

COMMUNITY AFFAIRS LEGISLATION COMMITTEE HEALTH PORTFOLIO 2021-22 BUDGET ESTIMATES - INDEX OF QUESTIONS ON NOTICE – 1 – 2 June 2021

| QoN No. | Department /Agency | Senator | Subject | Question | Hansard page / Written |
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| SQ21-000448 | Department of Health | Dean Smith | National outbreaks | <p>Senator DEAN SMITH: So are unconfirmed cases and close contacts being interviewed within 12 to 14 hours?</p> <p>Prof. Kelly: Look, I don't know the absolute detail of that, Senator Smith. Certainly they are keeping very close to those national benchmarks.</p> <p>Senator DEAN SMITH: Keeping very close to national benchmarks, but not meeting them?</p> <p>Prof. Kelly: I would have to take that on notice. I haven't seen their results in the last few days. I can imagine that they are under great pressure. We continue to offer assistance, as do other states. At the moment, they say that they are keeping-</p> <p>Senator DEAN SMITH: So for the last few days you're not able to confirm whether or not the national benchmarks are being met with regard to confirmed cases and close contact interviews in Victoria? Is that what you have just said?</p> <p>Prof. Kelly: I have been away the last couple of days, so I'll have to take that on notice. I am sure I can come back later this afternoon to the committee.</p> | Page 15 1/06/2021 |
| SQ21-000449 | Department of Health | Dean Smith | Rollout of the second dose of the vaccine in Victoria | <p>Senator DEAN SMITH: When we talk about the rollout of the second dose of the vaccine, what can you tell us with regard to the rollout plan and delivery against the schedule for those aged-care homes that are Victorian state controlled?</p> <p>Ms Edwards: So almost all states and territories have been allocated some of their own to do vaccinations in. Like us, they have been making steady progress on that and are nearly complete.</p> <p>Senator DEAN SMITH: Nearly complete?</p> <p>Senator Colbeck: The information that I have is that Victoria have completed their first round vaccinations in all aged-care facilities. I had a conversation with my state counterpart, Minister Donnellan, who, I have to say, has been really great to work with all the way through the pandemic. He has been very, very cooperative and constructive. They did, I understand, change their vaccination type in residential aged-care from Pfizer to AstraZeneca as a part of their rollout. During my conversation with Minister Donnellan over the weekend, he indicated to me that they would finalise their second round doses during July. The public information that I have is that they completed their first round doses around 19 April. That is public reporting. I have seen that through the media. Their second round doses would be completed 12 weeks from that process, which would make it about 19 July that Victoria would finish their second round doses of AstraZeneca in the facilities where they've used AstraZeneca as a vaccine.</p> <p>Ms Edwards: We might also take on notice to confirm the numbers, because the numbers I have are slightly different to Minister Colbeck's. I have that three facilities</p> | Page 15-16 1/06/2021 |

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| | | | | haven't been visited, but I'm not clear on whether that's the first or second dose. To be absolutely clear, we will take on notice to confirm. As I say, we're close to done. | |
| SQ21-000450 | Department of Health | Dean Smith | Aged care portal timeframe | <p>Senator WATT: We're trying to get fairly concise answers here. As it is, we are not getting much time to ask questions.</p> <p>Ms Edwards: I think the question is: when will it be done? I think this might help with that</p> <p>Senator WATT: Can we just get an answer to that?</p> <p>Mr Lye: The portal that will record results from providers around vaccination will go live on Friday.</p> <p>Senator GALLAGHER: When did work start on that?</p> <p>Mr Lye: I would have to take that on notice.</p> <p>Senator GALLAGHER: You don't know?</p> <p>Mr Lye: I can come back. It has been a period of time.</p> | Page 19 1/06/2021 |
| SQ21-000451 | Department of Health | Rachel Siewert | Who are the organisations and contractors who have been providing vaccines to both aged-care residents | <p>Senator SIEWERT: Can you provide details-you will probably have to take it on notice because it will take too long, I think-of each resident who has been vaccinated with the first dose and second dose and how much each of those contracts have been for?</p> <p>Senator Colbeck: Yes. We can take that on notice.</p> <p>Ms Edwards: Yes, absolutely. We can take it on notice. I am sure we can provide that information broken down. In relation to the financials, we can absolutely provide the contract amount, from how much is in. I can do that now, if you would like. The actuals will be a moment in time. I am not across how far we've actually billed. Probably the headline figures are more useful to you.</p> <p>Senator SIEWERT: Okay. The headline figures would be useful. Thank you.</p> <p>Ms Edwards: Do you want them now?</p> <p>Senator SIEWERT: Yes, please.</p> <p>Ms Edwards: For Aspen, it is \$24,298,000. For HCA, it is \$30,828,000. For Sonic, it is \$18,503,000. For International SOS, it is \$3,687,000. Obviously there is no figure for the Defence Force.</p> <p>Senator SIEWERT: Sorry, could you-</p> <p>Ms Edwards: The last one, did you want?</p> <p>Senator SIEWERT: The HCA one, yes. I wasn't quick enough with writing it down.</p> <p>Ms Edwards: Back to HCA, did you say?</p> <p>Senator SIEWERT: HCA, yes.</p> <p>Ms Edwards: HCA was \$30,828,000. Sonic is \$18,503,000. International SOS is \$3,687,000. As I say, that is the contract envelope-the commitment approvals that were made. Each provider would bill as they go along. So they are total maximum contract amounts as opposed to representing what has actually been expended to date.</p> <p>Senator GALLAGHER: Can you give us expenditure for that?</p> | Page 29-30 1/06/2021 |

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| | | | | <p>Ms Edwards: As I just mentioned, we will provide on notice what we've got-what has been billed and paid for. As a moment in time, there would be some lag, so it may not reflect how much work has been done to date.</p> <p>Senator SIEWERT: That's what I am interested in. You can take it on notice.</p> <p>Ms Edwards: I will take on notice what we've got.</p> | |
| SQ21-000452 | Aged Care Quality and Safety Commission | Rachel Siewert | Investigations of breach of duty of care in aged care residential facilities | <p>Ms Anderson: I don't know if I have the precise definition. I can get you some case examples. It's a fairly broad definition. I don't believe I have it in my papers. It's readily available in all the published material. Let me give you an example: under the category of neglect, we would include 'slow to respond to a call bell which appears to have contributed to an individual harming themselves'-possibly seeking to get out of a bed without assistance, falling and experiencing a high level of impact as a result of that fall. That would be neglect. That's clearly a serious incident, and we would be very clear about the need for the provider to have understood that and to be accountable for that. The reasons that that might have occurred would definitely be the subject of, at least, an inquiry on our part, if not an investigation.</p> <p>I have the definition, courtesy of Ms Laffan: a breach of the duty of care owed by the approved provider, or a staff member of the approved provider, to the residential care recipient, and/or a gross breach of professional standards by a staff member of the approved provider in providing care or services to the residential care recipient.</p> <p>...</p> <p>Senator SIEWERT: Of the 20 cases-and I understand what you've said about the 13 and the seven-what do they relate to in terms of incidences?</p> <p>Ms Anderson: Of the 13 we're investigating, six relate to unexpected deaths, four to neglect and two to unreasonable use of force. There's one last one, the 13th. I don't have a category. It was commenced in response to the level of information given to us. I don't know quite why I don't have a category, but I will look into that.</p> <p>Senator SIEWERT: So there's one not yet categorised?</p> <p>Ms Anderson: Yes. It looks to me as if I can't give you a tag for that.</p> <p>Senator SIEWERT: They're the 13 that are under investigation. Which are the seven that are being followed up?</p> <p>Ms Anderson: I don't have specifics on those. I'm happy to take that on notice.</p> | Page 91-92 2/06/2021 |
| SQ21-000453 | Aged Care Quality and Safety Commission | Rachel Siewert | Cases of unreasonable use of force incidences | <p>Senator SIEWERT: Can I go to the unreasonable use of force incidences. Can you articulate what that has involved, particularly the cases that you're examining?</p> <p>Ms Anderson: Again, I apologise, I don't have that level of detail. I'd be pleased to provide it to you on notice.</p> <p>Senator SIEWERT: Thank you. In terms of the unexpected deaths, where are they occurring? I presume you probably don't want to name the institutions, or you can't?</p> <p>Ms Anderson: No, and I don't have that information in front of me, either. I don't have</p> | Page 92 2/06/2021 |

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| | | | | <p>the specifics of those individual cases. As the name suggests, people in residential aged care are frail, and many of them have chronic, complex disease moving towards end-of-life care, and some are in palliative care. A general practitioner, a registered nurse or aged care workers typically would have some sense of proximity of end-of-life, so these are deaths other than that-where it is occurring earlier than anyone expected, or occurs suddenly in circumstances which appear on the face of it to have been avoidable.</p> <p>Senator SIEWERT: And they make the highest category of those being investigated?</p> <p>Ms Anderson: Yes, that's right.</p> <p>Senator SIEWERT: In terms of neglect, for the four you're examining, are you able to tell us what that involved?</p> <p>Ms Anderson: I'm sorry, Senator. I can give you-as I've just done-an example of a case of neglect, but I do not have specifics on those four.</p> | |
| SQ21-000454 | Department of Health | Rachel Siewert | Aged-care facilities vaccine data | <p>Senator SIEWERT: Do you provide detail on how many residents and actual facilities each one of them have done and where?</p> <p>Ms Edwards: Facility per provider with how many residents? How many residents in the facilities or how many agreed to be vaccinated?</p> <p>Senator SIEWERT: Well, how many vaccinated and across how many facilities for each of those providers.</p> <p>Ms Edwards: You are cutting in and out a bit, Senator. I want to make sure I have heard exactly what are you asking.</p> <p>Senator SIEWERT: I apologise. The connection isn't brilliant. How many aged-care facilities have each of them done? How many residents does that cover, whether it is first or second dose? Where else are they providing that surge capacity? What else are they doing besides aged care?</p> <p>Ms Edwards: At the moment, it's only been aged care and residential disability. We'll provide on notice the detail of those.</p> <p>Senator SIEWERT: Thank you.</p> | Page 30 1/06/2021 |
| SQ21-000455 | Aged Care Quality and Safety Commission | Rachel Siewert | The rise of unlawful or inappropriate sexual contact | <p>Senator SIEWERT: I'm trying to understand the nature of the neglect here. Thank you. The unlawful or inappropriate sexual contact has gone up to 149-so, to be clear, that's 149 since the-</p> <p>Ms Anderson: The beginning of the scheme-1 April, which is six weeks.</p> <p>Senator SIEWERT: I was adding a couple of weeks; so six weeks. You're not examining any of those?</p> <p>Ms Anderson: Not by way of investigation. They may be included in those that we have referred to other areas of the Commission for a closer look, and which might contribute to an understanding of risk of that service which moves us into, for example, a site audit or unannounced assessment contact. We wouldn't stand up an investigation with a capital 'I', but we may well undertake an unannounced assessment contact on the</p> | Page 92-93 2/06/2021 |

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| | | | | <p>strength of that information.</p> <p>Senator SIEWERT: How many of those have been undertaken of the 1,876? They come in a different category yet again, don't they?</p> <p>Ms Anderson: Yes. Information available to me today does not allow me to track that for you but, again, I would be pleased to take that on notice. The complexity of it, if I could just get it to you quickly, is that there is a range of reasons that we would choose to take a particular regulatory action. We have a number of channels of information coming in to us including complaints, third parties and so on. The constellation of information that we have on a particular provider at a particular point in time may trigger us in requiring further information from them, or doing a telephone contact in the first instant to ask a range of structured questions, or undertaking unannounced assessment contact on site. Or, possibly, undertaking an unannounced review audit, which is the most intensive engagement we can have with a provider, where we look at all 42 requirements under eight standards, and typically spend three or four days on site with two, three or four assessors.</p> <p>Senator SIEWERT: If you can't tell me now, for all those different points, can you tell us how many of these serious incidences have led to the 'top of the wazza' review, and to the other forms of response?</p> <p>Ms Anderson: I'm happy to take that on notice. The only aspect of it which could be problematic for us is the 'led to'-they would have contributed to what we knew about a provider, which would have led to a decision, but they would have, in a small number of incidences only, triggered a particular action themselves.</p> <p>Senator SIEWERT: I think it's still significant. If it's contributed to this overall review, it's a signal that something's going on-that's what I understand you're saying.</p> <p>Ms Anderson: Absolutely.</p> | |
| SQ21-000456 | Aged Care Quality and Safety Commission | Rachel Siewert | Data on unlawful or inappropriate sexual contact | <p>Senator SIEWERT: Okay, I'm getting the look from the chair-one last question, and that is going back to unlawful or inappropriate sexual contact. Are you able to break that down into staff and residents?</p> <p>Ms Anderson: Yes, I can-not today, but I certainly can provide that information to you. Under the new SIRS arrangements, which you're familiar with, we are capturing all resident-on-resident action as well, and that may also be part of what's contributing to that relatively high proportion of unreasonable use of force.</p> <p>Senator SIEWERT: Okay, they are reporting it under that-or both?</p> <p>Ms Anderson: Not sexual assault. But you do have numbers of incidents where one resident interacts with another and it goes badly.</p> <p>Senator SIEWERT: Yes. So what you're saying, going back to unreasonable use of force, is that also is staff and residents? If you could break both down, that would be great.</p> <p>Thank you.</p> | Page 94 2/06/2021 |

