the costs of making sure that is kept up to date when there are so many practitioners who may change their circumstances. So we would probably need to look at other options for that information to be made public, including through direct advertising by the practitioners. Senator LEYONHJELM: All right. Can you accept that question on notice and respond accordingly. You can certainly include that kind of consideration.	Hansard Proof, 30 May 2018, CA Committee, Page 31
SQ18-000510	4 - Individual Health Benefits	Watt, Murray	Medicines Partnership	Senator WATT: You had no discussions with the minister or his office about the prospect of Medicines Partnership issuing a second statement the next day? Ms Beauchamp: No—indeed, that would be quite unusual. Senator WATT: Did anyone in the department have discussions or exchanges with the Medicines Partnership or any of its member organisations about the first statement that it issued on 9 May? Ms Beauchamp: Again, not that I am aware. Senator WATT: Could you take that on notice, because obviously there is a range of people behind you and you might not be aware that other people in the department may have had discussions. But none of the people at the table are aware? Ms Beauchamp: No. Ms Shakespeare: No. Senator WATT: Equally, no-one in the department, to your knowledge, had discussions with the Medicines Partnership about putting out a second statement? Ms Beauchamp: No—as I said, that would be unusual behaviour for public servants to engage in.	Hansard Proof, 30 May 2018, CA Committee, Page 35-36
SQ18-000511	4 - Individual Health Benefits	Watt, Murray	New PBS Listings	Senator WATT: Turning to the budget measure on new and amended listings, it says there that the government will provide \$1.4 billion over five years for new listings—and I should point out that Labor welcomes that. But, again, it looks as though that figure reflects published prices, not net prices after rebates. Is that correct? Ms Shakespeare: Yes. Senator WATT: So what is the net figure after rebates—so, the actual cost to government? Ms Shakespeare: I'm not sure whether we have that or could provide it. We would need to take that on notice to look at it.	Hansard Proof, 30 May 2018, CA Committee, Page 37

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SQ18-000512	4 - Individual Health Benefits	Watt, Murray	PBS Medicines	Senator WATT: What else is encompassed in these revenues, apart from rebates? Ms Shakespeare: I'm not sure what you mean by 'rebates'. It's revenue that's paid to the Commonwealth under confidential deeds entered into under section 85E of the National Health Act. Ms Platona: Senator, I know that you have asked the question on notice as well about the number of special pricing arrangements. There are two components. One is revenue arising from higher published prices than effective prices The other one is revenue arising from re-scheduling arrangements that perhaps are not also associated with higher published prices than effective, but it's part of the risk management of how a medicine is used on the PBS. If a medicine listed on the PBS exceeds its initial agreement about volume of use then that would be a risk-sharing arrangement. Senator WATT: I have seen it reported that the net figure is around about \$750 million. Does that sound about right? Ms Platona: We'll have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 38
SQ18-000513	4 - Individual Health Benefits	Brockman, Slade	PBS Medicines	CHAIR: Do we know the average time for the medicines listed, say, under this government? How many new medicines have been listed since 2013? Ms Shakespeare: We do have that figure. Ms Platona: As I said, the value of them as a gross figure is \$3.5 billion since the last budget. CHAIR: I was meaning more the numbers. Ms Beauchamp: Since October 2013, 1,741. CHAIR: 1,741 drugs have been listed? Ms Beauchamp: Yes, averaging 31 new and amended listings per month. That is approximately 1 per day. CHAIR: That's many more than I thought. For new drugs coming in, do we have an average length of time? Ms Shakespeare: There would be an average we could calculate.	Hansard Proof, 30 May 2018, CA Committee, Page 39
SQ18-000514	4 - Individual Health Benefits	Watt, Murray	PBS Drugs	Senator WATT: Could you take on notice which drugs did not meet the time target in each year since 2013-14? Ms Beauchamp: I think we've already provided an answer to a question on notice, it might have been a couple of estimates ago, where we've gone through the history of some of those, but we'll update that.	Hansard Proof, 30 May 2018, CA Committee, Page 40
SQ18-000515	4 - Individual Health Benefits	Watt, Murray	Improving Access to Medicines	Senator WATT: I presume that for you to have arrived at some figures, there must have been some modelling undertaken or some assumptions about the number of companies that will participate? Ms Shakespeare: Yes, to produce those figures and the expenditure-reducing and revenue-reducing over the forward estimates. Senator WATT: Do you know how many companies it is assumed will participate? Ms Shakespeare: I would have to check on notice what has been assumed there. That was part of the costing process.	Hansard Proof, 30 May 2018, CA Committee, Page 42-43
SQ18-000516	4 - Individual Health Benefits	Watt, Murray	Special Pricing Arrangements - Drugs	Senator WATT: Are you able to give us a list of the drugs that you have these special pricing arrangements for? Ms Shakespeare: It would be apparent from the PBS list itself, because we indicate on the legislative instrument where there is a special pricing arrangement in place. So, yes, we could. We would have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 43
SQ18-000518	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Senator WATT: So you can't guarantee that as a result of these reforms the increase to premiums is going to be lower than 4 per cent in 2019? Ms Shakespeare: I am not sure that it is the role of the department to offer guarantees on something like that. Senator WATT: Well, these reforms were supposed to have a downwards impact— Ms Shakespeare: And they are. We can give you numbers about the reductions in benefits that insurers need to pay. That will flow through to premium impacts.	Hansard Proof, 30 May 2018, CA Committee, Page 54
SQ18-000519	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Senator WATT: Has the department provided any advice to government on federal Labor's commitment to premium rises? Mr Maskell-Knight: I can't recall. I think we would need to go back and check the record. Senator WATT: You don't remember having done that? Mr Maskell-Knight: Not formal advice, no. Senator WATT: Or one of these factual briefs that we heard about last night in another area? Mr Maskell-Knight: There may have been, but I am not aware of that. Senator WATT: Could you take on notice if that has happened? Mr Maskell-Knight: I will take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 55

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SQ18-000520	4 - Individual Health Benefits	Griff, Stirling	Prostheses List	Senator GRIFF: It has been more than a year now since the government moved to cut prices on the Prostheses List. How many medical devices have actually had a price reduction so far? We know of the 2,400 medical devices delivered in February last year. How many more have been added since? Ms Shakespeare: I think the price reductions that you are referencing were from 1 February this year. There were some previous reductions as well. Dr Rothenfluh: The Prostheses List is fairly large. It has around 11,000 products. As an example, in February we added 410 new products to part A of the Prostheses List. The reductions applied to a whole range of products. I can't give you a figure on the exact numbers but it covers ophthalmic, ears, nose, throat, neurosurgical—for example cardiac products—as well as orthopaedic products. Senator GRIFF: So there have been more than the 2,400 that were announced in 2017 added to the list? Dr Rothenfluh: That sounds reasonable, but we would have to confirm that. Senator GRIFF: If you could do that on notice, that would be great.	Hansard Proof, 30 May 2018, CA Committee, Page 60
SQ18-000521	1 - Health System Policy, Design and Innovation	Griff, Stirling	Australian Government Rebate on Natural Therapies for Private Health Insurance Report	Senator GRIFF: The Review of the Australian government rebate on natural therapies for private health insurance report, published on the department's website, summarises the findings of the overviews done for the 16 natural therapies. For transparency, will the original overview reports also be published for public scrutiny? Ms Shakespeare: I believe that these reports were undertaken by the National Health and Medical Research Council office. I believe that we would need to refer that to them.	Hansard Proof, 30 May 2018, CA Committee, Page 61
SQ18-000522	4 - Individual Health Benefits	Brockman, Slade	Dental National Partnership Agreement	CHAIR: Is there any modelling on how many dental visits or procedures that would support? Ms Cole: I can provide that kind of detail on notice for you, but the total value of services overall in all of the NPAs is around 400,000. So it would be their population share of that.	Hansard Proof, 30 May 2018, CA Committee, Page 61
SQ18-000523	4 - Individual Health Benefits	Di Natale, Richard	Dental National Partnership Agreement	Ms Cole: The figures I have in the table are from January 2017 to March 2019, according to this table Senator DI NATALE: But you will clarify that? Ms Cole: That is correct. Senator DI NATALE: Is that \$242 million minus the \$48 million from Queensland? Ms Cole: No, that is including the \$48 million. I listed it for you and indicated that that is if they accept the offer. Senator DI NATALE: If they accept the offer, the total value of the agreement is \$242 million over, basically, a two year period? Ms Cole: Yes. Senator DI NATALE: Can you tell me about the previous agreement? Ms Cole: What would you like to know about the previous agreement? Senator DI NATALE: You don't have to give me a state by state breakdown. What was the value of the previous agreement? Ms Cole: I don't actually have that with me. I can take it on notice. It is actually publicly available, so it will be on the website.	Hansard Proof, 30 May 2018, CA Committee, Page 63
SQ18-000524	4 - Individual Health Benefits	Di Natale, Richard	Dental Waiting Lists	Senator DI NATALE: Thank you. Can we go to waiting lists state by state? Do you have that? Ms Cole: We don't have complete waiting lists from all of the states and territories at this stage. Senator DI NATALE: What have you got? Ms Cole: The ones that we have are not for the full period, either. Under the agreement, they are required to provide their statistics to us. So we don't have a comprehensive set of waiting lists. I can provide what we have on notice. I don't have it in front of me. Senator DI NATALE: Okay. So you will provide what you have on waiting lists on notice?	Hansard Proof, 30 May 2018, CA Committee, Page 63
SQ18-000525	4 - Individual Health Benefits	Di Natale, Richard	Child Dental Benefit Scheme	Senator DI NATALE: Do you have any information about the split in terms of public providers versus private providers and do you have that as a state by state breakdown? Ms Cole: We did actually break that down for you at one stage. Sorry, it is a national figure. Senator DI NATALE: If you give us the national figure and perhaps on notice if you could give us the breakdown that tells us a bit about what is going on in each state.	Hansard Proof, 30 May 2018, CA Committee, Page 63-64
SQ18-000526	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	Senator DI NATALE: Of the 33 authorised prescribers, do you have a breakdown of their specialties? Dr Greenaway: The majority that I know are paediatric neurologists. Senator DI NATALE: But are there other specialties? Dr Greenaway: I would have to take that on notice to give you the exact number, but I believe that palliative physicians are also amongst the authorised prescribers. Senator DI NATALE: Do you have the number of rejections for all categories? Dr Greenaway: The category B approvals turnaround time for the TGA is very rapid. On average it is about 48 hours. So, again, I would need to take that on notice and get back to you because I didn't expect to be answering questions on notifications.	Hansard Proof, 30 May 2018, CA Committee, Page 65

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SQ18-000527	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	Senator DI NATALE: Yes. That's alright. What about the authorised prescribers? How many prescribers have been rejected under authorised prescriber status? Dr Greenaway: Again, I am not aware. The Authorised Prescribers Scheme, as you know, requires approval by either the appropriate college or a NHMRC ethics committee. Once that approval is given, the authorised prescriber is a formality. Senator DI NATALE: So you wouldn't have access to people who have been rejected by the college? Dr Greenaway: Not off of the top of my head, but we can get it.	Hansard Proof, 30 May 2018, CA Committee, Page 65-66
SQ18-000528	5 - Regulation, Safety and Protection	Di Natale, Richard	Authorised Prescribers	Dr Skerritt: The National Institute of Integrative Medicine. They have already acted as an ethics body for a well-known GP—and I won't name the GP; you can understand why—in Melbourne as an authorised prescriber for medicinal cannabis for certain conditions. Senator DI NATALE: Is he or she the first GP to be approved as an authorised prescriber? Dr Skerritt: I would have to take that question on notice. You are right in that most of the authorised prescribers are specialists—	Hansard Proof, 30 May 2018, CA Committee, Page 67
SQ18-000529	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	Senator DI NATALE: At the moment, you cannot access medicinal cannabis through the Special Access Scheme Category A. A bill passed the Senate. It hasn't been brought to the lower house yet. Does the government have any plans to make cannabis available through Special Access Scheme Category A? Senator McKenzie: This is an area for Minister Hunt. I'll take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 71
SQ18-000530	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	Blood Tests - PFAS	Senator McCARTHY: Thank you. I'm going to take you to questions about health advice. What advice has Health provided to doctors about levels of PFOS, PFOA and PFHXS in blood tested as part of the Voluntary Blood Test Program? Dr Hobbs: On two occasions on visits to Katherine, I've met with the local GPs and also visited their practices—Gorge Health and Wurli-Wurlinjang—to give them information about per- and polyfluoroalkyl substances generally and about the Voluntary Blood Testing Program. This was to not only give them a general overview but also to share with them some support literature that the department had generated and used in the communities of Williamstown and Oakey. With particular reference to the Voluntary Blood Testing Program, this was a resource about the conversation that GPs should have with their patients prior to the blood tests so that patients gave informed consent and that they understood the limitations of a blood test. In particular, that they understand that there is no normal level of these chemicals because we've all been exposed at some point during our lifetime since they've had a wide variety of domestic uses as well as its very important use as firefighting foam. Any particular level of PFAS in the blood does not mean that you're more likely than anyone else to develop a health condition, and that has recently been confirmed by the Expert Health Panel. Senator McCARTHY: How many GPs have been briefed in Wurli and Gorge? Dr Hobbs: I would have to take that on notice. I don't have those numbers in front of me. But, as I said, I've done that on two occasions and visited those two practices on my last visit there in March.	Hansard Proof, 30 May 2018, CA Committee, Page 72-73
SQ18-000531	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	Blood Tests in Katherine	Senator McCARTHY: Dr Hobbs, that doctor claims he's not received information about PFHXS. What might be best here is: has there been any written documentation that you care to table to Senate estimates to show any conversations or correspondence where he has been made aware of what you've told us? Dr Hobbs: I have two comments. I'll defer to my colleague Ms Appleyard as to whether she's happy to table emails. There is certainly an email trail. In fact, there's been a lot of correspondence with that particular doctor. He's quite right in saying that there is more evidence in the public domain about PFOS and PFOA than perfluorohexane sulfonate, but, nonetheless, there is information. Indeed, the Expert Health Panel report does refer to PFHXS, or perfluorohexane sulfonate, and its general class as a PFAS agent. But, again, the evidence in that report—as I said, just made public earlier this month—does not point to any particular and consistent evidence of harm to the health of humans from exposure. Senator McCARTHY: For the interest of the committee, I think it's important to see that documentation, given that there is a public conversation going on which is causing deep distress and alarm to families in Katherine. I think it's important for this Senate committee to actually see what correspondence has taken place in relation to the advice given and we can take it further from there. Would you be able to take that on notice? Ms Appleyard: I'll take that one on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 74

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SQ18-000532	0 - Whole of Portfolio	Dodson, Patrick	Indigenous Employment	Senator DODSON: I raised some questions yesterday under 2.3 about Indigenous employment. I'm not intending to go back into that space. I want to deal with the syphilis matters and I want to deal with HTLV-I. That is the main bulk of my interest. In relation to employment—you may want to take it on notice—I want to know what designations those 125 you mentioned, who were employed within the department, sit at in terms of deputy secretaries, first assistant secretaries or directors?	Hansard Proof, 30 May 2018, CA Committee, Page 74
SQ18-000533	5 - Regulation, Safety and Protection	Dodson, Patrick	Syphilis - Age Groups	Senator DODSON: Thank you. I will go to the syphilis matters. Can the department confirm that, since February, with the percentage of cases reported for the 15-29-year-olds there has been a slight increase in Western Australia and South Australia? Ms Appleyard: I don't have a breakdown by age group in front of me here but I do have numbers for up until this point in 2018, if that would help you. Senator DODSON: That'd help, thank you. Ms Appleyard: This would be 31 March, year to date. I'll tell you the four outbreak regions. Starting off with Kimberley, which I know you're interested in, there are seven cases that have been reported. This is new cases. Senator WATT: That's all age groups? Ms Appleyard: All age groups, that's correct. There are four in South Australia, 58 in the Northern Territory and 66 in north Queensland. Senator DODSON: There are 66 in north Queensland? Ms Appleyard: That's right. Senator DODSON: Is there any way to get them broken down into those age groups? Take it on notice. Ms Appleyard: Quite possibly. I can take that on notice, yes.	Hansard Proof, 30 May 2018, CA Committee, Page 75
SQ18-000534	5 - Regulation, Safety and Protection	Dodson, Patrick	Syphilis - Age Groups	Senator DODSON: Thank you very much. Can you confirm also that between 1 and 31 March 2018 there have been 40 new cases of syphilis across the Northern Territory in Aboriginal and Torres Strait Islander communities? That seems to conflict with the figures you just gave me of 58, I think. Ms Appleyard: Yes. I would definitely have to take that one on notice. For the month of March, you're asking? Senator DODSON: Yes.	Hansard Proof, 30 May 2018, CA Committee, Page 75
SQ18-000535	5 - Regulation, Safety and Protection	Dodson, Patrick	Syphilis Funding	Senator DODSON: The announcement of the \$8.8 million was made. Can you provide a breakdown of the spending allocations by activities and jurisdictions? You might want to take that on notice. Prof. Murphy: I think the spending we'd have to take on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 75
SQ18-000536	5 - Regulation, Safety and Protection	Watt, Murray	New Syphilis Cases	Senator WATT: Do you have those numbers for the month of April? Ms Appleyard: I don't believe so, no. Senator WATT: Could you take that on notice and see in the break whether someone might have them? Ms Appleyard: Yes, we certainly can.	Hansard Proof, 30 May 2018, CA Committee, Page 77
SQ18-000537	5 - Regulation, Safety and Protection	Rhiannon, Lee	PFAS Research	Senator RHIANNON: So will it be the Department of Health or the NHMRC who will be responsible for designing the parameters for the research? Dr Hobbs: It will be the NHMRC. Senator RHIANNON: I actually meant the research grants. So they'll work on all that. When can we expect to see the details of the NHMRC's target? Prof. Murphy: We'll have to take that on notice and consult with the NHMRC. I should point out that there is also a pre-existing significant research study being conducted by ANU on epidemiology of PFAS. This was funded previously by government some years ago. That's well advanced and that's being informed by the three investigation sites and the blood test program that's being done. They've done their own literature review and they're doing a significant study of the epidemiology of those areas. So that's already underway. Senator RHIANNON: I wasn't aware of that, so thank you for that.	Hansard Proof, 30 May 2018, CA Committee, Page 82
SQ18-000538	5 - Regulation, Safety and Protection	Rhiannon, Lee	PFAS Grant Applications	Senator RHIANNON: Can you also take on notice the time line for the grant applications? Prof. Murphy: We can provide that.	Hansard Proof, 30 May 2018, CA Committee, Page 82
SQ18-000539	1 - Health System Policy, Design and Innovation	Rhiannon, Lee	PFAS Study	Senator RHIANNON: You mentioned the university study. There's also been a Department of the Environment and Energy study. I think they looked at remediation and contamination in the soil. Will you be pulling in all these other studies as well? Ms Appleyard: That's a separate research process that's occurring as well. Prof. Murphy: It might be helpful if we agree on notice to ask the NHMRC to provide you with a detailed report on their plans, because they're not here at the moment and it would be helpful if they responded in detail. Senator RHIANNON: Okay, good. Thank you.	Hansard Proof, 30 May 2018, CA Committee, Page 83

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SQ18-000540	5 - Regulation, Safety and Protection	Dodson, Patrick	Blood Tests - PFAS	Senator DODSON: All I want to know is whether you can get tested in Alice Springs or Tennant Creek or any of those places or whether you have to have the test out of the Northern Territory or up in Darwin. Ms Appleyard: No, my understanding would be—and I can certainly confirm this on notice—that, if it's Medicare rebatable, then you should be able to get a blood test anywhere that offers that serology. Prof. Murphy: That will just tell you about the antibody. Senator DODSON: What's the cost of this? Prof. Murphy: It's on the MBS— Ms Appleyard: I heard Senator Scullion say something at the last estimates, but I can't say for sure. Senator DODSON: I think he said about \$600 or something. Ms Edwards: Senator Scullion said \$169, which he had derived from media reports. I wasn't aware of a price at the time, you might recall. So there's a reported cost of \$169, but we're not in a position to really verify whether or not that's what you would be charged, although we could probably take on notice the value of the MBS item.	Hansard Proof, 30 May 2018, CA Committee, Page 84
SQ18-000541	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Disease Forum	Senator SIEWERT: I'd like to ask about Lyme-like disease or vector-borne disease. I understand that the forum has now been held? Prof. Murphy: Correct—the first of two forums, I should say. The first forum was largely with a medical community to try and bring chief health officers, college presidents and others to understand the need for multidisciplinary clinic approaches. We had representatives of the patient groups there. But, because the nature of that first forum was to socialise this concept with them, some of the community representatives feel that they would also like to have a forum where they can have an open invitation, so I'm going to convene a forum with all the patient support groups in Sydney later this year. Senator SIEWERT: Do you have a date for that yet? Prof. Murphy: I don't know that we've got a date at this stage, no. Ms Appleyard: No. Senator SIEWERT: Could you take that on notice? Ms Appleyard: Yes.	Hansard Proof, 30 May 2018, CA Committee, Page 85
SQ18-000542	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Disease Data	Senator SIEWERT: Do you know the time line for that? Dr Lum: I don't have an exact time line. A lot depends on the journal that will accept the paper and then the time lines in terms of publication. Senator SIEWERT: Okay. Are we talking six months, 12 months? Dr Lum: Honestly, I can't tell you. Prof. Murphy: We could ask the authors for an update on notice if you'd like. Senator SIEWERT: You'd be aware, as I am, that there are many people taking a very intense interest in this, and the sooner that data is available, the better. Prof. Murphy: We'll seek to find out what the progress of the publication is. Senator SIEWERT: If you could take that on notice, that would be appreciated.	Hansard Proof, 30 May 2018, CA Committee, Page 87
SQ18-000543	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Disease Data	Senator SIEWERT: I understand that, but again this is data that's actually publicly funded, and my understanding is that this cost quite a bit of money to study. So if patient groups can't get access to the information that public money paid for, it seems— Prof. Murphy: More and more journals now have open access policies, and it may not be an issue. Senator SIEWERT: Okay. If it is, we have the undertaking that it will be made available? Prof. Murphy: We can sort out a way of getting the information. Senator SIEWERT: If you can't tell me now, could you take on notice the cost of the study—the investigation? Prof. Murphy: We can take it on notice. Senator SIEWERT: That would be very much appreciated. Thank you.	Hansard Proof, 30 May 2018, CA Committee, Page 89
SQ18-000544	5 - Regulation, Safety and Protection	Polley, Helen	Flu Vaccinations in Aged Care Facilities	Senator POLLEY: Can you take it on notice to come back to us with the figures? That would be really useful. Prof. Murphy: It would be hard to get the figures. Dr Somi: I don't think we'd be able to provide figures. Do you mean figures in terms of unmet demand amongst that— Senator POLLEY: Yes. Dr Somi: I'm not sure we'll be able to collect that information, because those supplies would be sourced from the private market, and we don't monitor distribution or supplies in the private market except at a global level, as Dr Hobbs indicated earlier. Prof. Murphy: But we do have aged-care forums. We could find out anecdotally whether they have had problems. We could certainly get some information for you.	Hansard Proof, 30 May 2018, CA Committee, Page 96

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SQ18-000545	6 - Ageing and Aged Care	Siewert, Rachel	Homeless Supplement	Mr Murray: In terms of a review, I can't answer that specifically. There was an increase to the homeless supplement a few years ago. I'll have to check the exact details of when that happened. Senator SIEWERT: Indexed or— Mr Murray: Indexed, yes. Senator SIEWERT: So that was an indexed increase? Mr Murray: Yes. It's slightly complicated. There is a homeless supplement and there is a separate viability supplement, which also includes a component for homelessness. There was a reform measure a few years ago—I'd have to check the exact dates—which increased funding through that. Senator SIEWERT: Through the viability supplement? Mr Murray: Yes. Senator SIEWERT: Can you perhaps take on notice to explain that— Mr Murray: The exact details of that, certainly, yes. Senator SIEWERT: because I'm not following how that relates to homelessness? Mr Murray: Yes. Senator SIEWERT: A lot of that viability supplement was about regional centres. Mr Murray: That's a separate measure. There have been a number of changes in the viability supplement. Some were targeted to rural and remote. There was another one that was specifically targeted at the homelessness issue. Senator SIEWERT: Thank you, if you could take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 105
SQ18-000546	6 - Ageing and Aged Care	Siewert, Rachel	Homeless Supplement	Senator SIEWERT: Was that based on an assessment specifically of the costs associated with homelessness and residential aged care? Mr Murray: I'd have to check the details as to exactly how that came about. I can take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 105
SQ18-000547	6 - Ageing and Aged Care	Siewert, Rachel	Homeless Supplement	Senator SIEWERT: It would be really good to get nailed down when that assessment was done. This supplement only came in in Living Longer Living Better in 2013. If it's three or four years, that's actually the beginning of when your supplement came in—around that time. Mr Murray: As I said, there are two different components to the supplement. There is the supplement and the viability expansion component, which is for homelessness. We can take that on notice and provide a detailed answer to that.	Hansard Proof, 30 May 2018, CA Committee, Page 105
SQ18-000548	6 - Ageing and Aged Care	Keneally, Kristina	Prematurely Aged Homeless People	Senator KENEALLY: Is there an actual protocol around this? From what I'm hearing from service providers, there may be an unintentional gap here, that people who don't neatly fit into one category or the other may be getting different types of advice or being told they should go apply to the NDIS, even though they may have little chance of receiving support through the NDIS. They might not meet the right threshold, or they might wait a very long time to get a plan, if they get one. It seems that there is this gap with these people. I'm trying to understand whether you've got a protocol to deal with them, or if there is more work that needs to be done, for the people—a small number of people to be sure—who fit in this fairly defined category. Ms Buffinton: Certainly that's something I will take up. Obviously, with a very new scheme like the NDIS, all of us are trying really hard to make sure people genuinely don't fall between the cracks. I will certainly take that particular issue on notice and talk with our colleagues at the National Disability Insurance Agency.	Hansard Proof, 30 May 2018, CA Committee, Page 107
SQ18-000549	6 - Ageing and Aged Care	Keneally, Kristina	Prematurely Aged Homeless Australians	Senator KENEALLY: Could I also put on notice to ask whether there has been any consideration or could be consideration of some type of transition process for prematurely aged Australians who are homeless and have a disability to continue access support via My Aged Care either while they're waiting for NDIS or until there is a determination. Dr Studdert: These are exactly the issues we are working through at the present, but we can certainly get you more information on that particular one.	Hansard Proof, 30 May 2018, CA Committee, Page 107
SQ18-000550	6 - Ageing and Aged Care	Polley, Helen	Wintringham Services	Senator POLLEY: On Wintringham services, can you tell me how much Wintringham receive annually in funding from aged care? Dr Studdert: I may be wrong, but it may be unlikely we have a specific number for that specific service. We can certainly take that on notice and give you the information. Senator POLLEY: Can you take that on notice? I'd be interested in knowing whether or not that annual amount has decreased over recent years. Could you take that on notice for me? If it has been decreasing, which you can't answer at the moment, there is a real risk that these people that currently are housed there won't have any services to them. If you can take it on notice and let us know, that would be great.	Hansard Proof, 30 May 2018, CA Committee, Page 107

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SQ18-000551	6 - Ageing and Aged Care	Polley, Helen	Waiting List Data for Home Care Packages	Senator POLLEY: And the quarterly data figures for the waiting list for home care packages—who makes the decision about when that will be made public? Dr Studdert: We provide the data and the advice to the minister and then it's the minister's. Senator POLLEY: For instance, you are saying it should come out in the beginning of June, but you would have already given that advice to them? Dr Studdert: I'd have to check on that, but it really reflects when we have the data ready and how quickly we can do that. Senator POLLEY: Could you take on notice as to when the figures were available before coming out in June, that tidies up that bit.	Hansard Proof, 30 May 2018, CA Committee, Page 108
SQ18-000552	6 - Ageing and Aged Care	Griff, Stirling	Funds from Home Care Packages	Senator GRIFF: I'd like to turn to some questions I asked in February in relation to the return of funds from people who passed away who had home care package funds. How many providers are actually receiving funds on behalf of people that have qualified for levels 1 to 4? How many providers are there that are actually in receipt of funds? Ms Buffinton: There are 806 approved providers. I might just have to check with a colleague on the number who are actually receiving funds, because somebody who is new and now approved doesn't mean they have yet taken on any clients. So I might have to take that on notice in respect of the exact number. It'll be something less than that number of 806 who are currently getting a flow.	Hansard Proof, 30 May 2018, CA Committee, Page 109
SQ18-000553	6 - Ageing and Aged Care	Siewert, Rachel	Home Care Queue	Senator SIEWERT: When do you take them off the list once they have gone into residential care? What line of sight do you have for that—off the home care list? Ms Buffinton: When a residential provider brings somebody on as one of their clients, then, through the Department of Human Services, they notify so that they can start being paid for that individual. That's where the computer dynamics do a reconciliation and then they come off the Home Care queue. Senator SIEWERT: Are you able to tell us how many people that's happened to? Ms Buffinton: I'm happy to take it on notice, because we are also interested. As you can imagine, each quarter we learn more about the data, because it is new data for us as well. Like you we are interested in seeing, if we take a period, where the shifts are occurring, so that we can start predicting the likelihood of demand for residential versus home care.	Hansard Proof, 30 May 2018, CA Committee, Page 112
SQ18-000554	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: So, you can confirm, then, that 14,000 home care packages were funded entirely by a reduction of more than 20,000 in projected residential care places between 2017 and 2020? Dr Studdert: I don't think I gave you that number. Senator POLLEY: No, I'm asking you: is that the number? Dr Studdert: I don't have that number. Senator POLLEY: Can you take that on notice for us, please? Dr Studdert: I can take that on notice, but— Ms Beauchamp: I think we can confirm—	Hansard Proof, 30 May 2018, CA Committee, Page 113
SQ18-000555	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Senator POLLEY: Can we move on, then, to get some figures in relation to the forward estimates? Can you break down the level of packages that are going to be available over the forward estimates? I don't know whether you need to take this on notice. Ms Buffinton: This is effectively what we discussed a little bit earlier. Ms Beauchamp: I think you spoke about the global figures over the forward estimates and that we would take on notice the breakdown. Senator POLLEY: Can you give us a breakdown of the people who are currently on the list? How many people are waiting for each of their levels: one, two, three and four? Ms Buffinton: That's in the data report that we report on each quarter, but we'll provide it as well.	Hansard Proof, 30 May 2018, CA Committee, Page 116
SQ18-000556	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Waiting List Data	Senator POLLEY: With the home care package waiting list that we have, can you provide to us the breakdown, electorate by electorate, of how many people? Because you gather the information from a postcode, have you got those figures that can break down electorate information? Ms Buffinton: Obviously, we've discussed this through our question on notice series as well. We collect information on aged-care planning regions and that's what we provide in our quarterly report. Ms Beauchamp: That's available publicly? Senator McKenzie: They don't collect by electorate. Senator POLLEY: Wouldn't that be possible to do, because you do have the postcodes? Is it that there are not enough resources to be able to do that? What's the reason why you don't provide it? Dr Studdert: I think we'd have to take that on notice and look at the resource implications. There's any number of ways you could slice and dice the data. I think we've got a standard set, which is being used now and we'd like to stick to it for tracking purposes. Any other range of analysis— Senator POLLEY: It would be really useful— Dr Studdert: We'd have to look at the resource implications of that. Ms Beauchamp: We'll see if we can based on the data we've got.	Hansard Proof, 30 May 2018, CA Committee, Page 117-118

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000557	6 - Ageing and Aged Care	Polley, Helen	Dementia and Cognition Supplement	Senator POLLEY: Thank you. If we look at the dementia and cognition supplement, the department stated that, 'A diagnosis of dementia alone is not sufficient for payment of the supplement'. What other criteria do older Australians ageing in their own homes have to comply with to receive the dementia and cognition supplement? Mr Murray: For the dementia and cognition supplement in home care, there is an assessment done under a Psychogeriatric Assessment Scale, or PAS, and the finding of that determines your eligibility. There's quite some detail around what that scale requires. I can provide you further details, if you want that, on notice. Senator POLLEY: I am interested to know why this is the case and why isn't the department paying the supplement if there's been a clinical diagnosis of dementia? There have been some cases where that seems, to me, to be not in the best interests of— Mr Murray: The supplement is designed to deal with those moderate to severe levels of cognitive impairment, so it's more than just a pure dementia diagnosis. Senator POLLEY: On notice, can you give us the reasons and the criteria, because it would be helpful to understand that better? Mr Murray: Sure.	Hansard Proof, 30 May 2018, CA Committee, Page 118
SQ18-000558	6 - Ageing and Aged Care	Polley, Helen	Dementia and Cognition Supplement	Senator POLLEY: How much of the dementia and cognition supplement, the \$40 million for 2017-18, has been spent? Mr Murray: I'd have to take that on notice. Senator POLLEY: You don't have those figures? Mr Murray: Not those detailed figures, no. Senator POLLEY: Does the supplement increase over the forward estimates? Can you provide a breakdown of the supplement in the past four years and across the forward estimates? Mr Murray: I'll have to take that on notice as well. Senator POLLEY: How many older Australians does the \$40 million support each year? Mr Murray: I'd have to take that on notice as well.	Hansard Proof, 30 May 2018, CA Committee, Page 118
SQ18-000559	6 - Ageing and Aged Care	Siewert, Rachel	Community Hubs	Senator SIEWERT: If you don't have it handy, can you take on notice how much one of the information hubs costs and how much one of the community hubs costs—what are the budgeted costs for the provision of those hubs? Ms Mond: It's certainly the case that they can be delivered in a number of ways. The idea of running pilots is to do it in quite a comprehensive way and actually trial some possible different approaches to establishing both information hubs and community hubs. That will be part of the trial to see the various ways in which they could be done. Senator SIEWERT: For the 30, there's not particularly one model—is that what I understand from that? Ms Mond: That's correct; there's been some costing assumptions to come to the figures— Senator SIEWERT: For different models? Ms Mond: No, not for different models, but assumptions underpinning the costing of that whole proposal. It would be in the vicinity of around 30 aged-care information hubs and 20 community hubs that we would trial through the pilot. Senator SIEWERT: What I thought I heard you say was that there may not be one specific model for the information hubs. Ms Mond: That's correct. Senator SIEWERT: So, how many different types did you model? Dr Studdert: I think we'd have to take that on notice, Senator. Again, my colleague might be able to assist but there may be some market processes that we go to get competitive process around who delivers these trials, so we just have to be cautious about the probity issue.	Hansard Proof, 30 May 2018, CA Committee, Page 119
SQ18-000560	6 - Ageing and Aged Care	Siewert, Rachel	Community Hubs	Senator SIEWERT: I understand that, but it also makes estimates—and it's happening not just here but in other places that we keep being told: 'That's for publication, because we're going to tender,'—very difficult when we're trying to work out value for money and do our job. I'm trying to work out, out of these hubs, how much is going to be eaten up by overheads, administration et cetera? What have you budgeted for in terms of percentage? Let's put it that way, as a percentage. Dr Studdert: The overheads in terms of the department's administration— Senator SIEWERT: In terms of the community hubs in particular. Dr Studdert: or the people that are delivering it in the community setting? Senator SIEWERT: Yes, for all four of the components. Mr Smith: We'll have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 120
SQ18-000561	6 - Ageing and Aged Care	Polley, Helen	Dementia	Senator POLLEY: Could I go back to when we were talking about the difference with the money available for people who have been diagnosed with dementia at home verses those in residential care? My understanding is that only 12 per cent of those who are diagnosed received a supplement in home care, while more than 50 per cent of residents are receiving ACFI funding for the same terminal condition. Mr Murray: I don't have those details available. I'll have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 121

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000563	6 - Ageing and Aged Care	Polley, Helen	Aged Care Referrals	Ms Mond: In the year to date, as at 30 April 2018, the department had made 760 referrals to the quality agency. Senator POLLEY: Can you break those down state by state? Ms Mond: I don't have that with me. Senator POLLEY: If you could take it on notice, that would be great.	Hansard Proof, 30 May 2018, CA Committee, Page 125
SQ18-000564	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Standards	Senator SIEWERT: When you talk about the sector, are you talking across the board so consumers could participate in the online process as well? Mrs Bolger: The online process was targeting providers specifically because it was the first phase, but, in testing, it was actually tested in a live audit environment so we were able to test with consumers in audit conditions in the field. We undertook that at 22 different services to satisfy ourselves that they were measurable and that consumers could respond to lines of questioning around the standards and the expectations that they were setting. We have done some further work with consumers, which I can speak to if you would like. But, on the pilot specifically, to go back to your question about what the learnings were, we were able to identify where there were some standards that overlapped in their intent, and so that information was helpful in refining the standards through the technical advisory group. We also identified some gaps where there were concepts that weren't well covered in the standards. They weren't significant changes but, in testing, they were helpful to further refine the standards. Senator SIEWERT: Those were the two key learnings? Is it possible for you to provide a summary—I'm pre-empting this by saying 'in the relatively near future', not when answers are due, given the time frame on these? Mr Ryan: We'd be happy to. We've done very extensive work in this area and we'd be very happy to share it in summary form.	Hansard Proof, 30 May 2018, CA Committee, Page 126
SQ18-000565	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Standards	Senator SIEWERT: Just coming back here, are we able to get that report before the standards are tabled or as the standards are tabled so that we can actually see how they're reflected in the new standards? Mr Ryan: We will do that as quickly as we possibly can.	Hansard Proof, 30 May 2018, CA Committee, Page 127
SQ18-000566	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Facilities - Compliance	Senator SIEWERT: So 34 have now returned to compliance? Is that how I understand these figures? Mrs Bolger: Some of them may still be in a timetable for improvement, because our reporting period is just a reporting period. Senator SIEWERT: Can you take on how many of those there are? Mr Ryan: Yes. Senator SIEWERT: Do you have that data available? Mrs Bolger: We can table that and we'll take your question on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 128
SQ18-000567	6 - Ageing and Aged Care	Siewert, Rachel	Notices of Noncompliance	Senator SIEWERT: Where are those eight up to? Mr Smith: We may need to take parts of it on notice. We'll attempt an answer and then see where the gaps are and whether we need to take some on notice. Ms Mond: We may, in terms of the actual eight, because I'm not sure of the reporting period and don't want to make a mistake on the exact date that we're referring to. But I do want to say that the department assesses all information that we receive from the Australian Aged Care Quality Agency to determine the most appropriate and proportionate response based on the identified risk to care recipients. So this action is aimed at protecting current and future care recipients' health, welfare and interest and returning the provider to compliance. As Mr Ryan said, for every case audit we receive advice from the Quality Agency where they think there is serious risk and we will look at that and determine whether we think we need to either impose sanctions or a notice of noncompliance. Senator SIEWERT: Have any notices of the noncompliance been served or any sanctions imposed on those eight? Ms Mond: Currently we have quite a number of notices of noncompliance and sanctions that are open. I will take it on notice in relation to the specific eight.	Hansard Proof, 30 May 2018, CA Committee, Page 128-129
SQ18-000568	6 - Ageing and Aged Care	Siewert, Rachel	Notices of Non-compliance	Senator SIEWERT: Can I go back to this issue of the 64 notices of non-compliance. Over what time frame had they been issued? Is that this financial year? Ms Mond: I'll have to take that on notice.	Hansard Proof, 30 May 2018, CA Committee, Page 132

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000569	6 - Ageing and Aged Care	Siewert, Rachel	My Aged Care	Senator SIEWERT: I have some more questions on that that I'll put on notice. I have questions about accessibility on My Aged Care in terms of accessibility to information. I've had constituents' feedback on accessibility in terms of being able to access information when, for example, you have a visual impairment. Ms Buffinton: My Aged Care, as we know, is both the website, contact centre, assessments and referral service. Part of the reason why we have both modes of a website and a contact centre is preferencing, so people can ring a contact centre rather than reading things on a website. But on all of our websites we follow government guidelines in terms of accessibility. For example, we choose to put our information at a level of grade 5 in terms of understanding of information. I might have to take on notice exactly whether there is voice recognition on the website. It is something my colleagues will know, but I haven't got the details here. Senator SIEWERT: Could you take that on notice, and if there is, when that function was put on the website? Ms Buffinton: Certainly.	Hansard Proof, 30 May 2018, CA Committee, Page 135
SQ18-000570	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	Senator DI NATALE: Health Care Homes is really the bulk of my questions. Perhaps I'll just ask a couple of questions around medicinal cannabis training for primary care. Is that something the department might be able to help out with? I understand that the first free training for doctors in Canberra on medicinal cannabis took place last week. Is that something the department is aware of? Ms Beauchamp: I will just make sure we have the relevant officers here. Senator DI NATALE: I have a few questions on the Health Care Homes trial, which I can put on notice. Ms Beauchamp: The medicinal cannabis people aren't here. They are coming tomorrow. Senator DI NATALE: This is more about the training component. Ms Beauchamp: Yes. Senator DI NATALE: I know some training in Canberra for doctors occurred at the end of last week. The department is not aware of that? Prof. Murphy: I think that's probably all under the whole TGA program, so I think it's probably addressed under outcome 5. Senator DI NATALE: I'll ask them but I suspect that if you guys don't know about it the TGA won't know about it, because it's training for GPs— Ms Beauchamp: I'll find out overnight— Senator DI NATALE: Take it on notice—	Hansard Proof, 29 May 2018, CA Committee, Page 121-122
SQ18-000572	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties (or COP 8) meeting in Geneva, October 2018	Could the Department outline what steps a Government Senator, who receives no tobacco donations, would need to take to accompany the Health Department as an observer on its delegation to the COP 8 meeting in Geneva later this year?	Written
SQ18-000573	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties (or COP 8) meeting in Geneva, October 2018	Could the Department list which Ministers, Senators or Members have attended COP meetings in the past? Can the list include the full number of officials who accompanied the Minister, Senator or Member on each delegation?	Written
SQ18-000574	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties (or COP 8) meeting in Geneva, October 2018	Regardless of when the COP 8 agenda is official, will the Health Department be available to brief individual Senators on the positions their COP delegation will take at COP 8 before it travels to Geneva in October?	Written
SQ18-000575	2 - Health Access and Support Services	Abetz, Eric	Smoking Rates	a) Over the past 3 years has the rate of smoking by Australians increased or decreased? b) Have comparable OECD countries experienced an increase or decrease in the rate of smoking by their citizens?	Written
SQ18-000576	2 - Health Access and Support Services	Abetz, Eric	Plain Packaging	When was plain packaging of cigarettes introduced in Australia?	Written
SQ18-000577	2 - Health Access and Support Services	Abetz, Eric	Ingredients of Tobacco Smoking	Please specify in order of detriment to health the following ingredients of tobacco smoking: a. tar; b. toxins; c. carcinogens produced by tobacco combustion; and d. nicotine.	Written
SQ18-000578	2 - Health Access and Support Services	Abetz, Eric	Nicotine	Is it correct to state that nicotine "is no more harmful than caffeine"? If not, why not?	Written
SQ18-000579	2 - Health Access and Support Services	Abetz, Eric	Smoking Rates	Is it correct that countries that have legalised e-cigarettes/vaping are witnessing declining rates of tobacco smoking in their populations?	Written
SQ18-000580	2 - Health Access and Support Services	Abetz, Eric	Smoking Prevalence	What are the measures of smoking prevalence relied on by the Australian Government to determine its progress in reducing smoking? Which organisations collect this data?	Written
SQ18-000581	2 - Health Access and Support Services	Abetz, Eric	Smoking Prevalence	What are the national targets for smoking prevalence in Australia? Will we meet them?	Written