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| SQ21-000457 | Department of Health | Helen Polley | Attracting staff to Aged Care | <p>Senator POLLEY: The Aged Care Royal Commission predicted that the frontline direct care staff will grow from 319,218 in 2020 to 411,097 by 2030. If a three-star minimum staffing were implemented in residential care, which you were doing, that's an additional 91,879 staff. If you're recruiting 18,000 over the next four years, that leaves you over 70,000 short. What's your modelling saying about the Royal Commission's report, and isn't that leaving us all a bit short in terms of workers?</p> <p>Ms Gleeson: I think I would have to take that on notice, to have a closer look at that methodology and compare it to our own.</p> <p>Mr Lye: Senator, I think you said 18,000 a year over four years. I think we're saying we've got slightly different numbers to you, but we could try and show you how we think we're going to meet that.</p> <p>Senator POLLEY: Do you want to come back after dinner-</p> <p>Mr Lye: Not really!</p> <p>Senator POLLEY: -or are you taking that on notice? It was worth a try! What factors play a part in attracting workers to the sector-is it conditions, is it the training? Are you relying on, as we have in the past-immigration?</p> | Page 95 2/06/2021 |
| SQ21-000458 | Department of Health | Murray Watt | The number of home care workers vaccinated | <p>Senator WATT: We don't currently know how many home-care workers have been vaccinated.</p> <p>Mr Lye: That's right.</p> <p>Senator WATT: And there is, what, close to 130,000 of them? How many?</p> <p>Mr Lye: I will go back and check.</p> | Page 13 2/06/2021 |
| SQ21-000459 | Department of Health | Nita Green | COVIDSafe app Act | <p>Senator GREEN: That section in the legislation, I think, actually might have been an amendment introduced in the Senate or through the House of Representatives. It was part of the parliament's scrutiny provisions put into the legislation to make sure that-if the parliament was going to support the app and the steps that were being taken to store private information of citizens for this very important public health purpose-there would be some reporting mechanisms. Minister, do you know why the government is choosing to not deliver the reports in the way the parliament embedded in this legislation?</p> <p>Senator Colbeck: Unfortunately, I don't have any advice on that. I'm happy to seek some advice for you, in that respect-understanding, as you have put it, there are provisions within the act for that to occur. I will see what information I can find for you.</p> | Page 116 2/06/2021 |

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| SQ21-000460 | Department of Health | Rex Patrick | Cloud services | <p>Senator PATRICK: How many cloud services were approved for use within the department's IT system by the agency, presumably by yourself or whoever the authorising officer is, pursuant to the government information security manual in the last 12 months?</p> <p>Mr Keys: I will have to take that offline and come back to you. I don't have that number in front of me.</p> | Page 35 1/06/2021 |
| SQ21-000461 | Department of Health | Rex Patrick | Cloud services accessed within the last 12-month period | <p>Senator PATRICK: Based on that logging, regardless of whether a contract exists or not, I wonder how many different cloud services were accessed within the last 12-month period.</p> <p>Mr Keys: Just holistically?</p> <p>Senator PATRICK: Yes.</p> <p>Mr Keys: I will have to take that offline as well. I don't have that number.</p> | Page 36 1/06/2021 |
| SQ21-000462 | Department of Health | Rex Patrick | IT network traffic | <p>Senator PATRICK: I have some network traffic related questions that you may need to take on notice. I presume you have Top Talker monitoring in your organisation. Perhaps you could provide the top talkers in terms of foreign entities or foreign IP addresses-I don't know how you characterise that-ranked in order of the traffic volume.</p> <p>Mr Keys: I will take that on notice and come back to you. Obviously, to get into a low level of security, the more information we supply, the more risk it potentially can present to the department. We will look to supply-</p> <p>Senator PATRICK: I am just asking whether the USA is at the top. I'm just asking for the top ones.</p> <p>Mr Keys: We'll endeavour to supply as much information that doesn't present additional risks to the department.</p> <p>Senator PATRICK: Sure. If you are excluding information, please indicate that.</p> <p>Mr Keys: Certainly.</p> <p>Senator PATRICK: And the harm you think would flow from that so that the Senate can assess it. Thank you. Based on network log analysis, was there any use of the department's IT services in respect of streaming or social media services going out? In effect, I'm talking about what might be considered the unauthorised use of IT services. I presume you are monitoring that?</p> <p>Mr Keys: Absolutely, yes. We monitor all our internal systems. There is plenty of use of social media services internally that is not inappropriate; it is appropriate. An example is that our communications team actively uses social media to provide updates to the community, and that's perfectly acceptable.</p> <p>Senator PATRICK: Perhaps if we look at unauthorised use.</p> <p>Mr Keys: Certainly.</p> <p>Senator PATRICK: Torrent traffic.</p> <p>Mr Keys: That is another thing I'm happy to take offline and get back to you. I don't</p> | Page 36-37 1/06/2021 |

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| | | | | <p>have these low level details.</p> <p>Senator PATRICK: What about Tor traffic, which might indicate connections to the dark web?</p> <p>Mr Keys: Just so that you are aware, I will provide an overarching statement on this but then come back to you. We have sophisticated security operations monitoring in place that identifies, I guess, patterns of behaviour and then reports them. It obviously takes a risk based assessment of what we do in response to them. We work in partnership with the Australian Cyber Security Centre to do detailed assessments of our cyber posture in order to inform, I guess, the best action. Although I am not answering that very specific question, I can, I guess, provide assurance that we are actively monitoring our networks to identify these sorts of risks and taking the best advice that Australia has in informing those processes.</p> <p>Senator PATRICK: I am talking about risks on the inside or, indeed, illegal activity on the inside.</p> <p>Mr Keys: Risks both internally and externally are taken just as seriously.</p> <p>Senator PATRICK: Also in relation to VPNs as well.</p> <p>Mr Keys: Yes.</p> <p>Senator PATRICK: And any circumstance where you have any of those, what percentage of traffic that might represent?</p> <p>Mr Keys: Certainly.</p> <p>Senator PATRICK: That is it. Thank you, Chair.</p> | |
| SQ21-000463 | Australian Sports Commission | Don Farrell | Beechworth Lawn Tennis Club | <p>Senator FARRELL: I'm not asking you to go into any of the details of the proceedings before the court. For almost two years now, your defence to this whole catastrophe known as sports rorts has been that the minister made the decision. The minister took the hit for this; she had to resign. You are now saying to the court, 'That's all wrong, we were the final decision-makers.' Why are you now saying that? I'm not asking you to go into any of the details of the court proceedings. I'm simply asking you to explain to the Australian people why you have changed your defence, two years after this sorry tale began.</p> <p>Mr Dalton: In the interests of consistency, it's my position that we're not going to disclose those details because they're before the Federal Court.</p> <p>Senator FARRELL: I'm not asking you to disclose any details other than what has been on the public record for almost two years. Your defence to the ANAO and to the Senate inquiry for the appalling matters that occurred during the sports rorts affairs was that the minister made these decisions. She took the hit; she was forced to resign. These are public proceedings that have been in the newspaper. You're now saying you have changed your defence. Why are you now saying you're responsible when for two years you said the minister was responsible? What's the problem?</p> | Page 119 2/06/2021 |

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| | | | | <p>Mr Dalton: I've given you my answer to the question. Senator FARRELL: And I'm asking you to reconsider that position. Mr Dalton: Okay, I'll take it on notice.</p> | |
| SQ21-000464 | Department of Health | Helen Polley | Allocations of Home Care Packages | <p>Senator POLLEY: I don't know if I've missed this. Was there a breakdown, state by state, of the allocation of each level of home-care package? If you could table that, state by state, that would-</p> <p>Senator Colbeck: We didn't provide it state by state, because we have a national priority system. That means that-</p> <p>Senator POLLEY: Okay.</p> <p>Senator Colbeck: There's a national priority system so that the allocation of packages is based on that national priority system, which is reviewed on a daily basis, and there is an even flow of packages based on the assessed needs of residents across the country and no differentials in that process between states. It also makes sure there are effective allocations between metropolitan and regional areas.</p> <p>Senator POLLEY: I'm not suggesting that there are different priorities. We have in the past got a breakdown of the waiting-</p> <p>Senator Colbeck: We'll take that on notice for you.</p> <p>Senator POLLEY: That would be good. Have you done any modelling-without further investment, in 2023 the waitlist could blow out again.</p> | Page 106-107 2/06/2021 |
| SQ21-000465 | Department of Health | Murray Watt | Direct care workers in residential aged-care | <p>Senator WATT: Am I right that there are about 300,000 to 350,000 aged-care workers in the country?</p> <p>Ms Edwards: The number we're working on is 230,000.</p> <p>Senator WATT: What is the source for that?</p> <p>Ms Edwards: I would have to take that on notice.</p> <p>Mr Lye: That is direct care workers.</p> <p>Senator WATT: Direct care workers.</p> <p>Mr Lye: That will be direct care workers in RAC, yes.</p> <p>Senator WATT: But it doesn't include cleaners, catering staff, gardeners and all the other people who work in aged-care facilities?</p> <p>Mr Lye: I'm happy to come back with a definition of that. [...]</p> <p>Senator WATT: Let's forget about the minister for a moment. Does the department accept that vaccinating aged-care workers is a Commonwealth responsibility? Is that why this document is headed 'Commonwealth remit'?</p> <p>Ms Edwards: It's called that because, in working with the states and territories across all of the facilities, the vast majority were allocated to the Commonwealth to vaccinate, but not all of them. So it was to be clear for my people putting this together quickly for you that these are the ones that they are responsible for and doing the program for,</p> | Page 40-42 and 60 1/06/2021 |

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| | | | | <p>not the ones that the states are responsible for. I want to mention another thing in relation to the total number of aged-care workers. Mr Lye and I have just been having a chat about wanting to come back to you on notice with exactly how those numbers are put together. We think that the 300,000 plus number probably includes home care workers. So there are apples and pears in there. We would like to come back on notice and be clear exactly what the numbers are and how we arrived at the numbers we've arrived at in the program.</p> <p>[...] Page 60</p> <p>Senator SIEWERT: Yes. I agree. I want to go back to the issue of staff and casuals so that I am completely clear who is covered. Are agency casuals and agency staff included in all the accounting that has been done about who gets vaccines?</p> <p>Ms Edwards: We took on notice to give the full breakdown to make sure our numbers all aligned. My understanding is that it is all direct care and indirect care staff and should involve however they are employed. If Mr Lye turns up and knows the answer, that would be great. Otherwise we have taken on notice to give a full explanation of how we make the numbers.</p> | |
| SQ21-000466 | Department of Health | Katy Gallagher | Disability residents in the aged-care vaccination program | <p>Senator GALLAGHER: Are you counting disability residents in aged care in the aged-care vaccination program?</p> <p>Ms Schofield: Those numbers would show up in the data that you have been provided today.</p> <p>Senator GALLAGHER: So they've already been counted once?</p> <p>Ms Schofield: We are similarly tracking them in the disability space just to make sure that we have a sense of their coverage.</p> <p>Senator GALLAGHER: Well, of people with a disability living in disability residential environments, not in aged care, who have been fully vaccinated, we're at 1½ per cent?</p> <p>Ms Edwards: Perhaps we could take on notice to provide the table to you that we are looking at.</p> | Page 43-44 1/06/2021 |
| SQ21-000467 | Department of Health | Helen Polley | Provision of model used via aged care vaccination portal | <p>Senator POLLEY: Mr Lye said he would come back this morning to give us the model for this new portal. I don't want to take up time now. Can you table the model that is being used to collect that data through this portal to ensure we can identify which workers are being vaccinated?</p> <p>Mr Lye: Yes.</p> <p>Senator POLLEY: If you can table that today, that would be great. Thank you very much.</p> | Page 19 2/06/2021 |
| SQ21-000468 | Department of Health | Rachel Siewert | Accessing proper health care in prisons | <p>Senator SIEWERT: I will continue to harangue you on this one. I have one more set of questions. I have lots of others, but I'll put them on notice. I want to go back to the issue of Medicare in prisons. I want to focus broadly on the program but specifically, in the first instance, on First Nations health. You're probably aware that a range of experts have identified the lack of access to Medicare in prisons as part of the major health gap</p> | Page 111 2/06/2021 |

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| | | | | <p>for First Nations peoples. Do you acknowledge that people have identified that as an issue?</p> <p>Ms Shakespeare: I think we have some people in the department who've been working on this, but I'm not exactly sure where they are-if it's in our Indigenous Health Division or it's the people who look after our funding agreements with states and territories. It might be that we need to take it on notice to get a proper answer to your question.</p> <p>Senator SIEWERT: Well, first off it's a fairly simple question. Is there an acknowledgment that the fact that First Nations peoples, who are overwhelmingly and disproportionately represented in our prison system, are not able to access proper health care in prison, because they can't access Medicare, is an issue?</p> <p>Ms Edwards: I think we would acknowledge there's a very large and disproportionate number of Indigenous people incarcerated in Australia and that the health services provided in prisons would have a high impact on those people. So we see where you're going-whether we'd go further today and be able to talk about the level of health care and so on. But it is an issue that I think is dealt within our Indigenous Health Division and was raised briefly last Friday. It is a very important issue, but we may need to take that series of questions on notice so that we can deal with them properly through the right area, unless Ms Shakespeare has any other information. The MBS team obviously deal with the core requirements for Medicare, and we accept that those requirements do not allow for Medicare to be accessed in prisons in the way that your questions are probably going to.</p> <p>Senator SIEWERT: Yes.</p> | |
| SQ21-000469 | Department of Health | Nita Green | Information on vaccine wastage in aged care | <p>Senator Colbeck: So the only place that I'm aware of where residents in aged care have received the AstraZeneca vaccine is in Victoria, where the Victorian government made the decision to switch aged-care residents to Pfizer. So the in-reach program across the country that has been managed by the Commonwealth has utilised the Pfizer vaccine.</p> <p>Senator GREEN: So there might be a bit of confusion.</p> <p>Dr Murphy: The media occasionally makes mistakes.</p> <p>Senator GREEN: There might be some confusion about that. The ABC brought this issue to the attention of the health minister and the department a couple of days ago. You would be aware of it. Do you know why staff contracted by the Commonwealth were dumping vaccines that weren't being used and not using them for staff instead?</p> <p>Dr Murphy: I would be very surprised if that happened with our private provider. It may have been reported to the vaccine operations centre. If it was, we will be investigating it thoroughly because we are tracking very, very closely all wastage. That would be completely contrary to the contractual requirements of that provider and we would</p> | Page 31 2/06/2021 |