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SQ18-000582	2 - Health Access and Support Services	Abetz, Eric	Reducing Smoking Consumption	a) Have you seen an article in The Australian on 12 March 2018 reporting, 'consumption of cigarettes has risen for the first time in more than a decade'? Given the number of tobacco control measures in this country can you explain why this has occurred? b) In the same article, Dr Colin Mendelsohn, a health academic at the University of New South Australia, said "we have to accept our punitive measures of taxing and coercing smokers are no longer working and we need other strategies". Is the Government looking at other strategies to reduce smoking consumption and, if so, what?	Written
SQ18-000583	2 - Health Access and Support Services	Abetz, Eric	National Tobacco Strategies - England	a) Are you familiar with the English equivalent of the national tobacco strategy: "Towards a smoke-free generation: tobacco control plan for England" and its aim of creating a smoke-free generation by 2022? b) What are they doing differently to Australia that allows them to comfortably predict a smokefree generation in 5 years, whereas the AIHW has acknowledged that Australia's smoking prevalence rates have "flatlined"? c) Have you seen statements from Public Health England (PHE), an executive agency of the UK government, that heated tobacco products are likely to expose users and bystanders to lower levels of harmful chemicals. d) PHE also found e-cigarettes could be contributing to at least 20,000 successful new quits per year and e-cigarettes aren't a route into smoking among young people, as youth smoking rates in the UK continue to decline. e) Has the Australian Government sought information from the UK Government on their approach?	Written
SQ18-000584	2 - Health Access and Support Services	Abetz, Eric	e-Cigarettes	Are you aware that e-cigarettes are effectively legalised in New Zealand Government? Has the Government looked at the New Zealand model?	Written
SQ18-000585	2 - Health Access and Support Services	Abetz, Eric	e-Cigarettes	In October 2017, the British Medical Journal published a peer-reviewed article titled "Potential deaths averted in USA by replacing cigarettes with e-cigarettes". a) Are you aware of this study? b) Has the Department of Health conducted any study or research which attempts the match the potential risks against the potential benefits of a Tobacco Harm Reduction policy making e-cigarettes available as consumer products in Australia?	Written
SQ18-000587	5 - Regulation, Safety and Protection	Burston, Brian	Medicinal Cannabis	a) The most recent figure given by the Department for the number of patients approved for medical cannabis is 220. Do you have a more recent figure? b) Can the Department itemise that by the different pathways – Approved Prescriber Scheme & Special Access Scheme, then by State, age of patient and condition? For condition please use Specialist groups – like Neurology. c) Of those approvals, how many have a current prescription?	Written
SQ18-000588	5 - Regulation, Safety and Protection	Burston, Brian	Medical Cannabis	Are any changes planned to the schemes currently in operation to widen out access?	Written
SQ18-000589	5 - Regulation, Safety and Protection	Burston, Brian	Medical Cannabis	a) In 2010 the Australian Medical Association released data that showed 1.9 million Australians used Cannabis in that calendar year, and 247,000 used it daily. Has the Department up to date information to share with this Committee? b) If not I will use those figures, given their impeccable source and ask: doesn't that show that the Department is happy to settle on a scheme that provided medical cannabis to just 1 patient out of every 10,000 currently accessing it illegally every year?	Written
SQ18-000590	5 - Regulation, Safety and Protection	Burston, Brian	Medical Cannabis	a) Is the Health Department aware of what is being called Right To Try, currently in force in 38 American States and being legislated federally in Washington DC this year? b) Does the Health Department intend to monitor the effectiveness of the United States Right To Try empowerment? c) Will the Health Department consider introducing Right To Try legislation in Australia?	Written
SQ18-000591	5 - Regulation, Safety and Protection	Reynolds, Linda	Department recently held a forum to discuss trials of a multidisciplinary team approach to patient clinics for those suffering from Lyme disease of Lyme like illness	a) How will patient clinics contribute to the data set needed to learn more about what is affecting Australians and how they respond to any treatments? b) Who in the Department will oversee data collection and epidemiological study of those patients that attend the clinics? c) How will the Department ensure those clinics use new and innovative approaches, like next generation DNA sequencing, to the diagnostic conundrum in which these patients find themselves?	Written
SQ18-000592	5 - Regulation, Safety and Protection	Reynolds, Linda	The Turnbull Government's \$3M to the National Health and Medical Research Council for a Targeted Call for Research (TCR) on the Debilitating Symptom Complexes Attributed to Ticks	What action has the Department taken to ensure; a) the general public become more aware of the dangers of tick bite; and b) that doctors know what to do in the case of a tick bite?	Written

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SQ18-000593	6 - Ageing and Aged Care	Smith, Dean	Tune Review	The Government will support in-principle the proposal to transition the allocation of residential care places through the Aged Care Approvals Round (ACAR) to alternative arrangements that provide real choice for older Australians. An impact analysis will be undertaken to understand the effect of such changes, as recommended by the Legislated Review of Aged Care 2017 (Tune review). a) What factors will the Department include in their study for consideration? b) How will the impact study be conducted? Who will be involved? Will there be a steering committee overseeing it, and if so, will that include stakeholders? c) What is the timeframe for the commencement and conclusion of the study?	Written
SQ18-000594	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	How prevalent does the ASC believe bullying and harassment in elite sports is?	Written
SQ18-000595	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Please provide statistics for the number of complaints and number of investigations into claims of bullying and harassment for the last three financial years.	Written
SQ18-000596	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	What does the ASC do to monitor or track the issue of bullying and harassment in elite sports funded by Australian taxpayers?	Written
SQ18-000597	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Is there any guidance or other material that is published by the ASC to inform people of how they can report bullying and harassment?	Written
SQ18-000598	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Does the ASC have an independent whistleblower hotline where people can raise concerns in regard to the issue of bullying and harassment? If no independent whistleblower hotline exists, would the ASC consider establishing one?	Written
SQ18-000599	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Can the ASC please provide the process for dealing with complaints of bullying and harassment, including the involvement of the relevant sporting organisation?	Written
SQ18-000600	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	What, if any, of the elite sports funded by the ASC have a process independent of that sporting body to assess and determine the merits or otherwise of a bullying or harassment complaint made against that sporting body or a person in the employ of that body?	Written
SQ18-000601	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Does the ASC specifically require elite sporting bodies to have an independent process to deal with any claims against that sporting body in regard to a bullying and harassment complaint?	Written
SQ18-000602	3 - Sport and Recreation	Patrick, Rex	Bullying in Sport	Does the ASC monitor the executive numbers and executive salaries of national sporting organisations?	Written
SQ18-000603	4 - Individual Health Benefits	Williams, John	Prescriptions for Analgesics	Please provide year-on-year comparisons in PBS/RPBS prescriptions for analgesics as reflected in the ATC codes shown below (including under co-pay) for February, March and April 2016, 2017 and 2018. Please provide a metropolitan vs regional breakdown. • N02 Analgesics • N02 Opioids • N02AA – Natural Opium Alkaloids (codeine, hydromorphone, morphine, oxycodone, oxycodone+naloxone) • N02A Opioids • N02AB – Phenylpiperidine derivatives - Fentanyl • N02AC – Diphenylpropylamine derivatives - Methadone • N02AE – Oripvine derivatives - Buprenorphine • N02AJ – Opioids in combination with non-opioid analgesics - Aspirin + Codeine - Paracetamol + Codeine • N02AX – Other opioids - Tapentadol - Tramadol • N02B – Other Analgesics and Antipyretics • N02BA – Salicylic acid and derivatives - Aspirin • N02BE – Anilides - Paracetamol • N02BG - Other analgesics and antipyretics - Gabapentin - Methoxyflurane - Pregabalin • N02C – Antimigraine Preparations • N02CC – Selective serotonin (5HT1) agonists - Eletriptan - Naratriptan - Rizatriptan - Sumatriptan - Zolmitriptan • N02CX – Other antimigraine preparations - Pizotifen	Written
SQ18-000604	4 - Individual Health Benefits	Williams, John	Pharmaceutical Benefits	Please provide an update of the estimated annual savings (\$ million) to Government from price disclosure over the forward estimates in relation to Program 4.3: Pharmaceutical Benefits?	Written
SQ18-000605	5 - Regulation, Safety and Protection	Williams, John	Tea Tree Oil	In relation to the Therapeutic Goods Administration consultation on the future regulation of low risk products. It appears all essential oils, including tea tree oil, have been put under the one umbrella of "aromatherapy products". Tea tree oil is a well-established therapeutic product. I have done a bit of work with the tea tree oil industry and I know the industry would prefer Option 1 which is the status quo and be regulated under the Australian Register of Therapeutic Goods. There are three options being considered and Option 3 is – Declare all essential oils not to be therapeutic goods. Can you confirm that this option is not going to be proceeded with?	Written

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SQ18-000606	5 - Regulation, Safety and Protection	Williams, John	Tea Tree Oil	In 2016 an action against Felton Grimwade & Bosisto's Pty Ltd resulted in a penalty of \$10,800 following the issue of an infringement notice by the ACCC over improper labelling of tea tree oil. The tea tree oil industry was approached by the TGA in November 2016 asking how the TGA could help minimise adulteration of tea tree oil to the public. The response was to update ARTG requirements for tea tree oil to include the ISO 4730: 2017 Standard instead of the outdated British Pharmacopoeia (BP) for regulation of tea tree oil as a therapeutic product in Australia. Can you advise if you are actively considering adopting the ISO 4730: 2017 Standard in the ARTG for regulation of tea tree oil and if so when might this be expected to be implemented?	Written
SQ18-000607	1 - Health System Policy, Design and Innovation	Moore, Claire	Sustainable Development Goals	A request for the portfolio department with responsibility as a lead agency for particular Sustainable Development Goals(SDG), to provide information around any public speeches referring to the SDGs, any plans to include the SDG agenda in annual reports, on the department's website and in work plans for the coming year.	Written
SQ18-000609	2 - Health Access and Support Services	Abetz, Eric	Costs of Cigarettes	a) Does Australia have the most expensive cigarettes in the world? b) If not, which country has the highest priced cigarettes in the world?	Written
SQ18-000610	0 - Whole of Portfolio	Di Natale, Richard	Department of Health - Restructure	a) Has there been a restructure within the Department of Health in the last 12 months? b) Can you advise the committee what these changes are and in particular the changes as they relate to those parts of the Department that deal with medical technology?	Written
SQ18-000611	0 - Whole of Portfolio	Di Natale, Richard	Medical Technology Policy and Issues	Has there been any increase, decrease or no change in the staff dealing with medical technology policy and issues?	Written
SQ18-000612	0 - Whole of Portfolio	Di Natale, Richard	Medical Technology Issues	How many of the staff that were part of the division/branch dealing with medical technology issues before the restructure still there today?	Written
SQ18-000613	0 - Whole of Portfolio	Di Natale, Richard	Medical Technology Policy and Issues	As a result of the restructure how many new staff are there with responsibility for medical technology policy and issues?	Written
SQ18-000614	2 - Health Access and Support Services	Di Natale, Richard	Ice Taskforce	Answer to Question on Notice SQ18-00060 outlines the types of treatment for the Ice Taskforce money. Is there any update on that table?	Written
SQ18-000615	2 - Health Access and Support Services	Di Natale, Richard	National Alcohol Strategy	There is a significant delay to the National Alcohol Strategy. Can the Department advise when we can expect to see the finalised National Alcohol Strategy?	Written
SQ18-000616	2 - Health Access and Support Services	Di Natale, Richard	National Alcohol Strategy	a) How long has Australia now been without a current National Alcohol Strategy? b) What is the reason for the delay?	Written
SQ18-000617	4 - Individual Health Benefits	Di Natale, Richard	Shortage of Epi-pens - adrenaline	What is the government doing to rectify the shortage of epi-pens in Australia?	Written
SQ18-000618	2 - Health Access and Support Services	Di Natale, Richard	National Allergy Strategy	What is the plan for ongoing funding of the National Allergy Strategy?	Written
SQ18-000619	2 - Health Access and Support Services	Di Natale, Richard	National Allergy Strategy	The NAS requires a 5-year plan to operate functionally - hire staff etc - I understand NAS is funded with 12 month funding - what work is underway to ensure this funding can be longer term?	Written
SQ18-000620	2 - Health Access and Support Services	Di Natale, Richard	GP Training	How much funding has the government allocated to the Private Hospital Stream under the improving access to training in rural areas and the private sector through junior doctor training?	Written
SQ18-000621	4 - Individual Health Benefits	Di Natale, Richard	MBS Items	Please outline which MBS items are unfrozen as at 4 June 2018 and breakdown which items will be unfrozen and precisely when. Please include any items which will remain frozen.	Written
SQ18-000622	4 - Individual Health Benefits	Di Natale, Richard	MBS Patient Rebates	What will the MBS patient rebates for GP attendance be worth after indexation from July 2018?	Written
SQ18-000623	4 - Individual Health Benefits	Di Natale, Richard	MBS Review	a) What is the date for the conclusion of the MBS review? b) If it ends in 2018, why is there funding for the review until at least 2020 in the 2017-18 Federal Budget. c) Why has the conclusion of the Review been brought forward in this way? d) Why has the government not committed to an ongoing review of the MBS to ensure its benefits are ongoing? (ie items remain up-to-date as the health sector changes) e) What assurance can the Department provide that the remaining Clinical Committees have sufficient time to propose recommendations, have meaningful consultation with stakeholders and prepare comprehensive reports for government?	Written
SQ18-000624	4 - Individual Health Benefits	Di Natale, Richard	MBS Review	How have the total savings from the MBS Review been (or will be) reinvested into the health system?	Written
SQ18-000625	4 - Individual Health Benefits	Di Natale, Richard	MBS Review	Can the Department break down the saving figure of \$189.7 million to reflect what each MBS Review recommendation accounts for?	Written

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SQ18-000626	4 - Individual Health Benefits	Di Natale, Richard	MBS Review	Fact sheets released in April 2018 provide high level detail of some of the recent 40 accepted recommendations (the number of changes within these fact sheets do not equal 40). Will the Department be releasing comprehensive fact sheets outlining changes implemented as a result of the MBS Review, or will changes simply be reported on mbsonline throughout the year?	Written
SQ18-000627	4 - Individual Health Benefits	Di Natale, Richard	Pharmacy Discount	Did any pharmacies discount patient co-payments in 2015-16 or 2016-17? Where was discounting most prevalent? What types of pharmacies discounted?	Written
SQ18-000628	4 - Individual Health Benefits	Di Natale, Richard	King Review	What's next for the recommendations of the King review that were 'noted' or 'accepted in principle' - will the department do more work on these areas? What work in particular? Please outline by each recommendation.	Written
SQ18-000629	4 - Individual Health Benefits	Di Natale, Richard	King Review	a) What are the policy and implementation issues that the Government faces in accepting the recommendation from the King review that all benefits from the section 100 Remote Area Aboriginal Health Service Program and the Closing the Gap PBS Co-Payment Measure should be accessible to Aboriginal and Torres Strait Islander people living in rural areas? b) When will these policy and implementation issues be overcome?	Written
SQ18-000630	4 - Individual Health Benefits	Di Natale, Richard	Private Health Ministerial Advisory Committee	Please provide an update on the work of the Private Health Ministerial Advisory Committee relative to the workplan and what items are completed and what items remain outstanding?	Written
SQ18-000631	4 - Individual Health Benefits	Di Natale, Richard	Private Health Ministerial Advisory Committee	a) How many times has PHMAC met since its inception? b) Regarding meetings of PHMAC, how far in advance do committee members receive the agenda and supporting documents to have adequate time to prepare for the PHMAC meeting? c) Have there been cases where PHMAC members are not receiving the agenda and supporting papers in a timely manner?	Written
SQ18-000632	4 - Individual Health Benefits	Di Natale, Richard	PHI Premiums	Last October the MTAA signed an agreement with the Govt resulting in significant savings in the cost of medical devices paid by the PHI industry. Can the Minister confirm that these savings contributed to a lower than expected increase in PHI premiums for 2018?	Written
SQ18-000633	4 - Individual Health Benefits	Di Natale, Richard	Treatment Episodes	How many treatment episodes does a person in the 70-74 age groups claim for in a year as opposed to someone in the 20-34 year age group?	Written
SQ18-000634	4 - Individual Health Benefits	Di Natale, Richard	Treatment Episodes	What is the average cost per episode claim for someone aged 70-74 as opposed to someone aged 20-34, excluding obstetrics?	Written
SQ18-000635	5 - Regulation, Safety and Protection	Di Natale, Richard	Antimicrobial Resistance	a) Antibiotic resistance has been forecast to cost up to \$100 trillion in economic output globally by 2050. There was no funding announced to address antimicrobial resistance in the 2018-19 Federal Budget Papers. b) What is the Department doing to establish Antimicrobial Stewardship programs in general practice? c) What is the Department doing to regulate and monitor over the counter sales of antibiotics in pharmacies?	Written
SQ18-000636	6 - Ageing and Aged Care	Keneally, Kristina	Homeless Supplement	In 2007, funding under the Resident Classification Scale (RCS) meant that elderly homeless service providers received \$1 per resident per day more than other mainstream providers. Today, the new Aged Care Funding Instrument (ACFI) subsidy model leaves homeless service providers \$42 per client per day worse off than other mainstream providers. While this is somewhat remedied by the Homeless Supplement and the Viability Supplement, can the Department explain the discrepancy in funding?	Written
SQ18-000637	6 - Ageing and Aged Care	Keneally, Kristina	Wintringham	a) Even accounting for the Homeless and Viability supplements, modelling provided by Wintringham shows that providers are currently short-changed \$11 per resident per day. Does the Department agree that funding and support for elderly homeless Australians should be at least kept level with that provided for the broader population, considering the complex nature of the care they require? b) According to the same modelling provided by Wintringham, this shortfall will grow to \$19 per resident per day by 2022. How does the government plan to address this growing gap in spending?	Written
SQ18-000638	6 - Ageing and Aged Care	Keneally, Kristina	Wintringham	The Wintringham model shows that a \$19 per resident per day increase to close this gap for every service provider in Australia would cost less than \$10mil. Considering the billions of dollars' worth of tax cuts in the last Budget, how can we not afford this?	Written
SQ18-000639	6 - Ageing and Aged Care	Keneally, Kristina	Legislated Review of Aged Care 2017	One of the recommendations of the Legislated Review of Aged Care 2017 that was tabled by Minister Wyatt stated: That the government review whether further ways of assisting in the delivery of improved services to homeless people are needed in the context of reform to home care and residential care. What steps have the Department taken as a result of that recommendation?	Written

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SQ18-000640	6 - Ageing and Aged Care	Keneally, Kristina	Prematurely-aging Homeless Australians	Stakeholders in the industry have said that aging and prematurely-aging homeless Australians are disadvantaged by Consumer Directed Care programs. Will the government consider returning to block grant funding arrangements for providers that specialise in this field?	Written
SQ18-000641	2 - Health Access and Support Services	Williams, John	COP 8 Conference in Geneva	When the agenda is officially known, could the Department indicate how many Health Department staff are working on preparations for the Framework Convention on Tobacco Control's 'Eighth Conference of the Parties' (or COP 8) conference in Geneva in October of this year?	Written
SQ18-000642	2 - Health Access and Support Services	Williams, John	COP 8 - Conference in Geneva	Could the Department indicate if the membership of the Health delegation to the COP 8 conference has been determined and if so, how many departmental staff will be travelling to Geneva in October of this year?	Written
SQ18-000643	2 - Health Access and Support Services	Williams, John	COP 8 - Conference in Geneva	From what employee classification will members of the Health delegation be drawn from?	Written
SQ18-000644	2 - Health Access and Support Services	Williams, John	COP 8 - Conference in Geneva	Given the Department's commendable level of consultation with State, Territory and other Commonwealth Departments and agencies for COP 7 could the Department list who they will seek input from for its preparations for COP 8?	Written
SQ18-000645	2 - Health Access and Support Services	Griff, Stirling	Public hospital information	Do the Commission's powers permit the Commission to require public hospitals to provide healthcare safety and quality information to the Commission?	Written
SQ18-000646	2 - Health Access and Support Services	Griff, Stirling	Private hospital information	Do the Commission's powers permit the Commission to require private hospitals and/or day surgeries to provide healthcare safety and quality information to the Commission?	Written
SQ18-000647	2 - Health Access and Support Services	Griff, Stirling	Information from private hospitals	If the Commission [Australian Commission on Safety & Quality in Health Care] does not have the power to require information from private hospitals and/or day surgeries, does any other federal agency with public reporting functions similar to the Commission have the power to require healthcare safety or quality data from private hospitals or day surgeries?	Written
SQ18-000648	2 - Health Access and Support Services	Griff, Stirling	Information collection from hospitals	a) Is the Commission collecting any information from hospitals on each of the following: - sentinel events; - hospital acquired complication rates; - hospital acquired infection rates; - antimicrobial resistance alerts; - medication errors; - numbers of different types of procedures performed annually by each service provider? b) If this information is not being collected please explain why not. If this information is being collected, is it being collected from public hospitals, private hospitals and from day surgeries?	Written
SQ18-000649	2 - Health Access and Support Services	Griff, Stirling	Types of hospital information collected	Please provide a breakdown as to each of the main types of safety and quality information that the Commission is currently collecting from: a) public hospitals, b) private hospitals; and c) day surgeries. Please also provide details as to the frequency with which each type of information is being collected.	Written
SQ18-000650	2 - Health Access and Support Services	Griff, Stirling	Legislation for information dissemination	a) Are there any legislative barriers to the Commission publicly disseminating hospital statistical information that does not identify individual patients but that does identify the hospitals on matters such as those referred to in SQ18-000648? b) If yes, please provide the legislative basis or bases for any such limitation.	Written
SQ18-000651	2 - Health Access and Support Services	Griff, Stirling	Dissemination of hospital data	Apart from legislative barriers, are there any other barriers to public dissemination of hospital statistical data collected by the Commission?	Written
SQ18-000652	2 - Health Access and Support Services	Griff, Stirling	Dissemination of hospital data	a) Are there any legislative or other barriers that prevent the Commission creating a public website for the dissemination of statistical data for matters referred to in SQ18-000648 in relation to all hospitals and day surgeries to allow for easy comparison of statistics between hospitals? b) If there are barriers, what are they?	Written
SQ18-000653	2 - Health Access and Support Services	Griff, Stirling	Information collection from hospital	How does the Commission decide and prioritise which safety and quality information it will collect from hospitals?	Written
SQ18-000654	4 - Individual Health Benefits	Griff, Stirling	Review of Pharmacy Remuneration and Regulation	a) Please detail the matters that will be audited as a result of the government's acceptance of recommendation 2-5 of the Review of Pharmacy Remuneration and Regulation. b) Please also detail the timeframe for commencing the audit process and whether the Department intends to outsource the audit process.	Written
SQ18-000655	4 - Individual Health Benefits	Griff, Stirling	MedsCheck program	What information is being collected to enable an assessment of the effectiveness of the MedsCheck program? When did collection of this information commence?	Written