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| | | | | investigate that fully. I am not personally aware of this allegation, but I will certainly take it on notice and get the vaccine operation team. I will take that back to the team and we'll get it looked at. | |
| SQ21-000470 | Australian Sports Commission | Don Farrell | Receipt of advice for Sports Australia court defence - Beechworth Lawn Tennis Club | <p>Senator Colbeck: Mr Dalton clearly has advice from his counsel with respect to what he should or should not say about the defence that they have submitted for the case. I can understand that that might be the circumstance. I'm prepared to seek some advice in relation to this with respect to the possibility of a PII claim, but I do respect the fact that Sport Australia's counsel have advised them. Senator Farrell, your questions are specifically asking them about the structure of their defence. To be frank, my view would be that that would be a specific matter that could prejudice the case that they have before the court. So, while you might not like the answer that you've been given, clearly Sport Australia's counsel have given them advice about what they should or should not say with respect to the defence they have mounted for the court case.</p> <p>Senator FARRELL: Mr Dalton, this advice you've received from your counsel-please don't look that way every time I ask you a question! I'm trying to get some answers for the Australian people. You can at least give me some respect in respect of the way in which I ask my questions and take them seriously rather than have this approach where you can't understand why I'm asking these questions.</p> <p>...</p> <p>Mr Dalton: Senator, we've had many of these meetings, and I've never shown anything but respect for you.</p> <p>Senator FARRELL: We'll have to agree to disagree on that. Mr Dalton, I think, with respect, Senator Patrick is absolutely spot-on in terms of the sub judice rules. Was this legal advice you've received from your counsel verbal advice or written advice?</p> <p>Mr Dalton: The article was published today and-</p> <p>Senator FARRELL: No-was the advice that you got that you're refusing to answer my question on written advice to you or was it verbal advice?</p> <p>Mr Dalton: I honestly can't recall. I'll take it on notice to let you know. I honestly cannot</p> | Page 120 2/06/2021 |

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| | | | | recall whether we got that in writing or it was verbal. | |
| SQ21-000471 | Department of Health | Rex Patrick | Vaccine grants | <p>Senator PATRICK: I want to ask some questions about the vaccine grants going back last year, Dr Murphy. First of all, I want to go to the Rapid Research Information Forum that Professor Finkel provided to the government for the most promising vaccine for COVID-19. Do you know when that was commissioned?</p> <p>Dr Murphy: I would have to take that on notice. I don't know whether the Chief Medical Officer is aware of the research work that Professor Finkel commissioned.</p> <p>Ms Schofield: I don't have the dates, but we might need to direct that to the industry and science portfolio. They would have established that Rapid Research Information Forum that was chaired by the Chief Scientist.</p> <p>Senator PATRICK: If someone could take that on notice, it would be good. The paper was delivered on 10 May. I have the paper here. There was something missing from it which caused a new release to come out on 17 June. Can you recall what was missing from that?</p> <p>Dr Murphy: I would have to take that on notice.</p> <p>Senator PATRICK: The reason it came out was that the original paper talked about 10 promising vaccines in the world. The variant of 17 June talked about 11. One of them was a Vaxine Pty Limited vaccine I think called COVAX-19. I wonder how that vaccine was missed in the first round.</p> <p>Dr Murphy: We would have to direct that question to the department that commissioned that work with the Chief Scientist. That was work separate to the work of the Scientific Advisory Committee, which Health has commissioned to make our vaccine purchase. But that was supplementary work that Professor Finkel's group commissioned. We can take that on notice and direct it to them.</p> | Page 49 1/06/2021 |
| SQ21-000472 | Department of Health | Rachel Siewert | Medicare in Prisons | <p>Senator SIEWERT: Let's talk more broadly, then, because the broader bit won't be. I'm obviously interested in this issue, as are my colleagues, as it relates to Closing the Gap, because that is a significant issue. But, more broadly, have you been talking to the states and territories about, or are you reconsidering at any stage, the issue of the use of Medicare in prisons? I freely acknowledge that it's not limited to the impact on First Nations peoples.</p> <p>Ms Edwards: As to the narrow question, Ms Shakespeare may be able to respond about Medicare, but it is absolutely the case that we speak to states and territories a lot about how we provide health care to Aboriginal and Torres Strait Islander people. Obviously, our Indigenous Health Division works through the Aboriginal controlled sector, who do a lot of work in this area. But I'm really getting close to exhausting my knowledge on this issue, I'm sad to say, so we probably need to take it on notice unless there's anything else Ms Shakespeare wants to add.</p> | Page 111 2/06/2021 |

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| | | | | Ms Shakespeare: I'm not aware of any particular discussions we're having about state justice health departments about their access to Medicare | |
| SQ21-000473 | Australian Sports Commission | Don Farrell | Was Beechworth's application provided on the list on 21 March 2019? | <p>Senator FARRELL: According to the Auditor-General's report in relation to round 3: . Sport Australia was informed by the Minister's Office which applications were being approved on 21 March 2019. Sport Australia adopted a different approach for this round as it subsequently provided its own recommendations in a written briefing on 3 April 2019.</p> <p>Was Beechworth's application in the list provided by the minister's office to Sport Australia on 21 March 2019?</p> <p>Mr McCann: I'd have to take that on notice. I suspect not.</p> | Page 122 2/06/2021 |
| SQ21-000474 | Department of Health | Janet Rice | Blood donations | <p>Senator RICE: I have questions for the Therapeutic Goods Administration. Thank you for your responses to my questions on notice regarding blood donations from men who have sex with men and sexually active transgender people. In your response to my question on notice 152, you notice that the requirement is for the deferral of donors whose sexual practices put them at increased risk of acquiring infectious diseases that can be transmitted by blood and that the TGA will consider any evidence based proposal to change or remove the donor deferral period. My first question is: would this evidence based proposal have to come from Lifeblood?</p> <p>Dr Skerritt: Generally, it wouldn't have to come from Lifeblood. It would be very difficult if the proposal came from a different party and then Lifeblood, in its management of donor questionnaires, was held to it. It may well be that Lifeblood-sometimes they do-impose additional questions, standards and requirements. They are worried about their own risks to the overall blood supply. I would have to take on notice whether in law it would have to come from Lifeblood. But, in a practical sense, it would be difficult for it to come from another party given that Lifeblood manage that part of the blood collection system.</p> | Page 53 1/06/2021 |
| SQ21-000475 | Department of Health | Rachel Siewert | Clarification of the number of people in residential care that are unable to access home care packages | <p>Senator SIEWERT: How many people are going to residential care because they can't get a home-care package? They are having to go into resi care because they can't get home care.</p> <p>Mr Lye: I'm not sure whether we've got a sense of that or whether we can tell you the answer to that.</p> <p>Senator SIEWERT: Why not? Don't you keep that data?</p> <p>Mr Lye: We'll have to check. I don't think we've got it.</p> <p>Senator WATT: I think we have obtained that data in the past.</p> <p>Senator SIEWERT: We've obtained how many people have gone into resi care while they've been waiting. But some people are coming out of hospital, for example, not being able to get a home-care package and going straight into resi care because there is</p> | Page 33 2/06/2021 |

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| | | | | <p>no choice. So how many is that happening to?</p> <p>Mr Lye: We're happy to come back with a figure for you if we can get one.</p> <p>Senator SIEWERT: Do you actually measure that? You can't tell me?</p> <p>Mr Lye: I can't tell you at this point in time. We can go away and look and see if we can get you a figure.</p> | |
| SQ21-000476 | Department of Health | Janet Rice | Anti-discrimination case | <p>Senator RICE: My understanding is that the legal precedent in the Tasmanian anti-discrimination case actually said that it could be described as a service. Donating blood is a service in the interests of humanity.</p> <p>Dr Skerritt: I am aware of that decision. It actually has been to three different forums, not just the Tasmanian one. Again, at no time was the blood service found to be in violation of the human rights legislation.</p> <p>Senator RICE: Do you think it is a problem?</p> <p>Dr Skerritt: You have asked me for an opinion.</p> <p>Senator RICE: If it is not your problem, is it something that the TGA is considering? If not, is there anywhere else in government, Minister, that is considering this as an issue?</p> <p>Dr Skerritt: I will pass to the minister. Our role as regulator of the blood supply can only focus on benefit versus risk. Benefit, of course, is measured in terms of access to blood, especially of rarer groups. Risk is generally the risk of viral or other contamination of the blood supply. Again, whether it is someone coming from a malaria zone or whether it is someone in a cohort who may have an elevated risk of a sexually transmitted disease or a viral condition, that is what we look at. In law, under the Therapeutic Goods Act, we do not have the ability to bring into account human rights issues. But there are other parts of government that will work across government and decide whether or not, of course, a law or regulation is discriminatory.</p> <p>Senator RICE: Minister, is anywhere else in the department considering whether this is discriminatory?</p> <p>Senator Colbeck: Not that I'm aware. I am happy to take it on notice and provide you with specific advice, if it would assist you.</p> | Page 55 1/06/2021 |
| SQ21-000477 | Department of Health | Rachel Siewert | Access to health care for First Nations People | <p>Senator SIEWERT: Even limited to First Nations health?</p> <p>Ms Shakespeare: We do have a lot of discussions about access to health care, whether it's through Medicare or the PBS, for First Nations people.</p> <p>Senator SIEWERT: I beg your pardon. I'm obviously still addressing-or it's not obvious, obviously-Medicare.</p> <p>Ms Edwards: I think the question is: are we having specific discussions about the limitations of Medicare in prisons for First Nations people or otherwise?</p> <p>Senator SIEWERT: Yes.</p> <p>Ms Edwards: I think Ms Shakespeare's evidence is that we are not having any specific</p> | Page 112 2/06/2021 |

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| | | | | <p>discussions about that narrow issue but that the health of Aboriginal and Torres Strait Islander people is a very important issue for the department, and we acknowledge the high level of incarceration of Aboriginal and Torres Strait Islander people, and hence it's an issue. I am sure that the Indigenous Health Division talk about these issues a lot with states and territories and also through the Aboriginal controlled sector. But again we'd need to take it on notice to give you some detail of what they're doing.</p> <p>Senator SIEWERT: Okay. I'll put that on notice, because I do want to know the detail of the ACCHOs-</p> <p>Ms Edwards: As you know, it's a consequence of the split estimates process.</p> | |
| SQ21-000478 | Australian Sports Commission | Don Farrell | How many Sport Australia projects were recommended for funding / received funding. | <p>Senator FARRELL: The Auditor-General report says: When the signed brief was returned on 11 April 2019, Sport Australia's list of recommended applications had not been approved. The Minister approved a replacement list of 228 approved grants, 73 per cent of which had not been recommended by Sport Australia. That would indicate that it was the minister who made the decision not to fund the Beechworth project, against Sport Australia's recommendations. Is that a fair conclusion to come to? Mr McCann: I think the conclusion would be that the minister was part of the approval process and made decisions accordingly. Senator FARRELL: Yes. But my question, just to repeat it, was that it was the minister who made the decision not to fund the Beechworth project, not Sport Australia. Mr McCann: The process as set out in the guidelines was that we would make recommendations to the minister. We were entitled to have the minister involved in our decision-making process. The facts are self-evident- that particular grant was not included in the final list. Senator FARRELL: Yes. So, even though you'd put it in the list, when it came back to you the minister did not approve it. Mr McCann: It was not approved, no. Senator FARRELL: Correct. How many of the 245 projects Sport Australia recommended for funding in round 3 were ultimately funded? Mr McCann: I'd have to take that specific number on notice. I don't have it today. Senator FARRELL: But you can provide that information to me?</p> | Page 122-123 2/06/2021 |

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| | | | | <p>Mr McCann: Yes.</p> <p>Senator FARRELL: How many of the 228 projects in the minister's replacement list were ultimately funded?</p> <p>Mr McCann: I'll have to check that as well.</p> | |
| SQ21-000479 | Department of Health | Murray Watt | Document setting out different state classification for government facilities | <p>Senator Colbeck: I think they would be all non-state government facilities. For example, in the state government realm, there would be multipurpose centres, or MPSs. There are some state-run ones, particularly in Victoria, as you would have heard the Victorian government talking about. There are, I think, some similar facilities in Queensland. The most common would be MPSs, which occur in some smaller communities across the country. It may be a service attached to a local hospital or something of that nature, with a few aged-care beds as well. They are generally state-run facilities.</p> <p>Senator WATT: Maybe we can have someone check that. You said you think that is the case. Can we get some clarity on that?</p> <p>Senator Colbeck: I do have a document that sets out all the different state classifications. I don't have it in front of me. I can ask somebody to get it for me.</p> <p>Senator WATT: Thanks.</p> <p>Senator Colbeck: I can go through the numbers by state and each of the different classifications.</p> <p>Senator WATT: Thanks.</p> | Page 40 2/06/2021 |
| SQ21-000480 | Department of Health | Rachel Siewert | People in prison or on remand receiving Medicare health services | <p>Senator SIEWERT:If you could take it on notice, that would be appreciated. Can I go more broadly to the issue of the health of anyone coming out of prison: are there any assessments or surveys that are undertaken across the country, or that you're aware of in any of the states, about health as people come out of prison?</p> <p>Ms Shakespeare: I think we'd need to take that on notice. I don't want to say no, because there might be other parts of the department that are aware of work.</p> <p>Ms Edwards: I'm certain there are discussions about these issues in the Commonwealth, but I don't think anyone at the table or in the room today would know enough to answer you. But we hear the question.</p> <p>Dr Murphy: To give a comprehensive answer, we'd also need to know the programs the states are running.</p> <p>Senator SIEWERT: Yes, the states are running programs, but what I'm interested in is the effectiveness. The overarching question is more broadly about the health of people when they come out of prison, regardless of what state or territory programs are being run. Is their health being assessed? Do you have any survey of that from a national perspective?</p> <p>Dr Murphy: Let's take that on notice.</p> | Page 112 2/06/2021 |

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| | | | | <p>Ms Edwards: In my career, I have dealt with these issues a lot, but it's not led out of the health department. I am sure we have some engagement. We'll come back to you about the extent to which we're involved and what we know about it. That would go to the areas of the department that would be more across it.</p> <p>Senator SIEWERT: Okay, thank you. If you could take that on notice, that would be appreciated. The people on remand can't receive Medicare either? They aren't covered by Medicare either, even when they're on remand?</p> <p>Ms Edwards: That's my understanding.</p> | |
| SQ21-000482 | Department of Health | Rachel Siewert | Accessing health services whilst incarcerated | <p>Senator SIEWERT: Yes, even though they're on remand and haven't been through the system yet.</p> <p>Ms Edwards: Ms Shakespeare can help me here. It's not a rule that relates specifically to prisons; it relates to state funded institutions of one sort or another. And people on remand would be in the same circumstance, as I understand it.</p> <p>Senator SIEWERT: Sometimes they're held for months and months and months on remand.</p> <p>Ms Edwards: Yes.</p> <p>Senator SIEWERT: And, even then, they're still not able to access Medicare.</p> <p>Ms Shakespeare: I think, generally, if somebody's incarcerated, whether it's on remand, awaiting trial or after, their health care is provided through justice's health department in each state and territory.</p> <p>Senator SIEWERT: You wouldn't keep track of that, would you? Would justice keep a global-</p> <p>Ms Edwards: Somebody in the Commonwealth would have more information about it, but I'm certainly not aware of it.</p> <p>Senator SIEWERT: I need to find out where I need to be asking that.</p> | Page 112-113 2/06/2021 |
| SQ21-000483 | Department of Health | Murray Watt | Dates the government signed contracts with Aspen, HCA, Sonic and International SOS | <p>Senator WATT: What date did the government then sign contracts with, I think, Aspen and one other company?</p> <p>Dr Murphy: We signed head contracts with Aspen, HCA, Sonic and then, later, International SOS. They are the four in-reach providers. The head contracts were followed by work orders that described what they do at any particular time. There are two phases to that. There is an overarching contract and then the work order defines the jobs that are being done.</p> <p>Senator WATT: What dates were they signed?</p> <p>Dr Murphy: I would have to take that on notice.</p> | Page 40 2/06/2021 |
| SQ21-000484 | Department of Health | Rachel Siewert | Access to health care for people in the justice system | <p>Senator SIEWERT: I'll make this my last question. I've asked about a survey, but do you have discussions with your state and territory colleagues around access to health care for people in the justice system?</p> <p>Ms Shakespeare: It does happen from time to time. I remember we had discussions in</p> | Page 113 2/06/2021 |

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| | | | | <p>2016 when we were funding brilliant new hepatitis C curative medicines, and it was really quite important to make sure that the populations that were going to benefit the most from these, including people in prisons, got access to them. So, yes, we had discussions there and reached agreement with states and territories about how those were to be provided.</p> <p>Senator SIEWERT: Can I ask a question on those?</p> <p>Ms Edwards: That's exactly the sort of topic that would be discussed by senior health officials in the forum that the secretary is a member of, but it would come up from time to time, and we have been rather occupied by other things of very recent months.</p> <p>Senator SIEWERT: Yes.</p> <p>Ms Edwards: But it's certainly the sort of topic that we should be discussing and could be discussed among the states themselves, and involve the Commonwealth also.</p> <p>Senator SIEWERT: Could you take on notice when you did last discuss it?</p> | |
| SQ21-000485 | Department of Health | Jordon Steele-John | Vaccination data for disabled people | <p>Senator STEELE-JOHN: When exactly does the department believe it will be able to inform the community of exactly how many disabled people have been vaccinated?</p> <p>Ms Edwards: The work being done to refine the system is being led by DSS and the disability insurance agency. I will refer those questions to them.</p> <p>Senator STEELE-JOHN: But you must know when you hope that work will be completed?</p> <p>Ms Edwards: But the data that we do have in granularity, which has been the subject of discussion to date, is the number of people with disability in residential settings where there are two or more people who have been vaccinated as a result of our Commonwealth inreach program. We have precise numbers in relation to that, just as we have with aged care. The issue arises in terms of capturing the data for people with disability, whether in residential disability settings or anywhere, who are completely free to go and access whichever channel they like. Capturing those numbers is much more difficult.</p> <p>Senator STEELE-JOHN: So when you will be able to give us a specific number?</p> <p>Ms Edwards: I have to refer that question to the Department of Social Services.</p> <p>Senator STEELE-JOHN: But you are working with the Department of Social Services, are you not?</p> <p>Ms Edwards: Yes. I don't know the answer. I will have to talk to them.</p> <p>Senator STEELE-JOHN: So you don't know the answer?</p> <p>Senator Colbeck: They hold the data.</p> | Page 69 1/06/2021 |
| SQ21-000486 | Department of Health | Jordon Steele-John | Royal Commission Report - number of people in residential and disability care. | <p>Senator STEELE-JOHN: I will finish up this block now. The document that the department provided to the commission on 17 May states that only 6,000 disabled people were in residential settings. At what point did you realise that the document was wrong and that the figure is actually closer to 26,000?</p> | Page 70-71 1/06/2021 |

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| | | | <p>Ms Edwards: I think you are referring to the initial document, where the government put out an estimate on the number of people in residential and disability care.</p> <p>Senator STEELE-JOHN: Yes.</p> <p>Ms Edwards: We had a discussion in the royal commission that it was an underestimate as a whole. I did not accept the contention that it was an underestimate only in relation to people in disability residential care. It was a global underestimate. It is a number which we've since corrected publicly and are happy to discuss. They are numbers that are continually being refined.</p> <p>Senator STEELE-JOHN: Absolutely. It was acknowledged in your exchange that it was an underestimate. Correct?</p> <p>Ms Edwards: Correct.</p> <p>Senator STEELE-JOHN: At what point did you come to understand that it was an underestimate?</p> <p>Ms Edwards: Did I come to understand?</p> <p>Senator STEELE-JOHN: You gave evidence on the answer.</p> <p>Ms Edwards: I gave evidence to the royal commission of what I knew as I was advised as an individual. I am now here in estimates representing the department. I want to check what it is you are asking. When did the department become aware that the numbers might have been an underestimate?</p> <p>Senator STEELE-JOHN: Were an underestimate.</p> <p>Ms Edwards: I think it was an iterative process. It would have been done not by myself but other people in my team. I would have to take on notice what the process was for refining those numbers and give it to you on notice.</p> <p>Senator STEELE-JOHN: Who in your team would have had responsibility for doing that?</p> <p>Ms Edwards: There would be a large number of people. It would have been in the vaccine taskforce. As to which of the 200-odd people in that taskforce, I don't know. I will come back to you about it.</p> <p>[...]</p> <p>Senator STEELE-JOHN: I am not particularly interested. As you say, you gave evidence on behalf of the government to that hearing. I want to know when the department became aware that that figure was an underestimate. In addition, I would like to know, as of 20 April 2021, how many disabled people the department believed were within residential care settings.</p> <p>Ms Edwards: As of 20 April?</p> <p>Senator STEELE-JOHN: On 20 April.</p> <p>Ms Edwards: Well, I can certainly take on notice. I am not sure of the significance of 20 April and whether we would have any records. So 20 April was just before the recalculation by national cabinet. I can certainly take it on notice, but I am not at all</p> | |
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| | | | | <p>sure we would have a record as at that date about who thought what about which part. Senator STEELE-JOHN: Well, in that period of time. Ms Edwards: We could take on notice what the journey was of learning about the numbers and come back to you with all we can.</p> | |
| SQ21-000487 | Department of Health | Rachel Siewert | Engagement with justice system on Medicare Issues | <p>Senator SIEWERT: Also, on notice, could you tell me the last time you engaged with the states and territories or considered the issue of Medicare in the justice system?</p> | Page 113 2/06/2021 |
| SQ21-000488 | Department of Health | Murray Watt | Campaign on vaccination - Victoria | <p>Senator WATT: Are you lifting the advertising buy in Victoria in light of the most recent outbreak? Mrs Balmanno: I would have to take that on notice. We have lifted it the last two weeks each week anyway with the- Senator WATT: Across the country? Mrs Balmanno: Across the country with the over-50s becoming eligible. We went a bit softer in the first week to make sure that that settled in well in general practice. We have increased the buy successively since then. I would have to take on notice any specific changes to the buy in Victoria. Senator WATT: There must be someone who knows whether advertising in Victoria has increased in light of the recent outbreak. Is there anyone who knows? Mrs Balmanno: Not here. Senator WATT: Minister, so that hasn't been a focus for the government to increase the advertising in Victoria? Senator Colbeck: Senator, it's not a conversation that I have been involved with. I can take on notice whether there has been a refocusing of the effort and provide that information for the committee.</p> | Page 73 1/06/2021 |
| SQ21-000489 | Department of Health | Dean Smith | Prescriptions dispensed to concession holders | <p>Senator DEAN SMITH: I just want to make sure I have the facts correct. Ms Connolly, you mentioned that there are 305 million scripts dispensed through the PBS. Are you able to give us a figure for the percentage of scripts that are dispensed to concession holders-that is, pensioners and low-income earners? Is it close to 90 per cent? Ms Connolly: I'll just get the right table, Senator. Senator DEAN SMITH: I'm trying to do a calculation to more accurately understand what the percentage of scripts is where people are paying less than or no more than the \$6.60 limit. Is that easy? It may not be so easy to just to do it from the table. Ms Connolly: With apologies, it's not immediately apparent to me. Senator DEAN SMITH: I'll put my question on notice. My question then is: of the 305 million scripts that are dispensed through the PBS, what is the percentage of scripts, and you may as well give it to me as a number as well, that are dispensed to concession holders-that is, pensioners and low-income earners-meaning, therefore, that they are not required to pay more than the \$6.60 per script?</p> | Page 113 2/06/2021 |

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| | | | | Secondly, of that, how many of these 305 million scripts are actually free of charge because patients have reached their safety net limit? That would be great. | |
| SQ21-000490 | Australian Sports Commission | Don Farrell | Sport 2030 report, Sport Australia undertook early work on the proposal in 2018. | <p>Senator FARRELL: I refer to an Australian Broadcasting Corporation report today titled, 'Federal government abandons plan to keep track of local sport needs, despite lessons from 'sports rorts''. That report reveals that the work towards the national sports infrastructure database has been abandoned. Question on notice 262 was about what I would call an action item, highlighting page 29 of the Sport 2030 report, which says:</p> <p>Following the agreement of the Meeting of Sport and Recreation Ministers, the Ministers will examine opportunities to create a database on sports infrastructure and will work with local government and national sporting organisations to develop a national approach to mapping infrastructure across Australia</p> <p>The response to the question said Sport Australia undertook early work on the proposal in 2018. What did that work find?</p> <p>Mr Dalton: I'm not quite sure, but we can take that on notice. I wasn't in the organisation at the time.</p> <p>Senator FARRELL: I appreciate that.</p> <p>Mr Dalton: We can take that on notice.</p> | Page 134 2/06/2021 |
| SQ21-000491 | Department of Health | Murray Watt | Number of aged care workers working across multiple sites | <p>Senator WATT: I think I have read that the Victorian government, in terms of the aged-care homes that it runs, has maintained the ban on people working multiple sites since it was brought in last year. Is that correct?</p> <p>Dr Murphy: We believe that because most of the Victorian aged-care sites are actually part of health services, there is a lot more flexibility in them moving staff around. They are not unique services that require agency or urgent staff. So the Victorian government has the capacity. For example, at Austin Health, where I used to be CEO, they can move staff around that health service but they are not moving staff between health-</p> <p>Senator WATT: This payment has not continued to be made to aged-care workers in the Victorian state system who were stopped from working across multiple sites?</p> <p>...</p> <p>Senator GREEN: Do you know how many workers work across multiple sites? Do you have that data?</p> <p>Ms Strapp: We have ATO data as at June last year nationally. It is just above three per cent, which is from payroll data, we think.</p> | Page 53 2/06/2021 |