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SQ18-000656	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical Society of Australia	The Department indicates in response to SQ18-000238 that about half a million dollars was paid to the Pharmaceutical Society of Australia ("PSA") from 2 May 2016 to 31 August 2017 to update its professional standards and code of ethics. How many full-time equivalent employees did this money fund, what were their qualifications and have any of these employees previously engaged in lobbying the government on behalf of the PSA?	Written
SQ18-000657	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical Society of Australia	a) Was a fully costed proposal that explained the need for these employees and the approximately \$100,000 in travel costs provided by the PSA? b) If so, please provide a copy the proposal.	Written
SQ18-000658	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical Society of Australia	Please advise the dates that the PSA was required to provide the following deliverables (per SQ18-000238) and provide copies of these deliverables: a) "Detailed Project Plan and Risk Management Plan" b) "First Progress Report and draft Professional Practice Standards and Code of Ethics"	Written
SQ18-000659	4 - Individual Health Benefits	Griff, Stirling	Pharmaceutical Society of Australia	The Department indicates in response to SQ18-000241 that it has committed to paying nearly \$2.5 million to the PSA between 2016/17 and 2019/20 to "revise professional standards and guidelines for new and expanded pharmacy programs". a) Has a fully costed proposal that explains the need for this funding been provided? If so, please provide a copy of this proposal. b) What are the deliverables, including the dates they are to be delivered, for this funding? Please provide copies of any deliverables that have been delivered to date.	Written
SQ18-000660	2 - Health Access and Support Services	Griff, Stirling	APVMA assessments	The FSANZ publication from 2013 "Risk Analysis in Food Regulation" contains the statement "The APVMA determines maximum residue levels (MRL's) for each chemical in association with a crop use. The APVMA then assesses, and FSANZ confirms that any residue... does not pose a safety concern". Does the role of FSANZ still include this 'double-checking' of APVMA assessments?	Written
SQ18-000661	2 - Health Access and Support Services	Griff, Stirling	ADI risk assessment	If the acceptable daily intake ("ADI") is based on faulty or incomplete scientific evidence such that it underestimates the hazard of chemical, does a risk assessment based on that ADI potentially underestimate the risk of residue levels of that chemical in foods?	Written
SQ18-000662	2 - Health Access and Support Services	Griff, Stirling	FSANZ and APVMA	What is the level and quality of communication between FSANZ and the APVMA?	Written
SQ18-000663	2 - Health Access and Support Services	Griff, Stirling	FSANZ and APVMA	Did FSANZ contact the APVMA to try to access a copy of the study requested in SQ18-000410? If no, why not? If yes, what response did APVMA give FSANZ?	Written
SQ18-000664	2 - Health Access and Support Services	Griff, Stirling	Glyphosate residues in crops	Why does FSANZ not separately monitor glyphosate residues in crops that have received late season/pre-harvest applications of glyphosate?	Written
SQ18-000665	2 - Health Access and Support Services	Griff, Stirling	Unpublished or non-peer reviewed studies	Is FSANZ under a legislative requirement to accept for consideration unpublished or non-peer reviewed studies sponsored by agrochemical companies as evidence in relation to any of the functions of FSANZ? If so, which functions?	Written
SQ18-000666	5 - Regulation, Safety and Protection	Griff, Stirling	Flu vaccine	Does the department have a minimum standard for what would constitute an effective flu vaccine?	Written
SQ18-000667	5 - Regulation, Safety and Protection	Griff, Stirling	Government supported vaccination program	In the case of a government supported vaccination program, if an inadequate vaccine that does not offer a minimum level of protection is provided for use under the program by a company, does the Department have any way of obtaining a refund from that company?	Written
SQ18-000668	5 - Regulation, Safety and Protection	Griff, Stirling	WHO advice on flu strains	The World Health Organisation (WHO) provides advice each year on likely strains of flu that may affect the Australian population. Does the Department licence only those flu vaccines that are proven to act against the strains listed by the WHO as likely to affect the Australian population in a given year?	Written
SQ18-000669	4 - Individual Health Benefits	Griff, Stirling	MBS Review Taskforce	Regarding the MBS Review Taskforce, Ms Shakespeare stated during Estimates that there are 11 out of "a total of just over 100 recommendations" that are being considered by the government for a response and 40 recommendations have been responded to by government. What is the status of the other 50 plus recommendations?	Written
SQ18-000670	4 - Individual Health Benefits	Griff, Stirling	After-hours GP services	Has the Department been able to identify any possible causes for state-by-state variations in changes to access to after-hours GP services that have occurred since the new arrangements for these services commenced in March 2018?	Written
SQ18-000671	4 - Individual Health Benefits	Griff, Stirling	PBAC - pan-tumour medicines	In relation to the direction by the Minister to the Pharmaceutical Benefits Advisory Committee to develop a process for assessing pan-tumour medicines, what are the steps that will occur after the special meeting to be held in August? In answering, please identify the dates that these steps are intended to occur.	Written

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SQ18-000672	4 - Individual Health Benefits	Griff, Stirling	Medical device sales register	Why are manufacturers and importers of medical devices not required to maintain a register of all sales so that in the case of a recall, all patients affected can be easily identified? What, if any, are the barriers to making traceability of devices a condition of listing on the Prosthesis List?	Written
SQ18-000673	6 - Ageing and Aged Care	Griff, Stirling	Staffing at residential aged care facilities	Regarding residential aged care staffing levels: The Aged Care Act 1997 section 54-1(1)(b) currently specifies that approved providers are "to maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met". How does the Department determine whether providers are meeting this requirement and that the staffing (nurses and care staff) of private residential aged-care homes is "adequate"?	Written
SQ18-000674	6 - Ageing and Aged Care	Griff, Stirling	Pilot audit program for home care providers	Regarding the pilot audit program for home care providers referred to by Ms Mond, please provide details of the pilot: when it commenced, how long it will run, participant numbers, compliance activities to be measured, methods used, etc. Please include any detail relevant to unspent home care package funds.	Written
SQ18-000675	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	Evidence was given during Estimates that 245 providers are currently participating in the program. How many residential facilities (and what percentage of residential facilities) does that represent?	Written
SQ18-000676	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	SQ18-000262 advises the department has given an undertaking not to publish the quarterly data. Has the data as yet been established as reliable and accurate? a) If not, why not – what is preventing this? When is this expected to be rectified? b) If not, please advise in general or overall terms what the program shows with regards to facility performance in relation to the three indicators – pressure injuries, use of physical restraint, unplanned weight loss c) If this has occurred, please provide a copy of the data.	Written
SQ18-000677	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	Does the Department actively promote the QI program to providers to participate in the program, or provide incentives other than that identified by Ms Laffan?	Written
SQ18-000678	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	When is the analysis that is being undertaken by COTA into barriers to take-up of the National Aged Care Quality Indicator Program by providers due to be completed?	Written
SQ18-000679	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	Ms Jolly said the department was in the process of providing advice to Government on the program. a) When is this advice due to be provided? b) Please detail what aspects of the program have been analysed and areas which the Department's advice will cover – making it mandatory, expanding the range of indicators, etc.	Written
SQ18-000680	4 - Individual Health Benefits	Griff, Stirling	Assisted reproduction	In answer to SQ18-000408, the department said the "Chair of the MBS Review taskforce and officers from the MBS Review have met with the IVF Directors group from the Fertility Society of Australia" in May, September and November last year. a) Have there been any further meetings since then? b) Was the issue of better public disclosure of outcomes data discussed in any of the meetings? c) Was there any discussion of limiting access to IVF discussed (such as capping the age for subsidised treatment)? d) If not, what issues were discussed?	Written
SQ18-000681	2 - Health Access and Support Services	Griff, Stirling	National Ice Action Strategy	Adelaide has the highest per capita level of ice use. Please detail the impacts of the National Ice Action Strategy activities in South Australia so far with regards to reducing levels of use and improving rehabilitation rates.	Written
SQ18-000682	2 - Health Access and Support Services	Griff, Stirling	After-hours drug services	What after-hours intervention services are available for ice users in SA? Please include name/type and number of service and location.	Written
SQ18-000684	2 - Health Access and Support Services	Rice, Janet	Nano-hydroxyapatite	a) You testified in February Estimates that nano-hydroxyapatite (n-Ha) is a "naturally occurring compound within infant formula, so you would expect to find it there anyway." As there is no 'naturally occurring' infant formula can you explain how nano-hydroxyapatite occurs naturally in infant formula? b) In February you noted that there was no evidence that n-Ha was intentionally added. Would you agree that this conclusion by an eminent scientist (Dr Paul Westerhof) is evidence of intentionality (Slide 3, Report: Detecting Engineered Nanomaterials in Australian Procured Baby Formula)? c) And are you aware that your expert group on nanotechnology– SNAG – concluded that it was not possible to determine if the n-Ha was intentionally added or not?	Written
SQ18-000685	4 - Individual Health Benefits	Griff, Stirling	Ayurvedic Medicine	In light of the Department of Health not intending to seek or fund assessment of the clinical effectiveness of Ayurvedic medicine, what evidence-based justification exists for plans to remove Ayurvedic medicine from complying private health insurance policies that attract the private health insurance rebate as of 1 April 2019?	Written

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SQ18-000686	4 - Individual Health Benefits	Griff, Stirling	Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies Report	The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies report ("the NT Review") summarises the findings of Overview reports done for each of the natural therapies that were reviewed. For transparency, will the original Overview reports also be published? If not why not?	Written
SQ18-000687	4 - Individual Health Benefits	Griff, Stirling	Natural Therapies Review	a) The NHMRC review of The Effects of Lead on Human Health conducted in parallel to the NT Review not only assessed systematic reviews, but also retrieved and assessed original trials not fully captured by systematic reviews and when information was missing, the researchers who conducted the original trials were contacted for the missing information. In response to SQ18-000206 which effectively asked why similar procedures were not applied in respect of the NT Review in circumstances where not doing this resulted in an insufficient evidence base to demonstrate the efficacy or otherwise of a natural therapy, the answer given included "selectively retrieving information from some primary studies but not others would also introduce bias into the review process". Was the answer to SQ18-000206 formulated by a person with higher degree qualifications and experience in experimental science? b) If upon further reflection and consideration of SQ18-000206 by a person with appropriate scientific training, the Department nevertheless considers the previous response to SQ18-000206 to be the appropriate answer to the question that was asked, what does this say about the reliability of, or bias in, the findings of the NHMRC Review of The Effects of Lead on Human Health? c) Alternatively, please provide an answer that appropriately responds to SQ18-000206.	Written
SQ18-000688	2 - Health Access and Support Services	Rice, Janet	Nano-hydroxyapatite	a) In FOI documents infant formula companies speculated that the presence of nano-hydroxyapatite in baby formula may have been incidental, a by-product of the production process. Did they? If yes, can you please table this evidence? b) If infant formula companies did not provide any evidence to support this assertion, did FSANZ request any evidence from the infant formula companies? If not, why not? Can FSANZ table this advice if and when it is provided?	Written
SQ18-000689	4 - Individual Health Benefits	Griff, Stirling	Natural Therapies Review	How many studies were specifically considered out of scope for the purposes of the NT Review because they were undertaken by an AHPRA registered health practitioner? If fewer than 5, please provide citations to the studies that were excluded.	Written
SQ18-000690	1 - Health System Policy, Design and Innovation	Griff, Stirling	Cost of Homeopathy Review	Referring to SQ18-000237 and the \$41,539.30 contract costs incurred prior to mid August 2012, who was the contractor and what activity were they contracted to undertake?	Written
SQ18-000691	2 - Health Access and Support Services	Rice, Janet	Nano-hydroxyapatite	a) Is FSANZ undertaking any testing or commissioning an independent analysis of how the n-Ha came to be part of the baby formula. When does FSANZ expect this work to be completed? b) If FSANZ is not undertaking any testing or commissioning an independent analysis of how the n-Ha came to be part of the baby formula, does FSANZ believe then that the n-Ha was not intentionally added? If there is no evidence beyond the assertions of the infant formula industry, what is the basis for this position?	Written
SQ18-000692	2 - Health Access and Support Services	Rice, Janet	Nano-hydroxyapatite	a) Is it FSANZ's view that the incidental presence of n-Ha in baby formula is not covered by the requirements of section 2.9.1 of the Food Code? Does FSANZ also believe that by-products are also not covered by section 2.9.1 of the Food Code? b) Does FSANZ accept that this may result in the presence of ingredients in infant formula that are not permitted to be added intentionally? Can FSANZ explain how this position can be reconciled with the precautionary provisions of s. 2.9.1 and the Ministerial guidelines on infant formula products?	Written
SQ18-000693	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. Can the Department state the age groups subjected to these vulvoplasties for 'congenital malformations'? References: Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf	Written

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SQ18-000694	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	The Homeopathy Review created a rule that trials with less than 150 participants were not 'reliable', meaning their results did not "warrant further consideration of their findings" (Information Paper, Appendix C). Does the NHMRC apply this rule to other trials it funds and/or reviews? If so, where else has this rule been applied and what internationally accepted scientific standards were used to authenticate it?	Written
SQ18-000695	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	Regarding the 176 trials that were identified in the Homeopathy Review: a) How many of these trials had less than 150 participants and accordingly, were considered to not "warrant further consideration of their findings"? b) How many of these trials were not rated 5/5 on the Jadad (or equivalent in other quality rating scales) and accordingly, were considered to not "warrant further consideration of their findings"? c) What methodological and/or other expert peer review feedback did NHMRC receive regarding the criterion that the findings of the trials not rated 5/5 on the Jadad (or equivalent in other quality rating scales) were 'unreliable'? Where is this feedback reported?	Written
SQ18-000696	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	In the Homeopathy Review: a) Changes were made to the originally agreed research protocol after the reviewer (Optum) had already retrieved and assessed the evidence in March 2013. For example, the 'adapted GRADE' tool was developed in May 2013 and the '150' sample size and 5/5 Jadad quality trial exclusion thresholds were decided in mid July 2013. What was the quantitative impact of these changes on the Review's findings? b) An 'adapted GRADE' method was specifically developed but no information appears to be available showing the calculations that were used. Please provide this information. c) How were results aggregated across multiple outcomes within a trial to form a conclusion that the trial 'did not detect a difference', particularly since the systematic reviews inconsistently and incompletely reported primary trial outcomes? Similarly, how were meta-analytical findings incorporated with those from individual studies?	Written
SQ18-000697	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. 2. How many vulvoplasties for 'congenital malformations' have taken place in subsequent years? Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf	Written
SQ18-000698	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. The Department stated in the Report that 'there is very little literature on these indications' (pages 8 and 39) and 'the data for them is scarce' (page 12). In the absence of adequate literature or data, what justifies these interventions? Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf	Written
SQ18-000699	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	The Homeopathy Review adopted the 'Overview' method from the Cochrane Handbook, which states that Overviews are intended primarily for summarising the results of Cochrane systematic reviews and may sometimes be used where good quality systematic reviews have been published and a Cochrane review is not available. The reviewer (Optum) rated 50 out of the 57 systematic reviews identified as not meeting the minimum quality requirement specified by the Cochrane Overview method. Given this core deficiency, why were no original studies retrieved and assessed, in line with established NHMRC best practice in reviewing evidence?	Written

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SQ18-000700	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	The Cochrane Overview method stipulates that the purpose of an Overview is to 'summarise the results' of systematic reviews, yet in the Homeopathy Review the decision was made to not accept the conclusions or interpretations of the systematic reviews, but instead to separately consider the included studies, although without retrieving and assessing the original studies. What NHMRC (or other) precedent exists for this approach and what NHMRC or other scientific standards exist to authenticate it?	Written
SQ18-000701	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy Review	The Australasian Cochrane Centre advised NHMRC in relation to evidence regarding the effectiveness of homeopathy that "...no reliable evidence' does not seem an accurate reflection of the body of evidence". Was this advice from the Australasian Cochrane Centre disregarded? If not please advise how it was taken into consideration in the Homeopathy Review.	Written
SQ18-000702	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. Was the 2013 Senate report on the 'Involuntary or coerced sterilisation of intersex people in Australia' and any related literature taken into consideration in drafting the Department's report on vulvoplasties? How were these taken into consideration? Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf Community Affairs References Committee, Senate, Australia. Involuntary or coerced sterilisation of intersex people in Australia [Internet]. Canberra: Community Affairs References Committee; 2013 [cited 2013 Oct 26]. Available from: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index	Written
SQ18-000703	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Please advise the date from which a My Health Record will be automatically created for every Australian – is it October 16, the day after the opt out period ends?	Written
SQ18-000704	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. How is the Department considering the implications for policy on vulvoplasties of Re: Carla (Medical procedure) [2016] FamCA 7 (20 January 2016)? Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf Family Court of Australia. Re: Carla (Medical procedure) [Internet]. 2016 [cited 2016 Dec 7]. Available from: http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/FamCA/2016/7.html Intersex Human Rights Australia. Submission to the Australian Law Reform Commission on the Review of the Family Law System – Issues Paper [Internet]. 2018 May [cited 2018 May 7]. Available from: https://ihra.org.au/32111/alrc-may-submission/	Written

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000705	4 - Individual Health Benefits	Rice, Janet	Vulvoplasties	<p>The Department has identified a significant growth in numbers of vulvoplasties taking place in Australia. Amongst these, the Department's 2014 MBS report on vulvoplasties identified what appears to be an average of 74.5 vulvoplasties for 'congenital malformations' for 'fusion of labia or other congenital malformation of the vulva' (page 7 and 46) in adrenogenital syndrome (congenital adrenal hyperplasia), vaginal agenesis, and hermaphroditism (pages 8, 38, 47) over the period 2007/8 to 2011/2. What work is being done by the Department to consider to be the implications of vulvoplasties for 'congenital malformations' when these appear to be justified on grounds that surgery has 'enhanced the appearance' of young children's genitalia, and not subject to independent oversight? Department of Health. MBS Reviews Vulvoplasty Report [Internet]. Department of Health; 2014 Apr [cited 2017 Sep 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/E393B5FFC5978400CA257EB9001EEC59/\$File/Vulvoplasty_Review_Report.pdf</p>	Written
SQ18-000706	0 - Whole of Portfolio	Rice, Janet	Anaesthetic exposure	<p>A NSW study published in 2018 on 211,978 school children found that 'children exposed to general anesthesia before 4 years have poorer development at school entry and school performance' (Schneuer and others). This follows earlier advice from the US FDA identifying risks for children aged under 3 years undergoing long or multiple procedures. Australian Institute of Health and Welfare data shows that, in 2013-4, 9 vulvoplasty procedures were performed and reported on children aged 0-4 and 5 other procedures took place on the vulva or clitoris of children in the same age groups. In 2014-5, 11 vulvoplasty procedures were performed and reported on children in the same age groups along with 5 other procedures on the vulva. A Family Court of Australia judge described the rationale for such procedures as enhancing genital appearance. Australian Institute of Health and Welfare data also shows that, in 2013-4, 88 second stage interventions were reported on children in the same age group, along with 127 'repair of postoperative urethral fistula' (i.e. iatrogenic) procedures. In the following year, 82 second stage interventions were reported for hypospadias and 103 'repair of postoperative urethral fistula' procedures were reported on the same age groups. Australian Institute of Health and Welfare Procedures Data Cubes https://www.aihw.gov.au/reports/hospitals/procedures-data-cubes/contents/data-cubes Center for Drug Evaluation and Research, Food and Drug Administration. FDA Drug Safety Communication: FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women [Internet]. 2016 [cited 2016 Dec 19]. Available from: http://www.fda.gov/Drugs/DrugSafety/ucm532356.htm Schneuer FJ, Bentley JP, Davidson AJ, Holland AJ, Badawi N, Martin AJ, et al. The impact of general anesthesia on child development and school performance: a population-based study. Pediatric Anesthesia [Internet]. 2018 Apr 27 [cited 2018 Apr 28]; Available from: http://doi.wiley.com/10.1111/pan.13390 1. Has the Department considered the implications of early surgeries in relation to the NSW study that has observed an association between anaesthetic exposure and child 'developmental and school performance outcomes' (Schneuer and others)?</p>	Written