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| | | | | <p>Senator GREEN: How many people is that?</p> <p>Ms Strapp: I am not sure. I would have to take on notice how many people it is. Just over three per cent nationally, from payroll data, are getting paid by two aged-care providers.</p> <p>Senator WATT: That would include home care, obviously, who work-</p> <p>CHAIR: We will end.</p> <p>Ms Strapp: I think that is just residential aged care</p> | |
| SQ21-000492 | Department of Health | Helen Polley | Medicare Billings in Public Hospitals in Tasmania | <p>Senator POLLEY: I have a question in relation to Medicare billings in public hospitals in Tasmania. I was looking for how much has been generated, paid through Medicare billings, for outpatient care.</p> <p>Ms Shakespeare: Out of hospital-outpatient care?</p> <p>Senator POLLEY: Yes, outpatient through the hospitals.</p> <p>Ms Shakespeare: I think we could take on notice services that have been provided that are potentially linked to a public hospital provider. I think we have tried to answer some of these questions, though. But, because Medicare billings are for a particular patient through a provider who has a provider number and a private provider who may be exercising right of private practice at a public hospital, it can be difficult for us to actually accurately identify. If an outpatient service is being provided by a public hospital and it's funded under the National Health Reform Agreement, it shouldn't be being billed to Medicare. Section 19(2) of the Health Insurance Act would prevent that.</p> <p>Senator POLLEY: Well, it relates to Medicare billings, so if you could take that on notice-for the last financial year-that would be great.</p> <p>Ms Shakespeare: I'll see what we can extract from Services Australia datasets.</p> <p>Senator POLLEY: Thank you.</p> | Page 115 2/06/2021 |
| SQ21-000493 | Department of Health | Don Farrell | Big Issue Community Street Soccer Program | <p>Senator FARRELL: There's only 10 minutes to go. The measure is also to engage people from vulnerable and disadvantaged backgrounds in football. Does the second part of the measure relate to the Big Issue Community Street Soccer Program?</p> <p>Mr Dalton: I'm not aware of that. I wasn't aware of the details, but we can take that on notice.</p> <p>Senator FARRELL: Can you?</p> <p>Mr Dalton: Yes. It's a measure that went direct to FFA.</p> | Page 136 2/06/2021 |
| SQ21-000494 | Department of Health | Helen Polley | Out of pocket cost for GPs in Tasmania | <p>Do you have the level of GP out-of-pocket costs in Tasmania?</p> <p>Ms Lucchese: The July to December, year-to-date, figure for 2021 was \$41.08.</p> <p>Senator POLLEY: That was for what dates, sorry?</p> <p>Ms Lucchese: That is a figure for July to December, year-to-date, 2020-21.</p> <p>Senator POLLEY: How does that compare to other states?</p> | Page 115 2/06/2021 |

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| | | | | <p>Ms Lucchese: I can give you a range for other states. The out-of-pocket costs for GP services range from \$35.63, at the lower end, to \$56.09, at the upper end.</p> <p>Senator POLLEY: Could you take on notice what the out-of-pocket costs for GPs in Tasmania have been, on average, for the last three years?</p> <p>Ms Lucchese: I can do that.</p> <p>Ms Shakespeare: We should clarify that they are the out-of-pocket costs just for those GPs who are not bulk-billing, and average bulk-billing rates are very high for GP non-referred attendances, so that's for around 10 per cent of services.</p> <p>Senator POLLEY: Well, in northern Tasmania there's a real issue, which I get calls about very often, of not being able to access bulk-billing. Across the state there's still an issue there, and the out-of-pocket costs are forcing people to go to accident and emergency, so if you could take that on notice that would be great. Thank you.</p> | |
| SQ21-000495 | Department of Health | Murray Watt | Communication to aged care workers and unions on prioritisation of residents for vaccinations | <p>Senator WATT: I have forgotten if I have asked this already. When the department and the government made this decision to prioritise residents over the workers, how were workers and their unions informed of that?</p> <p>Dr Murphy: I think Mr Lye addressed that earlier.</p> <p>Mr Lye: I can go back and get you the sequence of communications.</p> <p>Mr Lye: We had been talking to them and providing bulk notices weekly almost since the start of the pandemic.</p> <p>Senator WATT: And not just to providers? Directly to workers and/or their unions?</p> <p>Mr Lye: Certainly unions would be on the distribution list. We primarily talked to workers via the peaks, providers and the unions.</p> | Page 54 2/06/2021 |
| SQ21-000496 | Department of Health | Murray Watt | Campaign on vaccination - cost | <p>Senator WATT: What is the estimated cost for the campaign specifically targeted to people over 50?</p> <p>Mrs Balmanno: I would have to take that on notice...</p> <p>Senator WATT: ...Okay. As I say, could you please provide a breakdown of the advertising buy and, to the extent you can, in different states as well through April and May?</p> | Page 73-75 1/06/2021 |
| SQ21-000497 | Department of Health | Murray Watt | Vaccine prioritisation advice from the ATAGI around aged-care and aged-care work force | <p>Senator WATT: The ATAGI advice essentially said, then, that the aged-care workforce was a lower priority than residents for vaccinations. Is that what you are saying?</p> <p>Dr Murphy: The ATAGI advice was around not doing the two at the same time. Whilst both are in 1a, I think we have always felt that the single highest priority in 1a were the aged-care residents. I don't think anyone has ever disagreed with that. They are the single highest risk group. If you recall, the target of vaccination at the moment is to protect. We don't yet know how effective we will be at preventing transmission. So there is no question that the major effort was put on vaccinating residents. We</p> | Page 41 2/06/2021 |

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| | | | | <p>wouldn't resilie from that at all as the most important task. It is not to say that the aged-care workers and healthcare workers have not been able to access vaccinations throughout but that the single biggest focus was on the residents.</p> <p>Senator WATT: But that wasn't based on ATAGI advice?</p> <p>Dr Murphy: I can't recall whether ATAGI specifically said that. I would be very surprised if ATAGI would not agree that the aged-care residents are the single highest priority group.</p> <p>Senator WATT: What you have been saying is that the whole program around the vaccination of residents and staff was governed by the ATAGI advice?</p> <p>Dr Murphy: That was the point at which we decided to separate the two. The prioritisation of the residents was a very clear policy decision. We had to get this group protected as quickly as possible because that is the primary aim of the vaccination program.</p> <p>Senator WATT: What you are saying is that the ATAGI advice was that residents and workers could not be vaccinated at the same time?</p> <p>Dr Murphy: Should not be.</p> <p>Senator WATT: Should not be vaccinated at the same time. But it never said that the residents were a higher priority or that the workers should be a lower priority?</p> <p>Dr Murphy: I can't tell you whether there was specific ATAGI advice on that. We would have to go back and take that on notice.</p> | |
| SQ21-000498 | Department of Health | Don Farrell | Funding to the Matildas and the national youth teams. | <p>Senator FARRELL: How much of the \$12 million will go directly to the Matildas and the national youth teams?</p> <p>Senator Colbeck: I'll take that on notice and get that information to you.</p> <p>Senator FARRELL: Thank you, Minister. A corollary question to that is: will that funding support participation in more international matches?</p> <p>Senator Colbeck: The funding was in response to a submission that we received from the FFA, clearly. But I'll get you that detail.</p> <p>Senator FARRELL: Can you?</p> <p>Senator Colbeck: Yes.</p> | Page 136 2/06/2021 |
| SQ21-000499 | Department of Health | Don Farrell | FIBA Women's Basketball World Cup for 2022 program establishment. | <p>Senator FARRELL: Another measure is \$5 million for 2021-22 to Basketball Australia to deliver the FIBA Women's Basketball World Cup for 2022 and to establish programs to accredit more women as coaches and officials and to encourage more Indigenous women to get involved in basketball. That's obviously a terrific</p> | Page 136 2/06/2021 |

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| | | | | <p>initiative. Are you able to provide a breakdown of how the \$5 million will be spent across the various desired outcomes?</p> <p>Senator Colbeck: Again, I think we'll have take that on notice and get you the detail. But we're happy to do that. We're very excited to have so many international sporting events coming to Australia.</p> | |
| SQ21-000500 | Aged Care Quality and Safety Commission | Rachel Siewert | Aerosol guidelines | <p>Senator SIEWERT: Thank you. I do want to ask the question around aerosols and the guidelines that were being reviewed. In the last COVID committee we asked about them and I'm told they're being reviewed. Where is that review up to?</p> <p>Prof. Kelly: Thank you. As I've said before in this committee, the Commonwealth does believe in aerosols. I just want to put that on the record.</p> <p>Senator SIEWERT: You've put it on the record several times.</p> <p>Prof. Kelly: Yes.</p> <p>Senator SIEWERT: I'm still asking about the guidelines.</p> <p>Prof. Kelly: People still say it. There are lots of armchair critics out there anyway. Are they still being reviewed? Not quite. We're just finalising the combined information that I talked about last time. It's a few weeks ago and I recognise that we should have landed it by now, but we are continuing to do that. We've got a number of groups working on the guidelines in relation to infection prevention and control, which includes masks and other elements of PPE which, of course, tie into how the virus is spread in various circumstances-in clinical settings and in quarantine et cetera, but particularly those two. At the moment the Australian Commission on Safety and Quality in Health Care have revised their statement on infection prevention and control. They have some specific advice in relation to the use of masks and other personal protective equipment in those revised guidelines. That is finalised.</p> <p>Senator SIEWERT: When was that finalised?</p> <p>Prof. Kelly: I'd have to check the date, sorry.</p> | Page 82 1/06/2021 |
| SQ21-000501 | Department of Health | Nita Green | The time the final Royal Commission report was published | <p>Senator GREEN: We had a few questions about the release of the royal commission report. Unfortunately, you weren't here at the time, so I want to ask you about your particular knowledge of the release of the report. I have some questions about the report itself and the recommendations. Firstly, when precisely was the final report published on 1 March in terms of the time of day and its availability? As you can understand, Minister, this goes to when people were able to understand what was in that report and respond to it adequately.</p> <p>Senator Colbeck: Well, my understanding is that it was published on the website at or about the time-I don't have the specific time it was published on the website; the officials can give you that-of the media conference held with Minister Hunt and the</p> | Page 58 2/06/2021 |

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| | | | | <p>Prime Minister in Sydney.</p> <p>Senator GREEN: On or about the same time as the press conference?</p> <p>Senator Colbeck: It was about that time. I don't have the specifics of it. But the officials may be able to give it to you.</p> <p>Mr Lye: It might have been half an hour before the press conference.</p> <p>Senator GREEN: I am looking for a time. Could you come back with that? I want to know what time it was released so that we can understand how much time-</p> <p>Senator Colbeck: I will take that on notice</p> | |
| SQ21-000502 | Department of Health | Murray Watt | Table information on state and territory vaccinations in aged care facilities | <p>Senator WATT: What is the total number of aged-care facilities where the federal government is overseeing the vaccination program?</p> <p>Dr Murphy: We would probably have to get the team to work that out, I think.....</p> <p>Dr Murphy: I have some information on those states and territories, if you would like it.</p> <p>Senator WATT: In the interests of time, could you table that for us rather than take up time reading it out?</p> <p>Dr Murphy: I will say that all have done their own facilities except the ACT, which the Commonwealth did. There are 373 state and territory facilities on top of the 2,564 Commonwealth facilities that have been done.</p> <p>Senator WATT: Thank you. If you could table the rest of that, that would be helpful.</p> | Page 39 and 42 2/06/2021 |
| SQ21-000503 | Department of Health | Nita Green | Targeted spend for advertising in CALD communities | <p>Senator GREEN: I'd like to continue with some questions about advertising, to follow on from what we were asking before. Senator Siewert was asking you about the advertising in culturally and linguistically diverse communities. How much is the current advertising spend targeted to those communities?</p> <p>Mrs Balmanno: I'd have to take that on notice; I don't have it with me.</p> | Page 82 1/06/2021 |
| SQ21-000504 | Department of Health | Rachel Siewert | Completion of recommendation 65 of the Royal Commission into Aged Care | <p>Senator SIEWERT: We will keep watching that one. Recommendation 65 talks about the restricted prescription of anti-psychotics in residential aged care. I want to come to restrictive practices separately. I want to specifically ask about this. One of the comments you make-this is another one that is accepted in principle-is that you will refer it to PBAC for consideration. Has that been done?</p> <p>Mr Lye: We can check that. I don't think it has been done yet.</p> <p>Senator SIEWERT: What is the timeline for that happening?</p> <p>Mr Lye: I will come back to you.</p> <p>Senator SIEWERT: Is it going to be happening before the new principles come into effect from the beginning of July?</p> <p>Mr Lye: We'll talk to our colleagues and come back to you.</p> <p>Senator Colbeck: I don't have any advice on that at the moment. I understand the rationale for the question. We do have to have new regulations in place by July, as you know only too well.</p> | Page 61-62 2/06/2021 |

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| | | | | <p>Senator SIEWERT: I know. I'm coming to that. Will it be done by then? The problem is if you refer it now, you're not going to get a response back, are you, by 1 July?</p> <p>Senator Colbeck: I don't see that they are necessarily completely mutually exclusive.</p> <p>Senator SIEWERT: I don't either. It can be complementary.</p> <p>Senator Colbeck: I don't think that one is necessarily reliant on the other, but we will get you advice on the timeline.</p> <p>Senator SIEWERT: Thank you. I want to go back to the issue around the wage case and the work value case. Are you considering joining that case?</p> | |
| SQ21-000505 | Department of Health | Nita Green | Vaccine Passport | <p>Senator GREEN: Alright. We're about to finish this section of Health. So I just have one other question. Again, I want to thank you particularly, Dr Murphy, for spending so much time with us and answering so many questions. We have one follow-up question from earlier that I want to get on the record to understand how this is working. You gave us a lot of information about the data you have on vaccinated aged-care workers, and we've got information on how we're tracking aged-care residents with vaccines and information about the quarantining rates of vaccines. As part of that, is the Department of Health recording if Australians have received a vaccination overseas if they have come home through the hotel quarantine; if so, what type of vaccination that is; and is there documentation they need to provide to tell you they have been vaccinated? I understand some countries are providing almost a vaccine passport. Is that built in the process?</p> <p>...</p> <p>Senator GREEN: They were about to answer it before you stepped in. So it wouldn't be a good look if they didn't answer it now.</p> <p>Dr Murphy: I think Ms Edwards might comment.</p> <p>Senator GREEN: Thank you.</p> <p>Dr Murphy: Very briefly, this is an evolving area. We do not have any requirements, or relaxation of quarantine requirements, for people under the state and territory public health orders for vaccination. We will be working through which vaccinations overseas we will be able to recognise at some stage. We will have to get the TGA-there are some vaccines we wouldn't recognise. It's an evolving area. At the moment we are not collecting that information. Some of the states and territories are asking people as they come into hotel quarantine whether they've been vaccinated. Ms Edwards might add something.</p> <p>Ms Edwards: I will just add that there are obviously two real issues we will need to deal with going forward. One is the extent to which there's a record of vaccination that might be of interest to us in terms of what that means for you in the community, and that's an evolving issue. But the other issue of course is personal healthcare. We want people to have a record of what care they've had. So we are going to have to work with</p> | Page 117 2/06/2021 |

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| | | | | <p>our records and the My Health Record and so on to say: 'What vaccine? Will it be recognised? How should we record it?' Obviously, there are all sorts of issues for an individual, for example: 'In what circumstances and in which place did you get the vaccine? How can we be clear that you have the right level of protection if we don't know the manner of it?' We will be able to come to an agreement with some countries about the clinical mechanisms; others we may not. So it's a very complex issue. At this point we are not collecting that information for people arriving. But the sharing of vaccination information is something that the whole world will have to grapple with going forward.</p> <p>Senator GREEN: Great. Could you take that on notice, then. It would be good to understand what is happening right now and if states and territories are recording that information. Finally, I think it would be helpful to understand what the plan to record that information going forward is.</p> | |
| SQ21-000506 | Department of Health | Nita Green | First Nations advertising spend | <p>Senator GREEN: You mentioned some First Nations advertising as well. Where is that happening, when is that happening and in which media?</p> <p>Mrs Balmanno: There are channels that Universal McCann, as the whole-of-government media agency, recommends. So we look at those. That includes television, radio and print-all the usual sorts of things-as well as some Indigenous-specific media channels. There are five particular networks: TEABBA, in the Top End, including Arnhem Land; PAKAM, which is Pilbara and the Kimberley; CAAMA, which is Central Australia; QRAM, which is Black Star Cape York; and NINS, the National Indigenous News Service. They're five specific networks that we've done some of the advertising through, to their radio partnerships. We provide tailored messaging every week for use in those, and they get recorded in English but by an Aboriginal person. We also record the scripts in six Aboriginal and Torres Strait Islander languages about every six weeks.</p> <p>Senator GREEN: Can you take on notice the spend across that targeted messaging and the languages those messages are in.</p> <p>Mrs Balmanno: Which languages? I know there's six, but I don't actually have the languages with me.</p> <p>Senator GREEN: You can take that on notice...</p> <p>b) Mrs Balmanno:.. I will add to my earlier answer. There are the six languages in which we do regular updates via radio. Our actual ads-the same ads that people see in English-are translated into 15 Indigenous languages and then broadcast on radio. I will get the detail and the spend for you, including the six languages and the 15 languages.</p> <p>Senator GREEN: I understand that there are more. Are any of those languages Torres Strait languages-those six dialects?</p> <p>Mrs Balmanno: I'll check that. The languages chosen were based on the communities</p> | Page 83-84 1/06/2021 |

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| | | | | with the lowest English proficiency. I will find out for you exactly which languages they are. | |
| SQ21-000507 | Department of Health | Don Farrell | Responses to Sport Australia QONs | <p>Senator FARRELL: Thank you. That's all I had on that issue. If I could go back to some of the questioning I was providing to Mr Dalton before, as of Monday, 26 questions I put on notice two months ago had remained unanswered. Some have been answered since, but very late responses seem to be increasingly common from Sport Australia. I have a few questions to both Sport Australia and the health department, which I'm happy for you to take on notice as long as there's a prompt response. Firstly, for each question on notice I submitted following the last estimates, can you tell me on what date the response was provided to the minister's office?</p> <p>Mr Dalton: For each of the QONs?</p> <p>Senator Colbeck: We'll take that on notice.</p> <p>Senator FARRELL: I'm inviting you to take it on notice. For each of the QONs can you tell me on what date those responses were signed off by the minister or his office and could you please be sure that those dates are provided listed against the QON number? Could you do all of those things on notice?</p> | Page 133 2/06/2021 |
| SQ21-000508 | Department of Health | Nita Green | Vaccine doses in the Torres Strait | <p>Ms Edwards: In addition to taking on notice the languages and the costs and so on, we'll take on notice what specific actions are or are not happening in the Torres Strait so that you're fully informed. And we take what you say as important intelligence for us to go back and work with Queensland on how we continue on this work.</p> <p>Senator GREEN: How many islands have not received a single dose?</p> <p>Dr de Toca: We'll have to take that on notice. That program is managed by Queensland Health, so we'll get that information.</p> <p>Senator GREEN: Again, it's a priority area and you don't have that information about where we're up to.</p> <p>Ms Edwards: It's delivered by Queensland, so we'll ask them about that.</p> <p>Senator GREEN: No, I appreciate that, but also you're here answering questions about the vaccine. They are delivering the program, but you're responsible for the vaccine rollout nationwide, including in the Torres Strait.</p> <p>Ms Edwards: We'll take on notice- [...]</p> <p>At the moment, in data reported by Queensland Health, 33 per cent of the total eligible population in the Torres and northern peninsula have received a vaccine.</p> <p>Senator GREEN: Thank you for that.</p> <p>Senator WATT: Their first dose?</p> <p>Dr de Toca: A vaccine, as part of Queensland Health reported numbers.</p> <p>Senator WATT: Do we know how many have had two doses?</p> <p>Dr de Toca: I don't have that on me.</p> | Page 85-92 1/06/2021 |

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| | | | | <p>Senator WATT: Okay. Could you come back to us with that as well?</p> <p>Dr de Toca: Certainly.</p> | |
| SQ21-000509 | Department of Health | Nita Green | First Nations media outlets | <p>Senator GREEN: It would be helpful to understand which First Nations media outlets have also had advertising in there. Do you have a list of the newspapers there with you?</p> <p>Mrs Balmanno: Not with me, no.</p> <p>Senator GREEN: Do you know off the top of your head? It's a pretty important part of what's happening.</p> <p>Mrs Balmanno: No, I don't.</p> <p>CHAIR: I think that was taken on notice earlier.</p> <p>Mrs Balmanno: I'm happy to take on notice the list of newspapers that we have used.</p> | Page 86 1/06/2021 |
| SQ21-000510 | Department of Health | Helen Polley | Vaccinations - Health care workers in Tasmania | <p>Senator POLLEY: Would you be able to give us an updated figure of how many Tasmanians in Tasmanian hospitals and community health centres, including clinical and admin support workers, have been vaccinated?</p> <p>Ms Edwards: Sorry, do you mean healthcare workers in Tasmania?</p> <p>Senator POLLEY: Yes, including admin staff as well as support staff and clinicians.</p> <p>Ms Edwards: We'll ask the Tasmanian government for their assessment of that, yes. We'll take it on notice.</p> <p>[...]</p> <p>Senator POLLEY: It's difficult to get that information. That's why we're raising it here now. I'd also like to know what the follow-up review will be for people who refuse to be vaccinated. Please give us an update on that when you get that information. How long it will take you to get that information? Are you likely to get that tomorrow?</p> <p>Ms Edwards: The information about healthcare workers in Tasmania?</p> <p>Senator POLLEY: Yes.</p> <p>Ms Edwards: We'd have to contact the Tasmanian government, and I certainly don't want to commit them to anything. They're also heavily occupied.</p> | Page 87-88 1/06/2021 |
| SQ21-000511 | Department of Health | Rachel Siewert | High level modelling for aged care workforce | <p>Senator SIEWERT: There are really two lots of modelling. There is the existing workforce and any increase in wages and what impact it will have on funding. With the projected workforce into the future, what impact will that have?</p> <p>Ms Laffan: I will start. We have done some very high level estimates on what the impacts might be of a wages case and in respect to the future need for workforce.</p> <p>...</p> <p>Senator SIEWERT: Thank you. I will go back to the projections in terms of the increase in wages or remuneration for the current workforce. I will come to the future workforce. Can you tell me what they are? You've done them. Can you tell me what they are?</p> <p>Ms Gleeson: I don't have the actual high-level figure with me. I could see if we could produce that on notice or if someone else is able to assist.</p> | Page 62-64 2/06/2021 |

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| | | | | <p>...</p> <p>Senator SIEWERT: So you haven't done that yet?</p> <p>Ms Laffan: I did say that they were high level estimates. I'm not sure that I would go so far as to say modelling was developed.</p> <p>Senator WATT: I think we would settle for the estimates, wouldn't we?</p> <p>Senator SIEWERT: Yes. We certainly would. It's better than nothing.</p> <p>Mr Lye: I'm happy to have a look at that on notice, as I said.</p> <p>...</p> <p>Senator Colbeck: There are a range of different workforce classifications within this. Whether or not they get an even chance as part of the workforce Fair Work Commission decision is a question. It applies to certain elements of the workforce. There are still so many inputs that are unknown. When some of those things are clearer, and specifically once we have a decision from the Fair Work Commission, we're in a position to model this in a much more responsible way. We will take on notice your question to provide you what information we can.</p> | |
| SQ21-000512 | Department of Health | Helen Polley | Boarder protection and quarantine | <p>Senator POLLEY: Let's turn to people who work in border protection and quarantine in Tasmania. Have you got a figure as to how many of them have been vaccinated?</p> <p>Ms Schofield: Similarly, I think we might need to take that on notice and confirm with Tasmania. They had primary carriage of looking after those staff; they're predominantly Tasmanian government staff. We received-I can take it on notice, and we might be able to come back to you tomorrow-some advice from the Tasmanian government a little while ago around their numbers, but I don't think I've got it in front of me. We can probably come back to you on that tomorrow, noting it might be a little bit out of date now.</p> <p>Senator POLLEY: It would be good if you could do that. Could you include household contacts as well?</p> <p>Ms Schofield: Yes.</p> <p>Senator Colbeck: I think most of the states are pretty much done with that, Senator. Obviously it's the one of the frontline areas of risk, and, from information that I have seen, I think most of the states have been very diligent in relation to that.</p> <p>Ms Edwards: They've been very diligent, noting that some states have large numbers of people coming on board. They need to be vaccinated once they arrive. Tasmania, I would be confident, has vaccinated its-</p> <p>Senator POLLEY: That would be good. Perhaps you could come back with the national</p> | Page 88 1/06/2021 |

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| | | | | figures as well, which would be helpful. Ms Edwards: At a point in time. | |
| SQ21-000513 | Department of Health | Helen Polley | Concerns about access to through a Medical Centre in Tasmania for Vaccines | <p>Ms Edwards: ...The other thing, Senator Polley's, to come back with a written statement of what we've been talking about, is the mechanisms we've got in place to go around and do doses that have been missed not particularly in Tasmania, although it includes Tasmania, and all of the other things you've asked for we will work on, on notice, in the usual course.</p> <p>Senator POLLEY: I have just one issue, then, to follow up in relation to the request for information I wanted about vaccinations in Tasmania. I'm sure both the Chair and the minister will be very interested in the North Eastern Advertiser today. Their front page highlights concerns about lack of access through a medical centre for vaccines and the fact that some leftover vaccine has been given to people in their 20s without any due process, which has been alleged in this article. I've got copies of it. Perhaps in light of the fact that you're coming back with the other information about health workers and quarantine staff and border people, you can come back on notice, if you can't today, as to the concerns that have been raised in the local paper.</p> <p>Senator Colbeck: If we can have the article, Senator, we're happy to have a look at it for you.</p> <p>Ms Edwards: We'll add it to the things we've taken on notice</p> | Page 78 2/06/2021 |
| SQ21-000514 | Department of Health | Helen Polley | Vaccinations for people with a disability living in residential settings | <p>Senator POLLEY: For Tasmanians with disabilities living in residential care, how many of the residents and their staff have actually been vaccinated?</p> <p>Ms Schofield: I will need to take the staff number on notice. I don't have staff figures broken down by jurisdiction. Of the 3½ thousand NDIS participants who are living in disability accommodation-who we referred to before in the data match between the NDIA data and the AIR data-there were just over 100 in Tasmania.</p> <p>Senator POLLEY: I might be misunderstanding you. Are you saying that there are only 100 that have been vaccinated, out of the 3,500?</p> <p>Ms Schofield: No. The 3½ thousand is a national number for vaccinations for people with a disability living in residential settings. Of that 3½ thousand that have been vaccinated, just over 100 are in Tasmania.</p> <p>Senator POLLEY: Are there any that haven't been? Has everyone in Tasmania been vaccinated?</p> <p>Ms Schofield: I might need to take that on notice and come back to you.</p> <p>Senator POLLEY: Do you know how many Tasmanians with disabilities are living in residential homes, whether they're in their own homes or in aged-care homes?</p> <p>Ms Edwards: As we mentioned before, due to the data matching that supported the independent living allowance-which, as Senator Steele-John pointed out, is not exact in terms of the correlation-we have some idea of that data, but we'd prefer to come back</p> | Page 88-89 1/06/2021 |