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SQ18-000707	0 - Whole of Portfolio	Rice, Janet	Anaesthetic exposure	A NSW study published in 2018 on 211,978 school children found that 'children exposed to general anesthesia before 4 years have poorer development at school entry and school performance' (Schneuer and others). This follows earlier advice from the US FDA identifying risks for children aged under 3 years undergoing long or multiple procedures. Australian Institute of Health and Welfare data shows that, in 2013-4, 9 vulvoplasty procedures were performed and reported on children aged 0-4 and 5 other procedures took place on the vulva or clitoris of children in the same age groups. In 2014-5, 11 vulvoplasty procedures were performed and reported on children in the same age groups along with 5 other procedures on the vulva. A Family Court of Australia judge described the rationale for such procedures as enhancing genital appearance. Australian Institute of Health and Welfare data also shows that, in 2013-4, 88 second stage interventions were reported on children in the same age group, along with 127 'repair of postoperative urethral fistula' (i.e. iatrogenic) procedures. In the following year, 82 second stage interventions were reported for hypospadias and 103 'repair of postoperative urethral fistula' procedures were reported on the same age groups. What is the Department doing to eliminate the anaesthetic risks associated with deferrable and/or appearance 'enhancing' procedures to modify the sex characteristics of infants and young children born with variations of sex characteristics? Australian Institute of Health and Welfare Procedures Data Cubes https://www.aihw.gov.au/reports/hospitals/procedures-data-cubes/contents/data-cubes Center for Drug Evaluation and Research, Food and Drug Administration. FDA Drug Safety Communication: FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women [Internet]. 2016 [cited 2016 Dec 19]. Available from: http://www.fda.gov/Drugs/DrugSafety/ucm532356.htm Schneuer FJ, Bentley JP, Davidson AJ, Holland AJ, Badawi N, Martin AJ, et al. The impact of general anesthesia on child development and school performance: a population-based study. <i>Pediatric Anesthesia</i> [Internet]. 2018 Apr 27 [cited 2018 Apr 28]; Available from: http://doi.wiley.com/10.1111/pan.13390 What is the Department doing to eliminate the anaesthetic risks associated with deferrable and/or appearance 'enhancing' procedures to modify the sex characteristics of infants and young children born with variations of sex characteristics?	Written
SQ18-000708	0 - Whole of Portfolio	Patrick, Rex	Travel Expenditure	For FY 16/17: Please provide details of the Qantas/Virgin split for official travel in terms of: a) Total number of tickets b) Total value spent for official travel? c) In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy.	Written
SQ18-000709	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record - Opt Out Period	a) When was the decision taken on the dates for the opt-out period (July 16 - Oct 15)? b) What factors determined that date? c) Why has the opt-out period been telegraphed it so far in advance (ie, two months beforehand)?	Written
SQ18-000710	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Will communication to the public about the opt-out portal be increased closer to the date to advise them of the opt-out option?	Written
SQ18-000711	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record Communication	In Mr Kelsey's National Press Club speech and during Estimates, he mentioned the agency would partner with other organisations to communicate about My Health Record – such as the National Farmers Federation, Australia Post, Federation of Ethnic Communities Council, PHNs and health services such as pharmacies, etc and trade publications. a) Please list all partner organisations and all the activities they will undertake to promote the My Health Record and opt-out period, including (for instance, what information is being provided through Australia Post? What specifically will Australia Post and its staff be doing)? b) Please also detail all of ADHA's current and planned communication activities this calendar year to promote the My Health Record and the opt-out period, breaking down by mode of communication, platform, location, message and target audience (please provide PDFs of advertisements/flyers, etc where relevant). c) What activities is the agency undertaking to communicate about My Health Record and opt-out rights to healthy Australians who won't engage with health or welfare services in the coming months and who don't frequent Australia Post?	Written
SQ18-000712	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record - Security	Mr Kelsey also mentioned that there has been no security breach of My Health Record since its launch in 2012. Is the Agency aware of any attempted breaches that were detected and 'foiled'? If so, how many attempts have been detected since 2012 (please provide annual breakdown)? Is the Agency able to identify the originating locations of those attempts?	Written
SQ18-000713	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Given Mr Kelsey's evidence at Estimates that someone's My Health Record can be activated for the first time by their GP when "the software in that clinician's practice searches the DHS database to identify your unique health identifier" – is it possible that the record can be activated and subsequently used by a GP without the patient even being aware they have a My Health Record? a) How is this consistent with a "fully consent-based approach"?	Written

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SQ18-000714	1 - Health System Policy, Design and Innovation	Griff, Stirling	Secondary Use of Data	Regarding the secondary uses of My Health Record: What advice is provided to users – and how - to help them understand about secondary use and how their data might be used, and help them make an informed decision about whether and how to opt out of having their data used for secondary purposes?	Written
SQ18-000715	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record Data	In what circumstances, if any, might packs of de-identified data from My Health Record be re-identified? For instance, could this happen for longitudinal research?	Written
SQ18-000716	1 - Health System Policy, Design and Innovation	Griff, Stirling	Secondary Use of Data	The Framework says it will be reviewed and that “such reviews may identify further beneficial opportunities for secondary use of the MHR system data or they may affirm the need for the current cautious approach” (p3). Is it possible this data could be sold, or made available for commercial use? If so, in what circumstances?	Written
SQ18-000717	0 - Whole of Portfolio	Patrick, Rex	Travel Expenditure	For FY 16/17: a) How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman’s Lounge? b) Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?	Written
SQ18-000718	0 - Whole of Portfolio	Patrick, Rex	Travel Expenditure	For FY 16/17: a) How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin’s The Club? b) Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?	Written
SQ18-000719	0 - Whole of Portfolio	Patrick, Rex	Travel Expenditure	For FY 16/17: How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman’s Lounge and Virgin’s The Club?	Written
SQ18-000720	1 - Health System Policy, Design and Innovation	Rhiannon, Lee	Grants for primate testing	Following up Q&A 414, Additional Estimates 2017-18, Please provide any updates of government grants made that involved using primates, since 2017 including: a) Who/what body was the grant given to? b) What was the dollar value of the grant? c) What is the purpose of the research or activity? d) What were the species and numbers of primates proposed in each project’s grant application?	Written
SQ18-000721	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like disease	Has the Department now answered all stakeholder questions following the phone link up?	Written
SQ18-000722	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like disease	Has the Department provided advice to doctors to ensure that they tell patients that a negative test result does not necessarily mean the patient does not have Lyme disease, or a Lyme-like illness? If so, please provide a copy of the advice?	Written
SQ18-000723	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like disease	Is the Department prepared to release the full data set if the journal article is not provided by 1 September 2018?	Written
SQ18-000724	2 - Health Access and Support Services	Siewert, Rachel	Mental health services	Please provide details of all programs and expenditure on mental health by the Commonwealth.	Written
SQ18-000725	2 - Health Access and Support Services	Siewert, Rachel	Mental health services	What is Commonwealth expenditure on crisis mental health services?	Written
SQ18-000726	2 - Health Access and Support Services	Siewert, Rachel	Mental health services	What is Commonwealth expenditure on prevention and early intervention mental health services?	Written
SQ18-000727	2 - Health Access and Support Services	Siewert, Rachel	Mental health services	How many people have transitioned to receive supports through the NDIS from the different Commonwealth funded mental health services?	Written
SQ18-000728	6 - Ageing and Aged Care	Siewert, Rachel	Commonwealth Home Support Program	How much CHSP will be funded in 2018-19?	Written
SQ18-000729	0 - Whole of Portfolio	Watt, Murray	Administered Appropriation	For each year of the forward estimates (i.e. 2018-19 to 2021-22), please provide a breakdown of the Department’s administered appropriation by: a) Outcome b) Program c) The 63 priority areas referenced in SQ17-1443 and at Health Estimates on May 29 For each of a), b) and c) above, please provide a breakdown by: i) Funds that are contracted as of the date of the Department’s reply ii) Funds that are not committed as of that date	Written
SQ18-000730	1 - Health System Policy, Design and Innovation	Watt, Murray	Medical Research Future Fund	At Health Estimates on May 29, the Department confirmed that \$1,770.4 million has been committed from the MRFF. For each year in which commitments have been made (i.e. for each of the next 10 years), please provide a breakdown by: a) Program / mission (e.g. the Genomics Health Futures Mission) b) Specific research projects within each program / mission (e.g. Mackenzie’s Mission) For each of a) and b) above, please also provide a breakdown by: i) Funds that are contracted as of the date of the Department’s reply ii) Funds that are not committed as of that date.	Written

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000731	6 - Ageing and Aged Care	Siewert, Rachel	Commonwealth Home Support Program	Are there plans for a growth round? If not, why not?	Written
SQ18-000732	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	In relation to the My Health Record: a) Will employer-nominated doctors have access to prospective employees' medical history (pre-employment medical assessments) and how will the Government ensure these are not used to discriminate against job-seekers, particularly women, older Australians and people with a disability? b) Will employer / insurer-nominated doctors have access to injured workers' unrelated medical history such as during Independent Medical Examinations required under workers compensation laws? c) What safeguards does the Government have in place to ensure that information won't be shared when a person does not voluntarily attend a medical practitioner – i.e. is directed by their employer for workers compensation reasons or pre-employment medical examinations? d) How will the Government ensure that legitimate workers compensation claims won't be rejected as a result of employers' doctors accessing workers' historical health records and deciding to use health summaries to determine pre-existing conditions?	Written
SQ18-000733	6 - Ageing and Aged Care	Siewert, Rachel	Commonwealth Home Support Program	How many people were waiting for assessment and after deemed eligible for a Commonwealth supported home care on 1 January 2018?	Written
SQ18-000734	2 - Health Access and Support Services	Watt, Murray	UN Third High-level Meeting on Non-communicable Diseases	a) Can the Department outline how it will contribute to the upcoming UN High Level meeting on non-communicable disease and what it will report on 27 September 2018? b) Will the Minister represent Australia at the UN High Level meeting on non-communicable disease? c) Can the Department outline whether it will be reporting on Sustainable Development Goal 3 relating to health, specifically SDG 3.4 (to reduce premature deaths from non-communicable diseases by one third) at the UN High-level Political Forum in July as part of the voluntary national review? d) Will the government implement the interventions outlined in the World Health Organization's Best buys and other recommended interventions for the prevention and control of non-communicable diseases in order to achieve SDG 3.4?	Written
SQ18-000735	6 - Ageing and Aged Care	Siewert, Rachel	Commonwealth Home Support Program	What was the average waiting time for access to commonwealth supported home care?	Written
SQ18-000736	6 - Ageing and Aged Care	Siewert, Rachel	Commonwealth Home Support Program	What will the impact of the budget announcement be?	Written
SQ18-000737	6 - Ageing and Aged Care	Siewert, Rachel	Homeless older Australians	Is the Government considering reinstating block funding arrangements for homeless service providers working in home care? If not, does the Government at least acknowledge that Consumer Directed Care is not appropriate for those who are homeless? If yes, what does the Government intend to do to fix this?	Written
SQ18-000738	2 - Health Access and Support Services	O'Neill, Deborah	2018-19 Mental Health Budget Measures	Please provide a total of all mental health funding from the year 2013 - 2018 for each year. Please provide a breakdown of all mental health funding from 2013 onwards including across the forward estimates and beyond by all programs? Please provide a full list of all the programs and services funded in the 2018-19 year across the mental health portfolio? Please provide a list of organisations that will receive this funding, by state and territory? This includes: - a full list of community-based mental health programs by state and territory. - a full list of suicide prevention programs by state and territories.	Written
SQ18-000739	2 - Health Access and Support Services	O'Neill, Deborah	MHiMA Project	Can the Department confirm the new contract for this program will be allocated departmental or administrative funds?	Written
SQ18-000740	6 - Ageing and Aged Care	Siewert, Rachel	Homeless older Australians	Why is it that the Government has introduced homelessness as a Special Needs Category yet the Department resists efforts to enable such services to be financially viable, such as increasing the Homeless Supplement?	Written
SQ18-000741	2 - Health Access and Support Services	O'Neill, Deborah	National Mental Health Consumer Peak	There has been public support for a National Mental Health Consumer Peak from the National Mental Health Commission, Mental Health Australia and Community Mental Health Australia, and widespread support from mental health consumers. Can the Department confirm if the Government supports these calls? Can the Department also confirm what discussions is the Government having with the mental health sector about developing and funding a peak and why was there no consideration of funding its development in the 2018-19 budget?	Written

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SQ18-000742	6 - Ageing and Aged Care	Siewert, Rachel	Homeless older Australians	In the Budget it was announced that there would be \$60 million in capital grants available to residential aged care providers in 2018-19. In previous Aged Care Approvals Rounds, the Commonwealth has sought to provide a capital grant for at least one new specialist residential aged care facility for people who are homeless or at risk of homelessness. Will that commitment be made again in 2018-19? If not, why not, given the significant increase in older people who are homeless according to 2016 Census data?	Written
SQ18-000743	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Quality and Safety Commission	How will the new Commissioner's responsibilities be legislated to incorporate the original Carnell/Paterson's functions of the Consumer Commissioner?	Written
SQ18-000744	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Workforce Capabilities	The Government is funding the National Eating Disorders Collaboration to roll out the Workforce Capability Project. What steps are being undertaken to ensure that the workforce resource that is created is distributed in each state and territory and in regional, rural and remote Australia? Does the Project require additional funding to ensure those living in rural, regional and remote Australia have access to the resource? Will each state and territory have access to the resource on 30 June 2018? How is the resource being distributed? Why is no training being provided in relation to the competencies?	Written
SQ18-000745	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Funding	a) Can the Department confirm the funding for eating disorder treatment and support and provide a breakdown of expenditure to date since 2013? b) We know that carers are essential to the recovery process for those living with an eating disorder. What funding is being provided by the Federal Government to directly support those carers? c) How much funding is being provided by the Federal Government to assist schools with prevention and early-intervention strategies regarding body dissatisfaction and eating disorders? d) What programs are being funded? Are these evidence-based? If not, why not? e) How much funding is being provided by the Federal Government to assist schools with social media literacy around body image? What programs are being funded? Are these evidence-based? If not, why not?	Written
SQ18-000746	6 - Ageing and Aged Care	Siewert, Rachel	Assisted technology	How much funding does the Commonwealth Aged Care Program provide to fund assistive technologies per year through CHSP?	Written
SQ18-000747	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Voluntary Code	Dieting, body dissatisfaction and eating disorders can be linked to exposure to unrealistic or unhealthy images portrayed by the fashion, media and advertising industries. What work is the Government or Department doing to assist with breaking this link? Is the Department working with the Department of Communications on this issue? If the Department is not undertaking any work, why not?	Written
SQ18-000748	6 - Ageing and Aged Care	Siewert, Rachel	Assistive technology	Has any analysis been done to identify how much money from Home Care Packages is spent on assistive technology?	Written
SQ18-000749	4 - Individual Health Benefits	O'Neill, Deborah	Eating Disorders - Medicare	a) Can the Department provide an update on the work being undertaken in relation to the additional Medicare supported treatment around eating disorders? b) How many times has the Medicare Task Force Clinical Committee examining the Medicare Benefits Schedule met? i. How often will the group meet? ii. What dates will they meet? iii. What dates have they met? c) What work has the Medicare Task Force Clinical Committee so far undertaken? d) Will the Medicare Task Force Clinical Committee undertake public consultations? e) How is the Medicare Task Force Clinical Committee accounting for the issues with the distribution of the eating disorders workforce across Australia? f) Has the Medicare Task Force Clinical Committee considered the impact on regional and rural Australia where workforce distribution and capabilities issues are well documented? g) What are the associated timeframes including when the MBS Review Taskforce expected to submit its final recommendations?	Written
SQ18-000750	6 - Ageing and Aged Care	Siewert, Rachel	Assistive technology	Can a person waiting more than 12 months for a home care package receive funding for their AT or are some states beginning to deny services to older Australians with a disability when they are registered and waiting for their home care services?	Written
SQ18-000751	6 - Ageing and Aged Care	Siewert, Rachel	My Aged Care helpline	a) How many calls have been unanswered this financial year? b) How many calls have been unanswered from March to date?	Written
SQ18-000752	6 - Ageing and Aged Care	Siewert, Rachel	Aged care facility assessments	Who does the assessments of aged care facilities? Are they undertaken by appropriately trained assessors such as nurses?	Written
SQ18-000753	6 - Ageing and Aged Care	Siewert, Rachel	Aged care facility assessments	If people without the necessary training and experience are expected to undertake assessments, how can the Agency be sure that any problems with clinical care are identified and followed up appropriately?	Written

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SQ18-000754	6 - Ageing and Aged Care	Siewert, Rachel	Aged care facility assessments	What experience do the executive team have in aged care, health accreditation or nursing?	Written
SQ18-000756	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	In relation to SQ18-000016 the Department confirmed that it was the Minister who decided to establish a new headspace service in Lithgow on 12 December 2017. Please provide details in relation to how this decision was made? How many location options were given to the Minister when this decision was made?	Written
SQ18-000757	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	Please provide a list of all the PHNs that have been in contact with the department seeking indexation for their headspace centre?	Written
SQ18-000758	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	Please provide a detailed list of funding for all of headspaces including outreach/satellite services by state/territory electorate since 2014 and over the forward estimates?	Written
SQ18-000759	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	What are the opening hours for each headspace centre by state and territory? Who decides the opening hours? Why are some centres not open in non-school/work hours?	Written
SQ18-000760	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	How much funding is allocated to eheadspace broken down by its components, including the funding allocated specifically to eheadspace telephone service? Is funding allocated to eheadspace based upon growth in participants? Is there a contract in place for this service and when is that set to end? How much is it for? Will funding be extended beyond this date?	Written
SQ18-000761	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	List of mental health services for those under the age of 12 provided by the Government and a breakdown of expenditure for each over the forward estimates.	Written
SQ18-000762	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	Please provide a detailed list of the services and being offered by the three PHN Mental Health Lead Sites (Tasmania, ACT and South Eastern Melbourne) with regard to severe youth mental illness? For each PHN, how much funding is allocated to severe youth mental illness services? For each service can the Department indicate how much funding is being allocated to commissioning the service?	Written
SQ18-000763	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	All 31 PHNs are required to deliver early intervention services for children and young people with, or at risk of, mental illness. Can the Department confirm the total amount of funding that is allocated to the PHNs for delivery of early intervention services for children and young people with, or at risk of, mental illness and provide a breakdown for each PHN? Can the Department provide a detailed list of all the services being offered by the 31 PHNs regarding this and total funding for each service (not just limited to headspace and Early Psychosis Youth Services)? How long is each service contracted for?	Written
SQ18-000764	2 - Health Access and Support Services	O'Neill, Deborah	Cancellation of Headspace Services	At the 2016 election, the Coalition commitment to headspace and it was stated that: "PHNs will have to satisfy the Minister for Health if they want to move away from the headspace model". a) Please explain if PHN can cancel a headspace? b) Please confirm if any PHNs have cancelled a headspace? Have any PHNs tried to do so? c) Would a headspace have notice as to their cancelled funding? If so, how much time would they have? d) Is funding to headspace guaranteed? e) Please provide details in regard to what is a reasonable time to give a headspace certainty as to its funding? For example, is it 6 months or 12 months?	Written
SQ18-000765	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Services	a) Please confirm if waiting lists across headspace centres are growing? b) What measures are in place to ensure each headspace centre is able to service every young person seeking help? c) What measures should be in place to ensure headspace centres are able to keep up with demand for services? d) What steps is the Department undertaking to determine what additional measures or approaches should be in place? e) What measures are in place to ensure headspace is able to deal with the increased number of young people presenting with complex mental health issues? f) What measures should be in place to ensure headspace is able to deal with the increased number of young people presenting with complex mental health issues? g) What steps is the Department undertaking to determine what measures or approaches should be in place? h) Is the Government prioritising additional resources to existing headspaces that are clearly unable to meet demand?	Written
SQ18-000766	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Pilbara Site	a) Please confirm the cost of an outreach service in a headspace centre? b) What is the cost of a satellite service? c) Please explain the difference between the two and provide a list of all outreach services and satellite services for each headspace site?	Written
SQ18-000767	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Pilbara Site	There was a recent announcement of the opening of a headspace service at Pilbara. Can the Department explain the 'flexible' and 'innovative' model that is being used?	Written

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SQ18-000768	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Pilbara Site	In years subsequent to the first year each headspace centre is funded on average \$842,000 per year. The cost of the Pilbara regional trial will cost around \$1.2 million for 2017-18 and \$1 million for 2018-19. Is the Department confident that enough funding has been allocated to Pilbara given it's likely to cover a broader area than a single headspace site could?	Written
SQ18-000769	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Pilbara Site	a) How was the cost of the Pilbara regional trial determined? b) How was Pilbara chosen as the site for the regional trial? c) Will there be an evaluation of this model? When will the evaluation take place? What outcomes are being assessed?	Written
SQ18-000770	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Pilbara Site	a) Can Pilbara be guaranteed to run beyond 2018-19? Has funding been allocated beyond this? If so, how much and over what period? If not, why not? b) Is this just a one year trial? If so, how does this provide certainty to the young people who will begin accessing the service? What outcomes does the Department expect will be delivered within a year? c) Is the Government or the Minister considering any other similar regional trials? How will additional sites be chosen?	Written
SQ18-000771	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Indexation	At Estimates, Ms Cole on Tuesday 29 June 2018 stated: "we do appreciate the issues you've raised around capital redevelopment for headspace centres and indexation, and that's something we're working on internally at the moment." Can the Department confirm what work is being undertaken around capital redevelopment for headspace and indexation of funding including: scope of work, process of consultation and associated timelines?	Written
SQ18-000772	2 - Health Access and Support Services	O'Neill, Deborah	Early Psychosis Youth Services	At the 2016 election, the Coalition committed to "continuing funding for six Early Psychosis Youth Services, via their PHNs, at current funding levels for three years until 2019, to allow time for regional reforms to be rolled out and a thorough evaluation to be undertaken." a) Please provide details in relation to the work that is being carried out given 2019 is next year? Please provide details of funding allocated for these services across the forward estimates? b) Please confirm when the outcomes of the evaluation of the 6 Early Psychosis Youth Services will be available? How much work has been undertaken already? Who is undertaking that work? c) What is the cost of funding of each Early Psychosis Youth Service delivered by headspace? Please have a breakdown of the cost of each service?	Written
SQ18-000773	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Continuity of Support	The 2018-19 budget includes \$92.1 million over 5 years from 2017-18 for continuity of support for people in Commonwealth mental health programs who won't be eligible for the NDIS. The Government has stated that around 8,800 clients of mental health programs are expected to be eligible for continuity of support. If there were 20,409 people in PHaMs as at 30 June 2016, 12,578 people in PIR, and 8,346 people in D2DL (these numbers provided in previous answers to questions): a) What are the number of clients across both programs that have currently transitioned to the NDIS and the current number that will require continuity of support? b) What is the total average level of service – in dollar terms – that people will receive through continuity of support given the Government's commitment through continuity of support that people would receive the same level of service? c) What happens if less than 74% of clients are found eligible and more than 8,800 people require continuity of support? Will continuity of support be guaranteed for a greater number of people, given the government's commitment, noting the \$80 million for psychosocial support services for people not eligible for the NDIS is for a separate client group?	Written
SQ18-000774	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Continuity of Support	Please confirm that even if the numbers transitioning to the NDIS from federal mental health programs are significantly less than estimated and that this pattern continues in all or most transition sites, the same levels of funding for continuity of support will remain, and funding for PHaMs and PIR will continue to reduce as planned? The Government has stated in response to a number of questions about the transition process that it is working with a range of departments and agencies – can the government provide the exact details of this work and who, including how transition numbers are being monitored to identify where problems might be occurring?	Written
SQ18-000775	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Ms Brassil stated in Estimates that core ASC staffing after reorganisation would 445, 67 fewer than the previous figure of 512, and that 43 of those positions going would be cut from the AIS. Mr Conde indicated that 43 was a "a net change and more people will be affected". Could you outline how many positions overall will be affected?	Written