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| | | | | to you on notice, as we already agreed with the table to do. This is data owned by the National Disability Insurance Agency and DSS. We'd prefer to check with them and provide you with the most accurate numbers. | |
| SQ21-000515 | Department of Health | Helen Polley | Vaccine wastage | <p>Senator POLLEY: Which goes to: are you monitoring the amount of wastage of vaccines across the country?</p> <p>Ms Edwards: Very closely.</p> <p>Senator POLLEY: Can you give us the figures broken down for state by state, please?</p> <p>Ms Edwards: I have to take that on notice, but it's one of the most important things to manage. Wastage could happen in various ways. It could be a breach in the cold chain, which we're working very hard to avoid, in which case the vaccine has to be disposed of. One of things also is how many doses you get out of a vial to make sure you get the optimal amount. All of that's factored in. There's an assumption, obviously, that there'll be some wastage in any program, but to keep it low. We're watching individual practices closely-and Dr de Toca will know more the detail here. It's important to us to make sure that there's as little wastage as possible as we use the vaccines, and we're watching closely to check that people are within acceptable limits.</p> <p>[...]</p> <p>If there is a significant wastage event, they have to notify the vaccine operation centre and also fill in a wastage form so that that's all documented. We will take the question on notice but highlight that every week on Mondays we publish, as part of the daily vaccine update, a table that has the doses that have been delivered in each of the channels, including primary care, broken down by state, the doses that have been administered and a percentage of utilisation rate that includes some correction for wastage. That is publicly available.</p> | Page 90 1/06/2021 |
| SQ21-000517 | Department of Health | Rachel Siewert | Independent review panel | <p>Senator SIEWERT: I now want to go to the independent review. Can you outline the timetable for that?</p> <p>Dr Skerritt: Yes. It has taken a bit longer than I would have liked, because we have identified a panel of three people, and we would plan to make their names public, but we have to get their express consent to that, and that process is still going through. They'll be people with clinical psychiatric skills, as well as what we call experimental neuropharmacologists-that's quite a mouthful as a profession. Essentially, they are people who understand the science of how the brain works and how drugs affect the brain. We will also support them by doing a comprehensive literature research. Remember, this is all about where the committee was a little bit at sixes and sevens, because one of the requirements for rescheduling of a substance at schedule 8 is that the substance has an established therapeutic value. Established therapeutic value doesn't mean it has to be approved by the TGA as a medicine-it's not up at that bar-but there has to be evidence that is strong enough, and there is more and more evidence</p> | Page 99 1/06/2021 |

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| | | | | <p>emerging. There was a study published just two weeks ago that's really exciting. So, rather than me say it's exciting, this committee of three will look at the evidence. It's three because, if you put three scientist in a room-or three doctors-you will get six different opinions. They will look at it. They'll reach a view. A literature search will be done to international standards with skilled medical librarians, getting rid of the studies that show bias, or at least identifying when they're showing bias-all that sort of stuff. That group will then meet and discuss. We are hoping that this will be able to be done in a period of about three months. We're wanting to use people who have full-time jobs so they're currently up to date and practising. The down side of that is they're squeezing this in among everything else. But I'm hoping that, within the month of June-and, hopefully, within the first half of June-we can contract these three people. We have identified them, but I'm not at liberty to disclose their names, because one of the critical things is that we want to get their overt approval for is that their names can be made public.</p> <p>Senator SIEWERT: Will you take that on notice so that we don't have to wait till next estimates to find out the names-when you have their approval?</p> <p>Dr Skerritt: I'll do it as an estimates question on notice, but we will also put the names up on our website.</p> | |
| SQ21-000518 | Department of Health | Murray Watt | Clarification on head contracts signed before or after ATAGI advice | <p>Dr Murphy: As we said, Senator, we then were faced with the ATAGI additional advice on the need to have two different vaccines for over-50s and under-50s. So we decided to take a different approach to aged-care workers-the same as for healthcare workers, nurses, GPs, doctors and everyone else. All health and aged-care workers are now going to multiple points of presence-state Pfizer clinics for under-50s, Commonwealth pop-up clinics for under-50s, GPs for over-50s and state AstraZeneca clinics for over-50s. We obviously have provided access to facilities to provide in-reach if they want to use their own workforce. That additional ATAGI advice to split the vaccines meant that we had to again recalibrate the program. If some of her members were misinformed by the providers, that is unfortunate.</p> <p>Senator WATT: You were talking about the head contracts that were signed. I don't suppose since we have been talking about it you remember whether they were signed before or after the ATAGI advice?</p> | Page 43 2/06/2021 |
| SQ21-000519 | Department of Health | Rachel Siewert | Sequencing of Independent review - Advisory Committee on Medicines Scheduling | <p>Dr Skerritt:: ...I don't know if we've spoken to the chair of that committee about sequencing yet. I haven't spoken with her myself.</p> <p>Senator SIEWERT: Have you broached this with them already?</p> <p>Dr Skerritt: I haven't spoken directly with the three potential people. I've been consulted about them-because it was an area of medicine and science that I was working in years ago. We've talked about the questions that have to be resolved, such as their names having to be made public and the sequencing and timing of a report, but</p> | Page 100 1/06/2021 |

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| | | | | <p>I don't know which conversations have been had as of 1 June 2021. I know that the officer who's doing that work is very conscientious. I wouldn't be surprised if she's already made some of those phone calls and has some answers.</p> <p>Senator SIEWERT: Maybe you could take that on notice.</p> | |
| SQ21-000520 | Department of Health | Murray Watt | Clarification on head contracts including an on-site vaccination of aged-care workers | <p>Senator WATT: Do you know whether those head contracts included the on-site vaccination of aged-care workers?</p> <p>Dr Murphy: I don't know what was detailed in the head contract.</p> <p>Senator WATT: Could we please get an answer on those couple of points before the lunch break?</p> <p>Dr Murphy: Well, I'm not sure we can get it before the lunch break.</p> | Page 43 2/06/2021 |
| SQ21-000521 | Department of Health | Rachel Siewert | Shingrix - cost | <p>Senator SIEWERT: Can we go back to the immunisation question? I only have a couple of short questions here. I understand that Shingrix will be available on the private market fairly soon?</p> <p>Ms Rishniw: Shingrix is going to be available on the private market from June of this year.</p> <p>Senator SIEWERT: It is pretty expensive, isn't it?</p> <p>Ms Rishniw: I do not have the price in front of me. It hasn't been considered by the PBAC since November 2018. It was rejected at that point in time.</p> <p>Senator SIEWERT: Why, because of its cost?</p> <p>Ms Rishniw: I don't know the details. PBAC takes into account a whole range of things in listing something on the PBS like cost-effectiveness, cost benefit, efficacy. If it is listed, or recommended for listing and listed, it then has to go through a separate process for tendering to actually be delivered through the National Immunisation Program. There are a number of steps.</p> <p>Senator SIEWERT: Have they resubmitted it for reconsideration?</p> <p>Ms Rishniw: Not to my knowledge.</p> <p>Senator SIEWERT: Could you take that on notice to double check?</p> | Page 101 1/06/2021 |
| SQ21-000522 | Department of Health | Helen Polley | Tasmanian vaccination rates for returnees in hotel quarantine | <p>What are vaccination rates for returnees across Tasmanian hotel quarantine?</p> <p>a) Are vaccines offered to people in hotel quarantine?</p> <p>b) If vaccines are being refused, what is the follow up and monitoring arrangement?</p> | Written |
| SQ21-000523 | Department of Health | Nita Green | Weekly breakdown of vaccines for each state and territory | <p>Senator GREEN: What number of vaccines are being delivered to each state and territory per week? Do you have that there?</p> <p>Ms Schofield: I don't have weekly figures in front of me, but I can direct you to, and am happy to read from, the document that was released yesterday where we go through and flag the number of doses that have been distributed to each of the states and territories as well as those distributed through Commonwealth aged care and disability and primary care.</p> <p>Senator GREEN: Does that break down to per week, or are you talking about the</p> | Page 101-102 1/06/2021 |

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| | | | | <p>amount you've provided so far?</p> <p>Ms Schofield: No, this is the amount provided so far. This is as at week 14.</p> <p>Senator GREEN: Can I get a breakdown per week?</p> <p>Ms Schofield: Yes, but I have to take that on notice.</p> | |
| SQ21-000524 | Department of Health | Helen Polley | Tasmanian border and quarantine workers vaccination rate | <p>What is the vaccination rate of Tasmanian border and quarantine workers?</p> <p>a) What is the vaccination rate of their household contacts?</p> <p>b) If vaccines are being refused by border and quarantine workers and their household contacts, what is the follow up and monitoring arrangement?</p> | Written |
| SQ21-000525 | Department of Health | Nita Green | Vaccine doses and stockpile for GPs | <p>Senator GREEN: How many vaccines are going to GPs every week?</p> <p>Ms Schofield: So far we've distributed about 4.16 million to Commonwealth primary care over the course of the program. I will have to come back to you with week-by-week figures.</p> <p>Senator GREEN: You don't know how many GPs got doses last week?</p> <p>Ms Schofield: Sorry-how many GPs received doses?</p> <p>a) Senator GREEN: Sorry. How many vaccine doses were delivered to GPs last week?</p> <p>Ms Schofield: I might have to take that one on notice.</p> <p>b) Senator GREEN: How many vaccine doses are in reserve, in stockpile, each week, Dr Murphy? I'm asking about what's in reserve in terms of stockpile.</p> <p>Ms Edwards: In relation to Pfizer, we keep in reserve all the second doses.</p> <p>Senator GREEN: How much is that?</p> <p>Ms Edwards: Well, the weekly question is throwing us a bit, because it's a very changeable thing depending on what orders states make and what moves around and so on, which is why Ms Schofield has taken it on notice.</p> <p>Senator GREEN: I know, but that's an important figure to understand, because we want to know what's happening on a week-by-week basis compared to what the supply is so we can understand where things are going.</p> <p>Ms Edwards: I appreciate that. We can provide on notice what's happened to give you a sense of it. For the GPs, for example, it depends on who orders what, so they're very changeable numbers. But the general story is that we've had increasing allocations of AstraZeneca. As Ms Schofield said, the last couple of weeks I have just pulled up-the weeks of 17 May and 25 May-both had over a million doses from CSL, and that has gone up. In relation to Pfizer we're very careful about retaining exactly the right amount for second doses, because it comes so quickly. In relation to the contingency with AstraZeneca, that's been building up depending on the supply, and we'd have to take it on notice. We can provide you with a sense of it, but we can't provide the exact details. It's a very complicated set of numbers.</p> <p>Senator GREEN: I don't want a sense of it; I want to know what the figures are for-</p> <p>Ms Edwards: And that's what we'll take on notice.</p> | Page 102 1/06/2021 |

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| | | | | Ms Schofield: We can take that on notice and get it to you, but I don't have that in front of me. I'm sorry. | |
| SQ21-000526 | Department of Health | Nita Green | Rolling figures for vaccine supply | <p>Ms Edwards: The secretary might want to explain how the agreements are reached about what's released.</p> <p>Dr Murphy: We publish each week what has been released and what has been administered.</p> <p>Senator GREEN: So you do have the figures?</p> <p>Dr Murphy: It's published on our website. We've got it there.</p> <p>Ms Schofield: We put out this table every Monday.</p> <p>Dr Murphy: That's published every week-what's gone out and what's been administered by each sector: residential aged care, state and territory clinics, and primary care. But the challenge with providing long forward estimates of what's going to be released is that we still have to get confirmation from Pfizer every month on their supply. We are much more confident about the AstraZeneca supply now because they have started into a regular regime. But this information is published every week about what's been sent out.</p> <p>Senator GREEN: So it won't be hard to find the answer to my question, it's just a matter of doing the maths.</p> <p>Ms Schofield: No.</p> <p>Ms Edwards: We can download all the weeks ones and do the maths on what's happening in each one. We just don't have it-</p> <p>Ms Schofield: So we do, week on week, provide the updated one; I just don't have the breakdown of the previous weeks in front of me. But they are all available on the website.</p> <p>Senator GREEN: That's what we're after.</p> | Page 102-103 1/06/2021 |
| SQ21-000527 | Department of Health | Helen Polley | Tasmanian vaccination rate in disability facilities | <p>What is the vaccination rate in Tasmanian disability facilities (for residents and staff)</p> <p>a) If vaccines are being refused, what is the follow up and monitoring arrangement?</p> | Written |
| SQ21-000528 | Department of Health | Helen Polley | Tasmanian vaccination rate in aged care facilities | <p>What is the vaccination rate in Tasmanian aged care facilities (for residents and staff)</p> <p>a) If vaccines are being refused, what is the follow up and monitoring arrangement?</p> | Written |
| SQ21-000529 | Department of Health | Helen Polley | Tasmanian vaccination rate in hospitals, community health centres | <p>What is the vaccination rate in Tasmanian hospitals, community health centres (clinical, admin & support staff)</p> <p>a) If vaccines are being refused, what is the follow up and monitoring arrangement?</p> | Written |
| SQ21-000530 | Department of Health | Murray Watt | Hotel quarantine in Perth | <p>Senator WATT: But it is the case that someone staying in the hotel contracted coronavirus from someone else who was COVID-positive staying in the hotel?</p> <p>Prof. Kelly: I don't know the detail. This was reported at the AHPPC meeting, which I</p> | Page 106-107 1/06/2021 |