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SQ18-000776	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please provide an explanation in relation to why it is currently reducing block funding to those people living with mental ill health that are yet to test their eligibility or to those who are transitioning to the NDIS?	Written
SQ18-000777	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Mr Conde indicated at Estimates that about 23 of the 43 positions would be shifted from the AIS to NSOs. Can you please detail the roles and responsibilities of each of those 23 employees at the AIS, which NSO each of them will be shifting to and what, if any, change there will be in their roles and responsibilities with their new employers?	Written
SQ18-000778	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Mr Conde said the remaining 20 positions would be culled from "a range of positions". Can you please detail what each of those positions to be cut will be and the roles of responsibilities of each of those positions?	Written
SQ18-000779	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Earlier this year Minister McKenzie said that the AIS is "the cutting edge of research and high-performance support for Australian athletes to maximise our results internationally" and that she is "committed to that continuing". How will the AIS continue to be the cutting edge of research and high-performance support for Australian athletes when most of the research and high-performance positions are being outsourced to National Sporting Organisations?	Written
SQ18-000780	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Assuming the number of 445 provided by Ms Brassil is more than the number of ASC/AIS staff in 2000-01 and considering that significant numbers of coaches, sports scientists and other 'hands on' high performance staff have been cut since 2000, including in the past 5 years, what do the additional staff that make up the 445 do and how do they contribute to Australia's sporting success?	Written
SQ18-000781	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please confirm how many participants with severe mental illness have now transitioned to the NDIS?	Written
SQ18-000782	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	In response to SQ18-000172, I was told that about 70 ASC staff are based outside Canberra and about 28 of those are AIS staff. a) Where, apart from Canberra, does the AIS have offices or staffed facilities? b) How many staff work in each of these locations outside Canberra? c) What, in simple terms, does each of those offices or facilities do? d) What does each members of staff based at each of those offices or facilities do? e) What has been the average annual cost of running each of those offices or facilities since they were opened?	Written
SQ18-000783	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please provide details in relation to the average wait time for access requests to be processed for those people with severe mental illness?	Written
SQ18-000784	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Is the Department aware of any people living with mental illness that have tested their eligibility with the NDIA – and not been successful – being without services as block funding is being steadily reduced	Written
SQ18-000785	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please confirm if block funding is still supporting people living with mental illness as they transition to the NDIS?	Written
SQ18-000786	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please confirm that no block funding is being reduced ahead of actual transitions therefore leaving clients without mental health support services?	Written
SQ18-000787	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	Can you outline, on notice as you did last time, a full breakdown of staff as was done in response to Additional Estimates Questions on Notice SQ18-000171 and SQ18-000172?	Written
SQ18-000788	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Transition to NDIS	Please confirm the following: a) Has there been any reduction in block funding before a final NDIA determination has been made on each participant's eligibility for the NDIS? b) If a participant appeals, does block funding continue until a final determination on eligibility? c) If a participant is found to be ineligible what form of continuity of support, that is funding, commence for that person based on the NDIA's assessment and when?	Written
SQ18-000789	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	a) Can you outline which members of the Executive are home-based in Canberra and which are not? b) If there are additional costs associated with having Executive members based in Melbourne, Sydney and Brisbane, please provide details of all of those additional costs, broken down by financial year over the period those executive members have been based outside Canberra.	Written
SQ18-000790	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Psychosocial Support	Please provide a list of the state and territory governments that have matched funding in relation to the Governments \$80 million 2017-18 Budget measure for psychosocial support? How much funding has each state and territory government contributed?	Written

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SQ18-000791	2 - Health Access and Support Services	O'Neill, Deborah	NDIS - Psychosocial Support	The 2018-19 Budget included funding of \$92.1 million to ensure continuity of support for people who are not eligible for the NDIS, but are currently receiving support under programs that are transitioning to the NDIS. a) Is this funding solely for those Australians living with mental ill health that will not be eligible for an NDIS package? If not, why not? b) Who are the other Australians that will be supported by this funding? c) How many Australians living with mental ill health will this this funding support? d) How much of the \$92.1 million has come from the health budget? If funding has been allocated from other outcomes, please provide details along with the amount of funding across the forward estimates. e) How will this funding complement the \$80 million that has previously been announced for psychosocial support?	Written
SQ18-000792	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	a) How often does the AIS Director attend the Institute's headquarters in Canberra? For example, weekly? Monthly? Less than monthly? b) How often do the other non-Canberra based executives attend the Commission's headquarters in Canberra?	Written
SQ18-000793	2 - Health Access and Support Services	O'Neill, Deborah	ABS Mental Health Survey	At a previous Estimates Ms Cole stated that in relation to the ABS mental health survey the Department was undertaking "some scoping studies around what would be included and so forth with a view to then being able to go out to market in due course". Can the Department provide an update on this survey and when will it be ready?	Written
SQ18-000794	3 - Sport and Recreation	Farrell, Don	ASC/AIS staffing	a) How many sport scientists and medicine specialists have been lost from the Australian Institute for Sport each year over the past 5 years? b) How many of these sport scientists and medicine specialists have been re-employed in similar roles overseas? c) What increase has there been in spending on marketing and branding professionals at the Commission and the AIS in the same period?	Written
SQ18-000795	2 - Health Access and Support Services	O'Neill, Deborah	Funding the Junction Clubhouse	The Budget includes \$0.5million over 2 years to the Junction Clubhouse in Cairns, which is contingent on co-contributions from the Queensland Government. As the Government would be aware, the ongoing viability of clubhouses is being impacted by the NDIS. Can the Government provide some background as to why this particular clubhouse has been funded and not others?	Written
SQ18-000796	2 - Health Access and Support Services	Watt, Murray	A Stronger Rural Health Strategy & Medical Schools	The Budget measure A Stronger Rural Health Strategy includes a number of elements and a net spend of \$83.3 million. The Murray Darling Medical School Network alone will cost more than that (\$95.4 million). Please provide a breakdown of both saves and spends by year and element of the measure. a) How many Commonwealth Supported Places will be reallocated to a new medical school in Orange? b) Will a medical school with that number of students be viable? c) Will this school need to enrol additional full fee-paying students? If so, won't that just increase the total number of medical students in Australia, exacerbating the shortage in postgraduate training places?	Written
SQ18-000797	3 - Sport and Recreation	Farrell, Don	ASC/AIS operations	Please outline the proposed new structure for the Commission, as alluded to during Budget Estimates, and how the structure aligns with the core responsibilities of the Commission as outlined in the Australian Sports Commission Act 1989.	Written
SQ18-000798	3 - Sport and Recreation	Farrell, Don	ASC/AIS operations	What advice has the Commission, Office for Sport or Minister's office received, if any, about the Commission operating outside of its scope as outlined in the Australian Sports Commission Act 1989?	Written
SQ18-000799	3 - Sport and Recreation	Farrell, Don	ASC/AIS re-branding	a) I've been hearing that organisation is about to be re-branded as Sport Australia – is that true? b) How much will this re-branding exercise cost? c) Wasn't the current branding only launched four years ago? d) Can you please detail the costs of the exercise that moved the Commission to its current branding? e) Why does the ASC need to be re-branded yet again? Wouldn't it be better to spend this money on supporting Australia's athletes?	Written
SQ18-000800	2 - Health Access and Support Services	Watt, Murray	A Stronger Rural Health Strategy & Medical Schools	a) The Government acknowledges that "universities whose medical CSP allocations are reduced will be allowed a commensurate increase in their international full fee-paying medical enrolments". Will that also increase the total number of medical students in Australia? b) Does the Government have any control over full fee-paying places? c) Haven't we seen from the new Macquarie Medical School that it doesn't? d) How many new medical students (not just Commonwealth Supported Places) do you estimate the measure will lead to? e) Does the Government have any governance model planned for the new schools? How will success or otherwise be measured?	Written
SQ18-000801	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) How many athletes are on site at the AIS Bruce campus currently? b) How many were on-site for the 2016-17 financial year and how many have been on site so far this financial year? c) In all of the above cases, are any of those athletes involved in residential programs and, if so, how many?	Written

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SQ18-000802	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	In response to questions regarding the potential sale of AIS assets that I placed on notice last Estimates there was a consistent theme of no decisions having been made. Is it still the case that no decisions have been made, including any decision that an asset will be sold, even if when, how and to whom it will be sold is still undecided?	Written
SQ18-000803	2 - Health Access and Support Services	Watt, Murray	A Stronger Rural Health Strategy & Medical Schools	What work has been done to identify the relative levels of demand different regions? Is there evidence of greater demand for medical places in and around the planned Murray Darling Medical School locations, compared to other regional locations? If so, can you provide this data?	Written
SQ18-000804	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	An article by Chris Dutton in the Sydney Morning Herald on 11 May reported that the ASC has completed an audit and valuation of the buildings on the site - is that correct?	Written
SQ18-000805	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) In the process of determining what will be sold, what weight is being given to i) the revenue that can be raised; ii) the usefulness of the asset for current and future AIS programs and activities; iii) continued access for athletes and the Canberra public? b) Will all land and assets sold continue to be used for sport recreation and open space, or could some of it become residential or commercial property? c) Is the sale of AIS assets and / or land being relied on to fund any of the Budget measures either this year or over the forward estimates?	Written
SQ18-000807	2 - Health Access and Support Services	Watt, Murray	Junior Doctor Training Program	a) How many places will be provided in the Junior Doctor Training program announced in the Budget? b) Can you provide a breakdown by financial year and state?	Written
SQ18-000808	3 - Sport and Recreation	Farrell, Don	High-performance strategy	The Australia's Winning Edge strategy has been abandoned and the Commission is now talking about a new strategy. What went wrong and what has been done or is being done to identify what worked and what didn't under that strategy?	Written
SQ18-000809	3 - Sport and Recreation	Farrell, Don	High-performance strategy	What lessons have been learned from Winning Edge and how are those lessons being incorporated into the development of a new strategy?	Written
SQ18-000810	2 - Health Access and Support Services	Watt, Murray	Geographic Eligibility Criteria	a) Will updating the geographic eligibility criteria for rural bulk billing incentives result in a cost or a saving? If so, how much? b) Do you have any preliminary advice as to which areas are expected to gain/lose access to those incentives? If so, what areas?	Written
SQ18-000811	3 - Sport and Recreation	Farrell, Don	High-performance strategy	How does the Commission plan to consider its next round of investment allocations, which are due to be announced soon, given it is no longer using Winning Edge principles?	Written
SQ18-000812	3 - Sport and Recreation	Farrell, Don	High-performance strategy	Is it true that because netball is not an Olympic sport Netball Australia's high-performance funding is less than what equivalent Olympics sports get? If so, by how much does the fact that netball is not an Olympic sport reduce its capacity to win funding?	Written
SQ18-000813	3 - Sport and Recreation	Farrell, Don	High-performance strategy	a) Is it true that the Australian Diamonds Netball team have been advised that they will face a funding cut from the \$2M high performance fund? If so, why is high-performance funding to netball being cut? b) Does this mean Australian players face a cut to their direct athlete support funding?	Written
SQ18-000814	2 - Health Access and Support Services	Watt, Murray	Return of Service Obligations	Can you outline what changes are planned to the return of service obligations under bonded medical training programs?	Written
SQ18-000815	2 - Health Access and Support Services	Watt, Murray	Workforce Incentive Program	a) How much funding is being provided for the new Workforce Incentive Program? b) How much of that is new funding and how much has come from the incentive programs that it is replacing? c) What allied health professions will be eligible under the Workforce Incentive Program? d) Are there any geographic areas that won't have access to the new Workforce Incentive Program? If so, where? e) Is the Practice Nurse Incentive Program national? Does that mean that some areas will lose access to incentives altogether? f) What impact is the Workforce Incentive Program expected to have on independent allied health practices? g) Has any consideration been given to measures to reduce that impact?	Written
SQ18-000816	3 - Sport and Recreation	Farrell, Don	High-performance strategy	a) I understand Netball Australia has been granted \$2.5 million in new funding. Is that correct? If not, what is the correct figure? the Minister? b) What pool of funding does that money come from? c) How was it allocated to Netball Australia? d) Was it a decision of the ASC or a decision of the Minister? e) What activities, programs or other developments will this funding support? f) Is high-performance funding being cut from any other sports, including hockey team, beach volleyball team and rugby sevens? If so, why?	Written

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SQ18-000817	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	Budget Paper 2, Page 124, outlines a measure under the heading Sport – building a more active Australia, which reads: \$29.7 million in 2018-19 to deliver up to 500 local community sporting infrastructure development grants of up to \$500,000 to improve community sporting facilities. How are those funds going to be allocated – will it be through a competitive grants process? a) If not – Why not and how will it work? b) If it will be competitive grants process, what will the criteria be and when can we expect those criteria to be released? c) Will there be any specific focus for these funds, such as women’s sport facilities or other specific areas of need? If so, please outline any specific focus.	Written
SQ18-000818	2 - Health Access and Support Services	Watt, Murray	Specialist Training Places	What number of Specialist Training places are currently allocated to hospitals in rural areas MMM3-7?	Written
SQ18-000819	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	a) Page 124 of Budget Paper 2 also contains a measure that reads: \$28.9 million over four years from 2018-19 to assist National Sporting Organisations (NSOs) to increase participation in sport. That appears to be separate from other existing participation programs and funding - is that the case? b) Can you please outline exactly how that funding is going to be allocated, how it will be delivered to NSOs and what specific activities or programs it will support?	Written
SQ18-000820	2 - Health Access and Support Services	Watt, Murray	Specialist Training Places	What is the distribution of Specialist Training Places funded places, according to hospital, location, and state?	Written
SQ18-000821	2 - Health Access and Support Services	Watt, Murray	Regional Training Hubs	What is the status of the 26 hubs Regional Training Hubs? Have any hubs finalised training positions?	Written
SQ18-000822	2 - Health Access and Support Services	Watt, Murray	Health Workforce	Is there a recognition that outer urban areas often provide services for MMM areas 3-5 or more remote?	Written
SQ18-000823	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	Another measure on Page 124 of Budget Paper 2 reads: \$19.8 million over 4 years from 2018-19 to the Australian Sports Commission (ASC) to maintain the capacity of the ASC to fund sporting organisations and sports people. Could you please outline exactly how this funding is going to be allocated, how it will be delivered and what specific activities or programs it will support?	Written
SQ18-000824	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	Page 125 of Budget Paper 2 contains a measure that reads: \$6.3 million over four years from 2018-19 to develop the Safe Sports Australia program and a national sports injury database to improve the safety of sports participation by young people. The Portfolio Budget Statement, on page 24, says the Safe Sports Australia program will “build child safe cultures and practices in sport”. How much of the \$6.3 million will be for the Safe Sports Australia program? a) Which agency or agencies will develop and implement that program? b) What will the program involve?	Written
SQ18-000825	2 - Health Access and Support Services	Watt, Murray	Health Workforce	What Commonwealth support is available for medical training in outer urban areas which provide services for people living in more remote areas?	Written
SQ18-000826	2 - Health Access and Support Services	Watt, Murray	Health Workforce	What are average wages of Australian General Practice Trainees in a) urban; b) regional; and c) rural areas?	Written
SQ18-000827	2 - Health Access and Support Services	Watt, Murray	National Strategic Framework for Chronic Conditions	The next steps for the National Strategic Framework for Chronic Conditions involve developing indicators or targets to measure progress in achieving a reduction in chronic disease. What role will the targets already developed by the Australian Health Policy Collaboration play in this work?	Written
SQ18-000828	2 - Health Access and Support Services	Watt, Murray	National Strategic Framework for Chronic Conditions	a) Could you provide an update on the implementation and delivery of the National Strategic Framework for Chronic Conditions? b) Which conditions have been recognised under the Framework? c) How is this Framework intended to lay the foundation for systemic change that it claims is necessary in the health system to ensure that multi-morbidity is appropriately addressed? d) Have any condition-specific areas been provided with funding under the Framework? If so, which ones and how does that inform systemic change in the way we approach chronic conditions?	Written
SQ18-000829	2 - Health Access and Support Services	Watt, Murray	AOD Treatment Funding for South Australia	a) What was the consultation process that led to the Government’s decision to allocate funding to South Australia for the expansion of residential rehabilitation services for drug and alcohol treatment? b) Were any other jurisdictions considered for funding? Why were no other jurisdictions allocated funding? c) Will there be further consideration of additional residential rehabilitation funding to the rest of Australia?	Written

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SQ18-000830	2 - Health Access and Support Services	O'Neill, Deborah	\$100,000 Funding Allocation	According to a statement from the Department of Health dated the 7th May 2018 and published in the 'Peninsula News' on Monday 21st of May, "the remaining funding is available to address additional identified needs of the Hunter New England and Central Coast Community". But, according to answers to Written Questions on Notice the "the \$100,000 in funding remains allocated to support the work of the Committee". a) With regard to the allocation of the \$100,000; which is correct; and the Media Statement provided on the 7th of May or the answers to Questions on Notice provided on the 23rd of May? b) Who drafted the Media Statement published in the Peninsula News? c) Can we have a copy of this statement? d) Can the PHN and the Committee guarantee that the \$100,000 will be solely allocated to fix the GP shortage on the Peninsula? e) What are the "additional needs" identified in the answer? f) How did the PHN allocate the funding? g) Was the \$100,000 administered by the Committee? h) Was the \$100,000 allocated to a particular account or fund?	Written
SQ18-000831	4 - Individual Health Benefits	Watt, Murray	bDMARDS savings measure	1. What clinical experts did the Department consult in the development of this savings measure? Did the Government consult the PBAC through its policy development process? 2. Please outline the evidence for the analysis that there is "unnecessary or inappropriate use of biological disease-modifying anti-rheumatic drugs" in Australia. 3. What will the education activities be asking prescribers to do? 4. What is the process the Department will take to deliver the education activities? a. Who will deliver the education activities and who will be consulted during their development? b. How much is the Government intending to spend on the activities? c. When will the education activities begin?	Written
SQ18-000832	4 - Individual Health Benefits	Watt, Murray	Real Time Reporting	The Government has committed that a national real time prescribing monitoring system will be completed and ready to use by the end of this year. • What will this mean for a doctor prescribing a high risk medicine from January 2019? • What functionality will the national system add on top of a state-based system, such as the Victorian SafeScript system? • Will the national system be available for use by a doctor in NSW where there are no concrete plans to introduce real time prescription monitoring? • Is there additional funding available to 'top up' the current funding in case the national system is not interoperable with state systems and/or prescribers' software?	Written
SQ18-000833	4 - Individual Health Benefits	Watt, Murray	Changes to payment arrangements	1. In regard to the Government's plan to change how they pay for pharmaceuticals, can you advise please who are the stakeholders the Government has consulted with? 2. Can you detail in regard to each of the stakeholders how many times you have met with each of them and the dates on which you met with each of them? 3. Of those key stakeholder groups which ones have agreed to take place in the payments system trial, given the actual implementation will not commence until 1 July 2019? 4. How many of these groups have indicated to the Government they support the changes as proposed by the Government? 5. In order to implement the payment changes what legislative changes will be required? If so, when will the legislation be tabled in the Parliament? 6. Other than pharmaceutical companies, have any other stakeholder groups agreed to take part in the payments systems trial? 7. When a company currently pays a rebate back to the Government under a special pricing arrangement, does the payment actually go to the Department of Health to be reinvested into the PBS or does it go straight to the Department of Finance and into the Consolidated Revenue Fund?	Written
SQ18-000834	4 - Individual Health Benefits	Watt, Murray	Private health insurance coverage	Please provide updated figures on: a) the number of people in each Commonwealth electorate that are covered by private health insurance b) the number of private health insurance policies held in each Commonwealth electorate Please break down a) and b) above by: i) hospital cover ii) general cover	Written
SQ18-000835	2 - Health Access and Support Services	O'Neill, Deborah	\$100,000 Funding Allocation	In the answers to Written Questions on Notice, the Department reveals that only \$2000 of the \$100,000 allocated to fix the GP shortage has actually been spent. The answers further indicate that this expenditure is solely related to "participants' meeting fees". a) Why has the committee failed to use this \$100,000 allocated? b) Which participants charged the committee meeting fees? c) What were each of these fee-charging participants paid? d) How was GP crisis on the Peninsula alleviated by this \$2000 expenditure? e) How did this \$2000 expenditure satisfy the objectives of the committee, as outlined in the Terms of Reference?	Written

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SQ18-000836	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance Consultations	The Department of Health has recently consulted a large number of organisations on reforms to private health insurance, including coverage levels and clinical definitions. a) What was the tenor of the feedback? b) How long did organisations have to consider how MBS items were allocated to levels of coverage? c) Did this work involve working with the MBS Review, which is also considering the items? d) Has the Department completed modelling to show how the changes will impact people? Will the new model actually remove some coverage for those with low or medium levels of coverage?	Written
SQ18-000837	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	What is the impact on industry of the proposed \$530 low-risk medical device application fee?	Written
SQ18-000838	2 - Health Access and Support Services	O'Neill, Deborah	\$100,000 Funding Allocation	Subsequent to their announcement on the 10th of May, Dr Gillespie and Ms Wicks released a Youtube video titled "Coalition acts on Peninsula GP shortage" in which Dr Gillespie states "Great work Lucy, all of your work has come to fruition. I have \$100,000 that we freed up through the Budget to address the shortage of GPs going forward in the Peninsula". a) How did Dr Gillespie "free up" these funds from the PHN's unallocated Core Flexible funding? b) What conversations or communications did Assistant Minister Gillespie have regarding the reallocation of the \$100,000 to the GP crisis with the PHN?	Written
SQ18-000839	2 - Health Access and Support Services	O'Neill, Deborah	\$100,000 Funding Allocation	The 7th of May statement and the answers to Questions on Notice provided references to "low cost options" to improve coordination and communication amongst local practitioners through the PHN. The statement goes on to say that "the local PHN continues to address local workforce needs in the area, with the support of the Committee, through "little to no cost". a) What are the "low cost options" these answers refer to? b) How is the PHN continuing to address the local workforce shortage with "little to no cost"?	Written
SQ18-000840	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	a) Is the remainder of the \$6.3 million that is not allocated to the Safe Sports Australia program going to be spent developing a national sports injury database? b) Why do we need a national sports injury database? c) Is there a growing problem with sports injuries in young people? d) Do we know why? Are the ASC or Office for Sport aware of any research done on this and if so what are the key findings of that research? e) How will this database will add to our knowledge? f) Could you please outline what will be involved in setting up and maintaining the database, including what information will be collected, how it will be collected, how it will be stored and who will have access to it? g) Once this information has been collected, how will it be used? h) What provisions will be in place to protect the privacy of information collected and stored as part of this database and of individuals whose injury information becomes part of the database?	Written
SQ18-000841	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	Will the TGA publish, prior to the introduction of the proposed fee, its industry impact modelling publicly so it can be subjected to review?	Written
SQ18-000842	3 - Sport and Recreation	Farrell, Don	Sport Budget measures	a) A measure on Page 125 of Budget Paper 2, reads: \$2.5 million in 2017-18 to support the transfer of ownership of high performance sporting equipment to NSOs, recognising that they are the best placed to manage these assets. Is the equipment referred to in this measure currently the property of the AIS? b) What is this equipment, where is it currently located and what is it used for? c) Why are National Sporting Organisations being paid to take ownership of these pieces of equipment, rather than the NSOs buying them from the AIS?	Written
SQ18-000843	3 - Sport and Recreation	Farrell, Don	Sporting Schools	a) In response to QON 183 from Additional Estimates, figures were provided of nearly 3.5 participants and about 6500 schools - do these figures double count schools or individual children who have participated in more than one Sporting Schools program? b) If so, could you please provide figures that reflect unique, individual participants in the program and the equivalent figures for school involvement?	Written
SQ18-000844	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	Is the TGA required by the Cost Recovery Guidelines to measure the impact of its proposal on innovation and competition? Has it done this?	Written
SQ18-000845	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	Are the majority of businesses that supply low-risk medical devices SMEs? Has the impact on SMEs been determined?	Written
SQ18-000846	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	Has the TGA conducted a formal public consultation process like it had done for its Goods Manufacturing Process (GMP) fee change? If not, why?	Written

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SQ18-000847	3 - Sport and Recreation	Farrell, Don	Sporting Schools	a) Among the cases studies on the program's webpage, there is a primary bowls program with 4 x 60 minute sessions a week for four weeks, and a primary baseball program was 5 x 45 minute sessions for four weeks. Does that reflect the same children doing four or five 60 or 45 minute sessions of bowls or baseball a week, or four of five different groups of children doing one 60 minute or 45 minute session per week? b) In other words, are the kids in the bowls program each getting four hours of bowls a week for four weeks or one hour of bowls a week for four weeks?	Written
SQ18-000848	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	Does the TGA plan to engage in public consultation by posting a discussion paper on its website? If not, why is this not considered appropriate?	Written
SQ18-000849	5 - Regulation, Safety and Protection	Watt, Murray	Low-Risk Medical Device Application Fee Proposal	a) Has the TGA prepared a Regulation Impact Statement (RIS)? If not, why? b) Was the commitment to prepare a Regulation Impact Statement (for fee changes over the agreed indexation method) stated on its website for over 2 years? c) Was this commitment changed on 8 May 2018 - Why?	Written
SQ18-000850	5 - Regulation, Safety and Protection	Watt, Murray	Codeine upscheduling	Is the department aware if the cost of prescription codeine to the consumer has increased since 1 February 2018, when all medicines containing codeine required a prescription? If so, what is the nature of those price increases, for example source (e.g. wholesaler, manufacturer or pharmacy), location, number? Who has reported the increases?	Written
SQ18-000851	5 - Regulation, Safety and Protection	Watt, Murray	Codeine upscheduling	Has the department provided any advice to the Minister for Health on price changes of codeine? Has the matter been referred to the ACCC?	Written
SQ18-000852	5 - Regulation, Safety and Protection	Watt, Murray	Codeine upscheduling	Is the department aware of any increased demand for drug and alcohol rehabilitation services, in view of the changes to availability of codeine?	Written
SQ18-000853	5 - Regulation, Safety and Protection	Watt, Murray	BBV and STI peak body funding	As part of the implementation of the new National Strategies for BBVs and STIs 2018-2022, will funding for Australia's national peak blood borne virus and STI organisations be restored to support Australia to meet its goals of virtually eliminating HIV transmission and eliminating hepatitis C in Australia?	Written
SQ18-000854	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Can you please provide figures that reflect the outcomes of Sporting Schools in terms of the average hours or minutes of sport or physical activity per child per year?	Written
SQ18-000855	2 - Health Access and Support Services	Polley, Helen	Aged Care Access Incentive	Please provide the total amount of funding allocated for the Aged Care Access Incentive (ACAI)? Please also provide the amount of funding for each year? Can the Department confirm if the ACAI is ceasing? If yes, can the Department confirm what has or will happen to the funding associated with the ACAI?	Written
SQ18-000856	2 - Health Access and Support Services	Polley, Helen	Residential Aged Care Access Program	Please provide the total amount of funding allocated for the Residential Aged Care Access Program to the PHNs? Please also provide the amount of funding for: • Each year as a total; and • Each year for each of the 31 PHNs. For PHNs that have made a decision to withdraw commissioning of the RACA Program can the Department explain what has or will happen to the funding associated with this program and what services will replace this program to meet the mental health needs of older Australians in residential aged care?	Written
SQ18-000857	3 - Sport and Recreation	Farrell, Don	Sporting Schools	I believe there was some sort of a review of the program about a year in – has there been any review or evaluation since then with regard to whether Sporting Schools is delivering its desired outcomes?	Written
SQ18-000858	6 - Ageing and Aged Care	Polley, Helen	Carnell-Paterson Report	How many of the 10 recommendations of the Carnell-Paterson Report has the Government now adopted? Can the Department provide a list of the recommendations and the measures the Government has undertaken? Can the Department provide details, including the amount of funding, in relation to each of the recommendations that the Government has adopted from the Carnell-Paterson report?	Written
SQ18-000859	2 - Health Access and Support Services	O'Neill, Deborah	Terms of Reference	The Terms of Reference (TOR) supplied in answers to Questions on Notice is indicated as a "Draft". This draft makes reference to a review this TOR every three months and establishes that a review date will be Thursday July 2017. The answers provided to Questions on notice states that the TOR were ratified by the committee on 18th May 2017. a) Is the "draft" document supplied by answers to Questions on Notice the same TOR document which was ratified by the Committee on the 18th May 2017? b) Can we be supplied with the document ratified by the Committee on the 18th May 2017? c) Is this the only TOR that has been considered by the Committee? d) Can we have a copy of any alternative TOR documents considered by the Committee? e) Did the Committee conduct the 3 month review of the TOR, as indicated by the draft document and if so, can we be supplied a copy of the reviewed document?	Written

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SQ18-000860	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Can you tell me whether National Sporting Organisations count children who participate in Sporting Schools programs in their own NSO participation statistics?	Written
SQ18-000861	6 - Ageing and Aged Care	Polley, Helen	2018 - 19 Budget	In relation to the Budget measure that will introduce a levy to secure accommodation bonds has the Department or Government undertaken any consultation with the sector? Can the Department confirm when this Budget measure will start?	Written
SQ18-000862	6 - Ageing and Aged Care	Polley, Helen	Wollongong Report	Can the Department confirm when the Government will formally respond to the Wollongong Report? Why hasn't the Government formally responded to the Wollongong Report? Can the Department confirm if it or the Government is undertaking any work around reforming or reviewing the Aged Care Funding Instrument? If yes, is this in relation to the work being undertaken by the Workforce Taskforce Chair?	Written
SQ18-000863	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Does the ASC believe including Sporting Schools participation in NSO participation statistics is appropriate, given some children might only be doing a few hours of participation in a particular sport? a) How is the ASC ensuring that double counting of Sporting Schools participation or inclusion of Sporting Schools participation in NSO statistics is not artificially inflating participation statistics that are being used for strategic decision making? b) Is it fair to say that one of the aims of Sporting Schools to get kids engaged in sport beyond the program and to keep them involved? c) How is success against that goal measured? Do you track how many kids are registering with their local club after participating in Sporting Schools? d) If that outcome is tracked, could you provide me with the figures relevant to that outcome for the lifetime of the program so far? e) If registration at local clubs and continued participation is not tracked, how does the ASC measure whether Sporting Schools is delivering sustainable growth in ongoing, regular participation?	Written
SQ18-000864	2 - Health Access and Support Services	O'Neill, Deborah	Terms of Reference	The draft TOR also refers to the allocated Term of each member of the committee under the heading "Membership and Term" however the document does not indicate how long each members' term of service may be. a) What is the term allocated to the members of the committee?	Written
SQ18-000865	3 - Sport and Recreation	Farrell, Don	Wood review of sports integrity	a) Budget Paper 2, Page 125, shows \$10.1 million in 2018-19 for improved anti-doping and testing activity and for development of the Government's response to recommendations of the Review of Australia's Sporting Integrity Arrangements. Has the Department or ASC done any work towards preparing a response to the Review? b) Has that draft response been completed? If it has, has it been provided to the Minister's office? If it has been provided to the Minister, on what date was it provided to the Minister's office?	Written
SQ18-000866	6 - Ageing and Aged Care	Polley, Helen	Aged Care Funding Instrument	Can the Department provide a detailed explanation, with examples based on previous years, of how ACFI indexation is calculated?	Written
SQ18-000867	2 - Health Access and Support Services	O'Neill, Deborah	Terms of Reference	As outlined in the TOR document, the Committee's role is to "support GP recruitment, GP successions planning and maximise utilisation of practice nurses, allied health providers and community pharmacists". a) How did the \$2000 expenditure by the Committee contribute to GP succession planning? b) How did the \$2000 spent by the Committee contribute to the utilisation of nurses? allied health providers? and community pharmacists?	Written
SQ18-000868	6 - Ageing and Aged Care	Polley, Helen	My Aged Care	How many inquiries are made via MY AGED CARE in the last quarter of available data? Can the Department provide a breakdown of the following within the last quarter of available data? • Number of inquiries via the call centre; • Number of inquiries via the portal; and • Number of inquiries via the newly established Parliamentary Liaison My Aged Care telephone line.	Written
SQ18-000869	3 - Sport and Recreation	Farrell, Don	Wood review of sports integrity	a) There's about \$2.6 million more in Appropriation Bill (No. 1) for ASADA – does that come out of that \$10.1 million mentioned in the measure listed on Page 125 of Budget Paper 2? b) If not, where does it come from? c) If it does, is it correct to say that leaves about \$7.5 million for developing the Government's response to the Review? d) Will that \$7.5 million in the 2018-19 cover the full cost of implementing any measures planned in the response to the recommendations of the Review? e) If not, what will it cover?	Written
SQ18-000870	2 - Health Access and Support Services	O'Neill, Deborah	Meeting Times and Records	According to the Terms of Reference supplied by the PHN the Committee was supposed to meet monthly over a six month period between April and September – but the Committee only met four times. a) Why was the Committee unable to satisfy its own Terms of Reference and fail to meet monthly? b) Can you please detail the meeting dates and times that did eventuate?	Written

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SQ18-000871	3 - Sport and Recreation	Farrell, Don	Wood review of sports integrity	a) Has the Minister or her office asked the Department or the ASC to share the review report with COMPPS or any other stakeholders? b) If yes, which stakeholders has it been shared with and when was it shared with them? c) If no, are you aware of the Minister or her office having shared the review report with COMPPS or any other stakeholders? d) If yes, which stakeholders and when?	Written
SQ18-000872	6 - Ageing and Aged Care	Polley, Helen	My Aged Care	Please provide the number of complaints that have been made in relation to the MY AGED CARE portal and call centre. Please provide separate figures.	Written
SQ18-000873	6 - Ageing and Aged Care	Polley, Helen	My Aged Care	How many calls to MY AGED CARE went unanswered during the last quarter of available data?	Written
SQ18-000874	3 - Sport and Recreation	Farrell, Don	ASADA staffing	a) Table 1.1 on Page 255 of the Health Portfolio Budget Statement shows total department resourcing at about the same levels - \$24.6 million as opposed to \$24.3 million. The same table also shows staffing increasing from 57 to 76. Please explain how 19 additional staff will be employed with an increase in resourcing of approximately \$300,000. What proportion of those 20 additional staff will be part time or casual and what classifications will they be employed under? b) What will the roles and responsibilities of those 19 additional staff be and will they be permanent or non-ongoing positions?	Written
SQ18-000875	2 - Health Access and Support Services	O'Neill, Deborah	Meeting Times and Records	According to the answers on notice, the last meeting occurred in August 2017 yet the statement claims the committee is still working on solutions to the crisis a) How is the Committee "still working on solutions" despite not convening a meeting since August 2017? b) Has a new meeting of the committee been considered and/or formally advised to members of the Committee. c) When and where is the next meeting scheduled to take place?	Written
SQ18-000876	6 - Ageing and Aged Care	Polley, Helen	My Aged Care	Can the Department provide details in relation to MY AGED CARE including: a) What is the total amount of funding that has been allocated to MY AGED CARE since 2013? b) Can the Department list every funding amount that has been allocated to MY AGED CARE since 2013? Please also provide an annual breakdown of funding. Can the Department also provide the amount of funding that has been allocated to the portal and call centre as a total, as individual amounts by date and the purpose of the funding? c) How many staff are employed? Where are the staff located? Have all staff undertaken any form of training? If yes, what training is delivered to staff? If no, why aren't staff given any training? d) Are MY AGED CARE employees directly employed by the Department? If no, who is their employer and at what cost?	Written
SQ18-000877	3 - Sport and Recreation	Farrell, Don	ASADA device use	On 22 May, the ABC reported that ASADA was using a controversial smartphone-hacking device. a) Is this the same or a similar device to what reportedly has been used by the ATO? b) Could you outline why ASADA needs to use this sort of device? c) Is it correct that the use of these sorts of devices requires a warrant? d) In what circumstances might ASADA be able to get a warrant to use this sort of device? e) How many times has ASADA used this sort of device and has it had a warrant on all of those occasions? f) What measures does ASADA have in place to ensure that these devices are being used appropriately and that there is no unnecessary invasion of privacy or access to private, personal information beyond the scope of the warrant?	Written
SQ18-000878	6 - Ageing and Aged Care	Polley, Helen	Unannounced Visit Levy	The Department confirmed in SQ18-000085 that the costs for unannounced re-accreditation audits will continue to be paid through the re-accreditation fees scheme. Can the Department provide the amount of funding that is allocated to the re-accreditation fees scheme each year? Can the Department provide details about the re-accreditation services that are recovered on a fee for service basis including: • How much are the fees? • The average and range of fees.	Written
SQ18-000879	2 - Health Access and Support Services	O'Neill, Deborah	Meeting Times and Records	a) Can we be provided a copy of the agenda of each meeting undertaken by the committee in 2017 and 2018. b) Can we be provided a copy of any incoming and outgoing correspondence relating to the Committee in 2017 & 2018. c) Can we be provided a copy of the attendees of each meeting in 2017.	Written
SQ18-000880	3 - Sport and Recreation	Farrell, Don	ASADA testing	Who decides on the type of testing that is done – is that determined by ASADA or by the relevant sporting bodies?	Written
SQ18-000881	3 - Sport and Recreation	Farrell, Don	ASADA and WADA	Does ASADA follow WADA testing procedures or does it have its own procedures?	Written
SQ18-000882	6 - Ageing and Aged Care	Polley, Helen	More Choices For a Longer Life	Can the Department confirm there is \$145.5 million of savings across four years in relation to the More Choices for a Longer Life – Healthy Ageing and High Quality Care Budget announcement? If yes, why has the funding been decreased and what program or initiative has this money been re-allocated to?	Written
SQ18-000883	3 - Sport and Recreation	Farrell, Don	ASAD and WADA	Do we have a WADA accredited testing laboratory in Australia?	Written

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SQ18-000884	2 - Health Access and Support Services	O'Neill, Deborah	Meeting Times and Records	According to answers to Questions on Notice, the Department states that the Committee "will convene when necessary". The answers also provide the fact that the Committee's last meeting occurred in August 2017 a) Why did the PHN or the Department consider it unnecessary for the Committee to continue its work to address the GP shortage in the last 9 months?	Written
SQ18-000885	3 - Sport and Recreation	Farrell, Don	Guidelines on public comment	a) Does ASADA have internal rules or guidelines in relation to public comment on testing and results? b) Could you outline briefly, in simple terms, what those rules or guidelines are?	Written
SQ18-000886	6 - Ageing and Aged Care	Polley, Helen	Workforce Taskforce	a) Can the Department confirm if the Chair will continue in his role after the taskforce delivers its final report to Government? b) Can the Department confirm if there is any funding quarantined or to be allocated for implementing the taskforce recommendations? If not, why not? c) Can the Department outline the timeframes in relation to taskforce? Is there a date that the Government has set to respond to the taskforce's recommendations?	Written
SQ18-000887	3 - Sport and Recreation	Farrell, Don	Guidelines on public comment	Are any other organisations, including but not limited to the ASC, AIS and NSOs bound by any rules or guidelines regarding public comment on testing and results? If so, please outline those rules and guidelines and the organisations they apply to.	Written
SQ18-000888	6 - Ageing and Aged Care	Polley, Helen	Staffing Ratios	a) Has the Government undertaken any work on staffing ratios within a residential aged care environment? b) Is the Department or Government aware of any campaigns in relation to staffing ratios? c) Have any discussions been undertaken with the sector in relation to staffing ratios?	Written
SQ18-000889	3 - Sport and Recreation	Farrell, Don	ASDMAC	There were four appointments to the Australian Sports Drug Medical Advisory Committee in March and April this year with current end dates in June and July this year. Is that normal and what is the reason behind those appointments being for just a few months?	Written
SQ18-000890	3 - Sport and Recreation	Farrell, Don	ASADA Anti-Doping Rule Violation Panel	a) There is a vacancy on the ASADA Anti-Doping Rule Violation Panel – what exactly is the role and what are the duties of that vacant position? b) How long has it been vacant? c) What are the implications or impacts of that position remaining vacant? d) When is it expected to be filled?	Written
SQ18-000891	3 - Sport and Recreation	Farrell, Don	ASF vacancy	a) There is also a vacancy listed on the Australian Sports Foundation - what exactly is the role and what are the duties of that vacant position? b) How long has it been vacant? c) What are the implications or impacts of that position remaining vacant? d) When is it expected to be filled?	Written
SQ18-000892	3 - Sport and Recreation	Farrell, Don	Women's sport coverage	a) Are officials from the Office for Sport or the ASC aware of any new women's sport coverage on Fox Sports since Minister Fifield announced his \$30 million grant to that network? b) Do the Office for Sport or the ASC in any way monitor or measure sport coverage and in particular women's sport coverage? c) Does the Department or ASC have any way of measuring or monitoring what impact, if any, Minister Fifield's \$30 million grant to Fox Sports is having on coverage of women's sport?	Written
SQ18-000893	2 - Health Access and Support Services	O'Neill, Deborah	Outcomes of the Committee	According to the Answers on Notice, since the Committee "commenced its work" an additional 3 GPs have commenced practice. a) How did the work of the committee directly result in the recruitment of these GPs? b) What part of the funding provided by the Committee's \$100,000 allocation c) How many GPs have retired from Peninsula practices since the announcement of the committee in May 2017?	Written
SQ18-000894	6 - Ageing and Aged Care	Polley, Helen	Meals on Wheels	Can the Department confirm all meal providers are funded for \$4.70 per meal provided to CHSP funded recipients?	Written
SQ18-000895	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	a) What is the intent of the Government's Private Health Insurance reforms to the product categories? b) Has the taskforce completed its work on determining what should be the coverage in each of the four categories? c) Would implanted devices for hearing loss surgery only be covered by the Gold (top tier) category? d) Would this result in people who don't hold that top tier policy no longer being covered for cochlear implantation and replacement sound processors? e) Would people who already have that cover and want to retain it be forced to purchase a more expensive plan?	Written
SQ18-000896	2 - Health Access and Support Services	O'Neill, Deborah	Outcomes of the Committee	The Status Report makes reference to 4 additional registrars and their commencement of training: a) How did the work of the committee directly relate to the training of these 4 registrars? b) What was the nature of this training? c) Was this training provided by GP Synergy? d) Were these registrars already working at practices on the Peninsula? e) Is there requirement that these four GP registrars will remain on the Peninsula once their training has completed?	Written
SQ18-000897	6 - Ageing and Aged Care	Polley, Helen	Meals On Wheels	Can the Department confirm if any Meals on Wheels organisations across each state or territory will be receiving less CHSP meal service funding as the program transitions to the Home Care Package program? If yes, why is this the case?	Written

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SQ18-000898	4 - Individual Health Benefits	Watt, Murray	MBS out-of-pocket costs	"The Department has previously provided the average out-of-pocket cost for GP and specialist attendances in each Commonwealth electorate for 2016-17 (SQ17-1436) Please provide an update on these figures in each Commonwealth electorate for the year to March 2018 (i.e. the most recent year of Medicare statistics that is publicly available)"	Written
SQ18-000899	6 - Ageing and Aged Care	Polley, Helen	ACAT / RAS Teams	Can the Department outline the total amount of funding and state and territory breakdown allocated to the ACAT teams for each year over the forward estimates?	Written
SQ18-000900	4 - Individual Health Benefits	Watt, Murray	MBS bulk billing	The Department has previously provided the bulk billing rate by Commonwealth electorate and type of service (GP, specialist and total MBS) for 2016-17 (SQ17-1511). Please provide an update on these figures in each Commonwealth electorate for the year to March 2018 (i.e. the most recent year of Medicare statistics that is publicly available).	Written
SQ18-000901	6 - Ageing and Aged Care	Polley, Helen	ACAT / RAS Teams	a) Can the Department outline how many KPI's are used within the ACAT system as well as the detail around what these KPI's cover off on? b) Can the Department confirm if ACAT teams are meeting all of their KPI's?	Written
SQ18-000902	2 - Health Access and Support Services	O'Neill, Deborah	Outcomes of the Committee	The statement also makes reference to GP Synergy working "closely" with Woy Woy Peninsula practices. a) What is the nature of this work? b) Which practices are currently working with GP Synergy?	Written
SQ18-000903	4 - Individual Health Benefits	Watt, Murray	GP bulk billing	The Department has previously provided the percentage of patients who had all GP visits bulk billed in 2016-17 (SQ17-1439). Please provide an update on this figure for the year to March 2018 (i.e. the most recent year of Medicare statistics that is publicly available).	Written
SQ18-000904	6 - Ageing and Aged Care	Polley, Helen	ACAT / RAS Teams	Can the Department confirm if it or the Government has undertaken any work to integrate the RAS and ACAT assessment workforces?	Written
SQ18-000905	4 - Individual Health Benefits	Watt, Murray	GP bulk billing breakdown	In response to SQ18-331, the Department referred me to the Medicare Quarterly Statistics. However, as the Department is aware, those statistics do not include the information requested in SQ18-331. I therefore ask again: In SQ17-1439, the Department provided the number of patients who had all GP services bulk billed in 2016-17. Please provide the same figure for each state/territory and Commonwealth electoral division (noting that the Department has been able and willing to break down other Medicare data by state/territory and CED, e.g. SQ17-1436 and SQ17-1511).	Written
SQ18-000906	6 - Ageing and Aged Care	Polley, Helen	ACAT /RAS Teams	As confirmed by the Department, home support assessments are performed by 14 Regional Assessment Services organisations. Can the Department provide a list of the 14 organisations that deliver these services and what funding is given as a total and to each of these organisations annually?	Written
SQ18-000907	2 - Health Access and Support Services	O'Neill, Deborah	Outcomes of the Committee	The 7th of May statement also states "the Committee's work is continuing, with further recruitment and retention strategies being tested for the Peninsula area". a) What are these recruitment and retention strategies? b) What were the associated costs of these strategies? c) What is the current budget allocated to fixing the GP crisis on the Peninsula?	Written
SQ18-000908	2 - Health Access and Support Services	O'Neill, Deborah	Status Report February 2018	According to the Status Report document, the PHN indicates that they were "awaiting to see if the Woy Woy Peninsula received DWS status". a) Did the PHN speak or receive correspondence for Lucy Wicks about the upcoming DWS review? b) Did the PHN engage with any Members of the Government about the DWS review and the Peninsula? c) Can we be provided with all Status Reports relating to the Committee's work? d) Has the PHN undertaken the new advertising campaign outlined in the document? e) Which recruitment agencies are working with the PHN? f) Since the Committee's establishment has any recruitment agency working with the Committee successfully recruited a new GP with a placement on the Peninsula? g) What Peninsula practices are currently working with GP Synergy to increase GP numbers? h) What interaction has GP Synergy or GP recruitment agencies had with practices on the Peninsula? i) What are the "council restrictions" related to the inability of GPs starting a practice on the Peninsula?	Written
SQ18-000909	6 - Ageing and Aged Care	Polley, Helen	ACAT / RAS Teams	a) Can the Department outline if KPI's are used within the RAS system as well as the detail around what these KPI's cover off on? b) Can the Department confirm if it receives information or reports that RAS staff are meeting all of their KPI's?	Written

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SQ18-000910	2 - Health Access and Support Services	O'Neill, Deborah	\$100,000 Funding Allocation	The Terms of Reference document supplied in answers to Written Questions on Notice, it states that meetings are confidential. However, the document outlines that "Information may be shared with external stakeholders" which it clarifies may include "Members of Parliament". a) Did the PHN engage in conversations with Member for Robertson, Lucy Wicks? b) If so, what was the content of these discussions? c) Can we be provided with any agendas, minutes or correspondence relating to meetings or discussions with Lucy Wicks? d) Can we be provided with any correspondence between Minister Gillespie and/or Lucy Wicks to the PHN or the Committee relating to the \$100,000 funding reallocation and the committee establishment by the PHN? e) Did the PHN engage in conversations with other Members of Parliament regarding the allocation of the \$100,000 and how it was spent? And if so, which Members of Parliament were they?	Written
SQ18-000911	4 - Individual Health Benefits	Watt, Murray	MBS Review	The 2017 MYEFO and 2018 Budget have included a combined \$598.7 million in net savings from the MBS Review. Please provide a breakdown of these savings by: a) year b) MBS item group c) MBS item	Written
SQ18-000912	6 - Ageing and Aged Care	Polley, Helen	CHSP Transition	a) What is the revised timeframe for the transition of the CHSP to take place in 2020 and can the Department provide an update on its preparedness for the changeover? b) Can the Department provide details about the consultation it has done with the sector to date? Does the Department expect the sector and providers are ready for service delivery as the CHSP transitions? c) Can the Department confirm if there is an agreed policy that outlines charges and fees? d) Can the Department confirm if any work has been undertaken to adopt recommendation 16 of the Tune Review? Can the Department explain why there has been no indexation of the CHSP in past years?	Written
SQ18-000913	2 - Health Access and Support Services	O'Neill, Deborah	Feedback	According to the statement released by the Department of Health "Residents in and around the Peninsula will have noticed improved access to GPs as a result of the work of the Hunter New England Primary Health Network Peninsula Workforce Committee." a) Can the Department or the PHN submit any evidence that this statement is correct? b) Was there a survey undertaken of Peninsula residents to determine the effectiveness of the committee? c) Will the committee survey feedback from primary health providers, participants or local constituents about the working group and its outcomes?	Written
SQ18-000914	6 - Ageing and Aged Care	Polley, Helen	Residential Aged Care Access Program	Can the Department confirm it doesn't track the cost of construction of aged care facilities? If not, why not?	Written
SQ18-000915	4 - Individual Health Benefits	Watt, Murray	MBS Review	Please provide an update on the membership and progress of the Clinical Committees, including the Pain Management committee.	Written
SQ18-000916	4 - Individual Health Benefits	Watt, Murray	PBAC recommendations	The Department has previously provided a list of medicines/vaccines that have been recommended by the PBAC but not yet listed on the PBS/NIP (SQ17-1115). Please provide an updated list of medicines/vaccines that have been recommended by the PBAC but not listed on the PBS/NIP as of the date of the Department's response.	Written
SQ18-000917	6 - Ageing and Aged Care	Polley, Helen	2018 -19 Budget funding for Aged Care	Please provide the following information regarding respect of the \$5 billion over 5 years announced as increased funding for aged care in the 2018-19 Budget. a) Can the Department confirm for each component of the \$5 billion over 5 years, does the 5 year timeline include 2017-18 or 2022-23 or one or the other depending on the measure? b) Can the Department confirm why many measures appear to be over 4 years not 5 years – for example \$160 million for additional home care places from 2018-19 to 2021-22? c) Can the Department explain why in each Fact Sheet for the aged care measures a statement is included to the effect "This will cost \$X million from 2018-19 to 2021-22" except some measures are not over the full 4 years (e.g. 2 years)? Can the Department clarify what part of this figure is new funds and how this fits with the 5 year timeline for the \$5 billion? Please confirm what baselines have been used for the additional funding?	Written
SQ18-000918	3 - Sport and Recreation	Farrell, Don	ASC/AIS Staffing	Is the Department or the ASC/AIS currently undertaking any work towards the potential introduction of a national sports lottery?	Written
SQ18-000919	4 - Individual Health Benefits	Watt, Murray	PBAC listings	The Department's 2016-17 Annual Report (p124) shows that 15% of PBAC-recommended medicines were not listed on the PBS "within six months of agreement of budget impact and price" in 2016-17, up from 8% in 2015-16". a) For each of 2015-16 and 2016-17, what was the average length of time between PBAC recommendation and "agreement of budget impact and price"? b) For each of 2015-16 and 2016-17, please provide a list of medicines that were not listed within this KPI (i.e. a list of the 8% in 2015-16 and the 15% in 2016-17) c) For each medicine in b) above, please provide the date the medicine was recommended by the PBAC and the date it was listed on the PBS (if at all).	Written

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SQ18-000920	3 - Sport and Recreation	Farrell, Don	ASC/AIS Staffing	Ms Brassil stated in Estimates on 29 May that ASC "core staffing" was 512, as opposed to 574 reported response to QON 171 from Additional Estimates, which she said was a "transition" figure. Does that figure reflect an additional 60 or so staff for the period of transition? Why were those staff required? What did they do / are they doing and why will they no longer be required post "reorganisation" of the ASC?	Written
SQ18-000921	6 - Ageing and Aged Care	Polley, Helen	2018 -19 Budget funding for Aged Care	Can the Department provide details in relation to how the \$5 billion over 5 years in additional funding is broken down for each measure and across the forward estimates (by each year)?	Written
SQ18-000922	4 - Individual Health Benefits	Watt, Murray	Written authority approvals	a) Is the Department aware of increasing delays in processing these scripts? What's the reason for these delays? b) What does the Department consider to be a reasonable amount of time for patients to wait for their treatments? c) The Department of Health's Parliamentary Budget Statement states that \$28.2 million has been allocated to ePrescribing reforms. Will a portion of these funds be spent on automating the process for doctors to obtain written authority?	Written
SQ18-000923	6 - Ageing and Aged Care	Polley, Helen	Income Tested Care Fee	What actions is the Department and/or Government taking in relation to the Income Tested Care Fee?	Written
SQ18-000924	3 - Sport and Recreation	Farrell, Don	ASC/AIS Staffing	What were the ASC and AIS total staff numbers in 2000-01? How many of those were employed in the area of high performance? How many were coaches? How many were sports scientists? What were the roles and duties of the remaining staff in the area of high performance at that time?	Written
SQ18-000926	3 - Sport and Recreation	Farrell, Don	ASC/AIS Staffing	Please provide the best available estimates of the same information for ASC and AIS staffing post 'reorganisation'	Written
SQ18-000927	6 - Ageing and Aged Care	Polley, Helen	Ageing Package	For each of the Budget measures included on page 117, 118 & 119 of Budget Measures Budget Paper No. 2 please provide the following: • A total amount of funding for each aged care or ageing measure; • The allocated amount of funding for each aged care or ageing measure across each year across the forward estimates; • A detailed explanation in relation to how each of the aged care or ageing measures are funded and from what Budget lines or outcome.	Written
SQ18-000928	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funds	The Department of Health confirmed that in the 12 months to 28 February 2018 the average amount of the Commonwealth proportion of unspent funds reported by providers to the Department of Human Services was \$4,383 per care recipient who had exited Home Care and where there were unspent funds. Can the Department confirm why it does not collect data on unspent consumer contributions?	Written
SQ18-000929	6 - Ageing and Aged Care	Polley, Helen	14,000 Home Care Packages	a) Can the Department explain how the 14,000 home care packages included in the Budget were funded? b) Can the Department confirm that 14,000 home care packages were funded entirely by a more than 20,000 reduction in projected residential care places between 2017-18 and 2020-21? c) Was any funding moved from the Commonwealth Home Support Program to fund these 14,000 home care packages or any other 2018-19 Budget measures? d) Can the Department explain what modelling was used to calculate the 14,000 home care packages included in the 2018-19 Budget? If no modelling was used, how was the quantum of 14,000 home care packages decided? e) Can the Department confirm if all of the 14,000 home care packages are high level and how will they be allocated across the four years? How many of these packages will be level 3 and level 4?	Written
SQ18-000930	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages	Can the Department provide details of the total number of home care packages that will be allocated across the forward estimates year by year? Please provide the number of people who will have a home care package across the forward estimates? Please provide a breakdown by level of package that is – level 1, level 2, level 3 and level 4? Please provide the number of people who will be waiting for a home care package across the forward estimates? Please provide a breakdown by level of package that is – level 1, level 2, level 3 and level 4? Please provide the number of people who will need a home care package across the forward estimates? Can this be broken down by level of package that is – level 1, level 2, level 3 and level 4? How many people does the Department expect will be on the wait list at the end of the forward estimates?	Written

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000931	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages - Unmet Demand	At the last Estimates there was a question on notice (SQ18-000359) relating to unmet demand. This question was unanswered before Budget but the rationale given by the Department about why it could not determine unmet demand was that the list was 'dynamic and highly variable'. a) Can the Department explain why it or the Government are reluctant to undertake some form of predictive analysis to ascertain what the unmet demand will be? b) Does the Department expect the home care package wait list to grow every quarter? c) Why is the Department unable to provide a figure on unmet demand or across the forward estimates? d) Why has the Department not done this work? Does the Department not have the resources to do this work? Please provide a reason? e) Can the Department provide details in relation to how many people with disability have a home care package? Can the Department provide details in relation to how many people who identify as Aboriginal or Torres Strait Islander have a home care package?	Written
SQ18-000932	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages - Unmet Demand	a) Can the Department provide details in relation to how many people with disability have a home care package? b) Can the Department provide details in relation to how many people who identify as Aboriginal or Torres Strait Islander have a home care package? c) Can the Department provide details in relation to how many people who are from CALD backgrounds have a home care package?	Written
SQ18-000933	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages - By Electorate	Please provide a breakdown of the home care package wait list data by electorate? If the Department cannot provide a breakdown of the home care package wait list data by electorate can it explain why this is the case if the post codes are known? Does the Department lack the resources to do this work?	Written
SQ18-000934	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Wait List	In response to SQ18-000094 can the Department provide a breakdown of the level of packages - that is level 1, 2, 3 & 4 for the 636 people waiting more than 12 months on the national prioritisation queue? Can the Department also provide a breakdown of the level of package - that is level 1, 2, 3 & 4 for the 299 people waiting more than 24 months on the national prioritisation queue?	Written
SQ18-000935	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Wait List	As at 31 December, 2017 were there any people waiting more than 24 months on the national prioritisation queue? If yes, please provide the length of wait time, the number of people and if these people were receiving any services or not receiving any services?	Written
SQ18-000936	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Wait List	Can the Department provide the number of people waiting more than 24 months for a home care package they have been approved for? Can the Department also provide details in relation to those people waiting more than 24 months who are on an interim package while waiting for their approved package?	Written
SQ18-000937	6 - Ageing and Aged Care	Polley, Helen	Home Care Providers	a) How many registered home care providers are there at 31 May, 2018? b) How many registered home care providers were there at 31 May, 2017? c) How many registered home care providers were there at 31 May, 2016? d) Can the Department provide a detailed list of the providers that are currently registered to deliver home care services in each state and territory? e) Can the Department describe the processes that exist for an organisation to become a registered service provider? What checks and balances does the Department have in place to evaluate each organisation that applies to deliver home care services? f) What is the average wait time for the Department to approve an organisation to be a registered home care provider? g) How many organisations are currently waiting for their registration to be approved? h) How many organisations have applied to be registered as home care providers but were rejected?	Written
SQ18-000962	6 - Ageing and Aged Care	Cameron, Doug	Boosting Care Workforce Package	Minister Ken Wyatt announced the Boosting Care Workforce Project, a \$33 million dollar project to support NDIS and Aged Care workforce development and support organisations transition in these reformed markets. Why does the Minister for Aged Care and the Department of Health think that they need to take on this role? Is this a sign that the Department isn't doing enough? Why isn't the Department working on Aged Care workforce development?	Written
SQ18-000963	0 - Whole of Portfolio	Singh, Lisa	Flexible Funds	Senator SINGH: If you could give us a breakdown of the cuts by year and priority area on notice, that would be appreciated.	Hansard Proof, 29 May 2018, CA Committee, Page 18

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SQ18-000964	4 - Individual Health Benefits	Di Natale, Richard	MBS items	Ms Shakespeare: There are changes to diagnostic procedures for thoracic medicine. We are hoping to improve diagnosis of asthma in general practice through changes to spirometry items to encourage greater use of those tests. There is a new structure for sleep study items to ensure better identification and management of patients with sleep disorders. There is a new set of items to support complex lung function tests to reflect the complexity of those tests. There are changes to renal medicine, including a new item being introduced to support the delivery of dialysis in very remote areas, which will improve access for Aboriginal and Torres Strait Islander people to those services. These are 'on behalf of' items. Senator DI NATALE: That is not a saving—that is going to be an additional expense. Ms Shakespeare: These items are changes. Some result in additional expenditure and some result in reductions in expenditure. Senator DI NATALE: Okay. Ms Shakespeare: So, yes, that will certainly result in an increase in expenditure. I am happy to tell you what that is on notice. We can break that down.	Hansard Proof, 30 May 2018, CA Committee, Page 20
SQ18-000965	6 - Ageing and Aged Care	Polley, Helen	ACAT Guidelines	Senator POLLEY: So how do you define and interpret, then, somebody who needs a level 4 package and has been diagnosed with dementia? Ms Buffinton: First of all, we have the ACAT assessment. We have guidelines and guidance to ACATs using their allied health professional judgement against a set of criteria of what constitutes level 1, 2, 3 and 4. I think we've provided those guidelines in the past, and we're happy to provide those guidelines again, on what constitutes, therefore, the level of frailty that would be judged for level 1, 2, 3 and 4.	Hansard Proof, 30 May 2018, CA Committee, Page 117
SQ18-000977	6 - Ageing and Aged Care	Hinch, Derryn	Homelessness supplement	Senator HINCH: From what I'm hearing, it's the listed thing: homeless people are going to get less because they've been homeless. Mr Murray: And there are specific initiatives where the government does pay higher supplements for homeless people. There is a homelessness supplement, which is paid to providers, to assist them in providing services to the homeless people. Senator HINCH: Take this on notice: can someone provide me with what the breakdowns are of this, what the general amount is and whatnot? Dr Studdert: Certainly, Senator.	Hansard Proof, 30 May 2018, CA Committee, Page 104
SQ18-000978	0 - Whole of Portfolio	Patrick, Rex	National Mental Health Commission - Travel Expenditure	For FY 16/17: 1. Please provide details of the Qantas/Virgin split for official travel in terms of: a. Total number of tickets b. Total value spent for official travel? 2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy. 3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?	Written

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000979	0 - Whole of Portfolio	Patrick, Rex	Food Standards Australia New Zealand - Travel Expenditure	<p>For FY 16/17:</p> <p>1. Please provide details of the Qantas/Virgin split for official travel in terms of:</p> <p>a. Total number of tickets</p> <p>b. Total value spent for official travel?</p> <p>2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy.</p> <p>3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?</p>	Written
SQ18-000980	0 - Whole of Portfolio	Patrick, Rex	Independent Hospital Pricing Authority - Travel Expenditure	<p>For FY 16/17:</p> <p>1. Please provide details of the Qantas/Virgin split for official travel in terms of:</p> <p>a. Total number of tickets</p> <p>b. Total value spent for official travel?</p> <p>2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy.</p> <p>3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?</p>	Written
SQ18-000981	0 - Whole of Portfolio	Patrick, Rex	National Health Funding Body - Travel Expenditure	<p>For FY 16/17:</p> <p>1. Please provide details of the Qantas/Virgin split for official travel in terms of:</p> <p>a. Total number of tickets</p> <p>b. Total value spent for official travel?</p> <p>2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy.</p> <p>3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club?</p> <p>a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin?</p> <p>5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?</p>	Written

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PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ18-000982	0 - Whole of Portfolio	Patrick, Rex	Australian Sports Commission - Travel Expenditure	For FY 16/17: 1. Please provide details of the Qantas/Virgin split for official travel in terms of: a. Total number of tickets b. Total value spent for official travel? 2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy. 3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?	Written
SQ18-000983	0 - Whole of Portfolio	Patrick, Rex	Australian Sports Anti- Doping Authority - Travel Expenditure	For FY 16/17: 1. Please provide details of the Qantas/Virgin split for official travel in terms of: a. Total number of tickets b. Total value spent for official travel? 2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy. 3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?	Written
SQ18-000984	0 - Whole of Portfolio	Patrick, Rex	Australian Aged Care Quality Agency - Travel Expenditure	For FY 16/17: 1. Please provide details of the Qantas/Virgin split for official travel in terms of: a. Total number of tickets b. Total value spent for official travel? 2. In the event there is a disparity of greater than 65/35 in the split (either way), please provide a detailed reasons for the split in the context of a lowest practical fare policy. 3. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only the Qantas Chairman's Lounge? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 4. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from only Virgin's The Club? a. Could you please provide a breakdown of the travel for each of those individuals between Qantas and Virgin? 5. How many people in your organisation have been invited to (on the basis of their official position), and accepted, memberships from both the Qantas Chairman's Lounge and Virgin's The Club?	Written