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| | | | | <p>wasn't unable to attend today because I was at this forum. It's been reported to me that during the AHPPC meeting earlier today the WA Chief Health Officer did say that there was a case currently in hospital, not in the community. The initial sense was that it may have come from an in-quarantine infection.</p> <p>Senator WATT: Who is the person in hospital? Is it the person who was originally COVID-positive or the person they passed in on to?</p> <p>Prof. Kelly: The person they passed it on to is what I understand.</p> <p>Senator WATT: The person who was positive who passed it on, are they still in the hotel or are they back out in the community now?</p> <p>Prof. Kelly: I am not aware of that information as yet, but I can take that on notice.</p> | |
| SQ21-000531 | Department of Health | Nick McKim | Health costs from bushfires and pollutants | <p>1. Are the health costs of pollutants from vehicle exhaust emissions and transport pollutants accounted for in the health budget?</p> <p>(a) If yes, please provide a breakdown.</p> <p>(b) If no, why not?</p> <p>2. Are the health costs from these events (bushfires and pollutants) being calculated and presented in the health budget?</p> <p>(a) If yes, please provide a breakdown.</p> <p>(b) If no, why not?</p> <p>3. How much have bushfires cost the health budget over the last five years?</p> <p>(a) Please provide a breakdown.</p> | Written |
| SQ21-000532 | Department of Health | Murray Watt | Proposed quarantine facility | <p>Senator WATT: When we asked PM&C about this last week, they said there had been an exchange of letters between the federal government and the Queensland government and four meetings with Queensland officials about their proposal in January and February. Dr Murphy, have any officials from the Department of Health attended these meetings?</p> <p>Dr Murphy: I'd have to take that on notice. I'm not aware. Ms Edwards might know.</p> <p>Ms Edwards: I'm not aware of anyone having attended meetings with Queensland officials. We have definitely attended meetings to do with providing health advice about quarantine issues generally, over the time. We'll take it on notice to confirm, but I don't think we've had anyone meet with Queensland officials.</p> <p>Senator WATT: You don't think that anyone from the Commonwealth Department of Health has attended meetings with the Queensland government about a potential quarantine facility?</p> <p>Ms Edwards: Not that I'm aware of, but we'll confirm.</p> | Page 124 1/06/2021 |
| SQ21-000533 | Department of Health | Rachel Siewert | Funding for public hospitals | <p>Senator SIEWERT: ...Under the National Health Reform Agreement, does the Commonwealth provide funding to public hospitals to enable them to meet growing</p> | Page 128-129 1/06/2021 |

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| | | | | <p>demand in the hospital services...</p> <p>Senator SIEWERT: So what happens for states that do exceed the cap?</p> <p>Dr Murphy: The agreement doesn't provide for growth funding under the terms of the agreement, and most states will-in previous years, if you were heading to exceed your cap, you can obviously modify your elective activity to come in under the cap, if necessary. But these are ongoing discussions between health ministers.</p> <p>Ms Edwards: And also, we're at a disadvantage. Our absolute guru on the agreement is actually unwell today but my understanding-and she will correct me on notice, if needed-is that it's a national cap. So, if one state exceeds the 6.5 per cent, we note that it's exceeding the soft cap, but it doesn't come into whether you don't get paid for it if it all ends up nationally within the 6.5. So, if you exceed the soft cap, we don't stop making the payments to you unless exceeding the cap for that state ends up to be exceeding overall. It's a national cap. There's nothing to suggest that we will exceed the cap, but, as the secretary says, we're watching very closely, as we always do, particularly in this first year after the different arrangements. We're still in a very unusual health situation with the pandemic and so on. But the short answer to your question is that, if there is more activity, we expect to make further payments and, although the cap will obviously be in contemplation at all times, there is not an expectation we'll hit it.</p> <p>Senator SIEWERT: Can you tell me if any states are closer than others? Have any of the states exceeded it?</p> <p>Dr Murphy: I think there are some states that are predicted to. It's all predictions at the moment for the year end, but there are some states that are predicted to slightly exceed the cap and some states that are predicted to come in below it. But the global picture, as Ms Edwards suggests, on the predictions, which are still early predictions, is that, nationally, we will about hit the cap or come in slightly under.</p> <p>Senator SIEWERT: Can you tell me which states are predicted to exceed the cap?</p> <p>Dr Murphy: I haven't got that information with us at the moment.</p> <p>Senator SIEWERT: Would you take that on notice and tell us which states are likely to exceed the cap.</p> <p>Dr Murphy: We can, certainly.</p> | |
| SQ21-000534 | Department of Health | Rachel Siewert | Public hospital services contributions | <p>Senator SIEWERT: Presumably you'll have to take this on notice. Can you tell us what each state and territory had to pay in order to provide public hospital services from 2013-14 to 2018-19?</p> <p>Dr Murphy: Could you explain that again? What each state and territory had to pay?</p> <p>Senator SIEWERT: What they had been paying up until the 2018-19 financial year, over the period from 2013-14.</p> <p>Ms Edwards: What contribution they've been making to public hospitals?</p> | Page 130 1/06/2021 |

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| | | | | <p>Senator SIEWERT: Yes.</p> <p>Ms Edwards: I think we can. I think it's based on the AIHW report. Can we take it on notice?</p> <p>Senator SIEWERT: Yes. I said you may need to take it on notice.</p> <p>Ms Edwards: If I've misunderstood, then we'll come back, clearly, with what we can provide.</p> | |
| SQ21-000535 | Department of Health | Helen Polley | Launceston General Hospital Masterplan | <p>Has the Federal Government committed any funds to the LGH masterplan? If so, how much? What program has this been funded under? a) If not, does the Government intend to? Why/Why not? It seems to me that the Gutwein Government without the support of the commonwealth will be unable to fund this redevelopment. b) Does the department have any insight to this effect?</p> <p>During the state election campaign, the Liberals were clear that this redevelopment - their signature health infrastructure commitment - would be dependent on funding from the Federal government. a) Has the department worked in conjunction with the state government at all to formulate the masterplan and in the delivery of this 10 year project? b) If yes, when has the department met with its state counterparts? c) If not, are there any plans to meet with the state to discuss this masterplan?</p> | Written |
| SQ21-000536 | Department of Health | Helen Polley | Data on home care packages that are released but not taken up | Do you collect data on how many Home Care Packages are released but are not taken up? Can I have data for the past 24 months? | Written |
| SQ21-000538 | Department of Health | Helen Polley | Determining the adequate number of hours of care under the home care packages | <p>The average number of hours of care received per fortnight for a person receiving a level 4 package is 17.5 hours, or a bit over an hour a day. Do you think this is adequate?</p> <p>How does the Department determine the adequate number of hours of care required for each level of care?</p> | Written |
| SQ21-000539 | Department of Health | Kristina Keneally | Is the Government seeking advice on adding Stillbirth Autopsies to the MBS | Regarding the Senate Select Committee on Stillbirth Research and Education recommendation that the Government seek advice on adding stillbirth autopsies to the MBS, a letter from the Minister for Health to The Hon Chris Bowen MP on 18 August 2020 stated "MSAC has advised that the MBS is not a suitable mechanism for funding autopsy services." When did MSAC provide this advice? How was it provided? Was it a full meeting of the MSAC or the MSAC executive? | Written |
| SQ21-000540 | Department of Health | Helen Polley | Updated data of average hours of care received per home care package | <p>Do you have any updated data for the average hours of care received per package since 2018-19?</p> <p>How regularly do you collect this data?</p> | Written |

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| SQ21-000541 | Department of Health | Helen Polley | Home Care package timeline of average hours of service | Can you provide me with a timeline of average hours of service per fortnight for the past 5 years? | Written |
| SQ21-000542 | Department of Health | Helen Polley | Funding levels for aged care services and the freeze across all ACFI domains | Does the department acknowledge that the Government's approach to indexation of funding levels for aged care services and the freeze across all ACFI domains in 2017 has meant that it has been inadequate to keep up with real cost increases over time? Has this resulted in the reduction of care hours? | Written |
| SQ21-000543 | Department of Health | Helen Polley | Ensuring deliver of home care packages | Of the 10,000 Home Care Packages (HCPs) announced in November 2019, 8,875 had been released as of 31 March 2021. Of the 10,000 HCPs, 5,500 were scheduled to be released in 2019-20, with the remaining 4,500 to be funded in 2020-21. The 1,125 HCPs (10,000 minus 8,875) to be released in the last quarter of 2020-21 (1 April 2021 to 30 June 2021) corresponds to one-quarter of the 4,500 allocation in 2020-21. The release of HCPs is on schedule with the 4,500 HCPs being released evenly in 2020-21 in a sustainable manner that assists providers to accommodate the flow of people entering care. It is important to note that these packages are on top of the regular, ongoing release of packages. If the Government has still not provided all of the 10,000 HCPs they announced in 2019. What is being done to ensure you will be able to deliver an additional 80,000 over the next two years? | Written |
| SQ21-000544 | Department of Health | Helen Polley | Information around additional investment in home care packages during the COVID-19 period. | To address increasing demand for HCPs the Government has said that they have invested around \$2.8 billion in additional HCPs during the COVID-19 period. This investment will result in an additional 39,105 HCPs being released in 2020-21. Can I please have a breakdown of the levels of the packages provided? What is the Government's long term strategy to address the gap in Home Care Packages? Australia's population is ageing rapidly. Are there any other strategies being considered? For example, bolstering at home care aged care services? Is the Commonwealth confident with the current resources the aged care sector has will be able to meet the demands of the future. Is at home care still the government's ideal model for caring for vulnerable Australian's? | Written |
| SQ21-000545 | Department of Health | Helen Polley | Launceston General Hospital funding for staff retention and recruitment | The LGH already struggles to adequately staff the existing site, is the department aware of any plans, which work to not only attract but retain staff at the LGH in line with this proposed development? a) If yes, what is the plan to fund these additional staff? | Written |
| SQ21-000546 | Department of Health | Helen Polley | Funding for Tasmania under the Community Health and Hospitals | Over the forward estimates, Tasmania is expected to receive \$38.5 million under the Community Health, Hospitals and Infrastructure projects. a) Can the department provide any detail of the projects, which this fund has been earmarked for? | Written |

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| | | | Program and Other 2019-20 Budget Measure Projects | <p>b) Can the Department provide an update of any detail on the Tasmania Health Package and the additional health services for north-western Tasmania?</p> <p>c) How much has the Government committed to this plan?</p> <p>d) Has a MOU been signed with the state government?</p> | |
| SQ21-000547 | Department of Health | Helen Polley | Information surrounding Run for the Reef event under the national sport plan | <p>What was the selection criteria for choosing the Run for the Reef event under the national sport plan, Sport 2030?</p> <p>Was there an open tender where other national running event/sport organisers could apply? If no, there are thousands of national running events held each year why was this one selected? If yes, who else applied for this fund?</p> <p>How will the funds be spent? Who will receive the funds? Are they not-for profit, for-profit or a charity organisation?</p> <p>This event hasn't gone ahead for two years now, does the Government know when the next event will be held? If no, does the Government expect a race to be held in the future?</p> <p>Is it correct that this event received a \$150,000 grant in 2017 as a part of a Turnbull Government election promise? Is it appropriate for it to receive a further \$1.5 million in taxpayer money?</p> | Written |
| SQ21-000548 | Department of Health | Helen Polley | Addition of 10 MBS mental health sessions | <p>Can the department detail to the committee how the addition of the 10 MBS mental health sessions has served communities?</p> <p>a) Has the Department completed any modelling around this reform, and could it continue indefinitely?</p> <p>b) What would the overall cost per annum be if the program is continued unchanged?</p> <p>c) Does the department believe there will be a growing need within the community to sustain these 10 extra sessions?</p> <p>In the last round of estimates you gave me the details of how many people accessed the additional 10 MBS sessions. Can I please have an update on this?</p> | Written |
| SQ21-000549 | Department of Health | Helen Polley | Programs or reforms being considered to bolster mental health services | <p>Can the department detail to the committee other programs or reforms being considered to bolster mental health services?</p> | Written |
| SQ21-000550 | Department of Health | Helen Polley | Determination of Tasmania as a Distribution Priority Area for GP's | <p>1. The department classifies most of Tasmania (Excluding Hobart and Wynyard) as a Distribution Priority Area (DPA) for GP's.</p> <p>a) Can the department talk about how that has been determined, in particular the benchmarking process and what determines that Tasmania is above the so called 'benchmark' when compared to the rest of the country?</p> | Written |

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| SQ21-000551 | Department of Health | Helen Polley | Number of people accessed MBS therapy sessions in total | Can you also provide me with data on how many people have accessed MBS therapy sessions in total? What is the average amount of sessions people have accessed since the announcement of the scheme? a) Does this represent a significant increase? | Written |
| SQ21-000552 | Department of Health | Helen Polley | Recruitment of permanent GP's and nurses in Tasmania | 1. The Government invested \$550m through the 2018-19 Stronger Rural Health Strategy to deliver more doctors, nurses and allied health professionals where they are most needed - regional, rural and remote Australia. This investment is supporting planning, teaching, distributing and retaining the rural health workforce. After the first two years of the strategy, more than 700 additional GPs and 700 additional nurses are working in regional, rural and remote Australia. a) Can the department detail how many of these GP's and nurses have been recruited for Tasmania and how many now call Tasmania home? | Written |
| SQ21-000553 | Department of Health | Helen Polley | Overseas trained doctors and effect on restrictions of international movement | 1. I understand the Department expects to see a reduction in the number of overseas trained doctors arriving in Australia in 2020-21, due to a combination of restrictions on international movement and decisions by individuals not to travel. There are exemptions to Australia's border restrictions available for overseas doctors sponsored by their employer to work in Australia, as general practice and other medical practitioners are occupations included on the Priority Migration Skilled Occupation List. The number of Health Workforce Certificates issued under the Visas for GPs Program for primary health care positions in 2020-21 to 31 March 2021, (386) is approximately 38 per cent lower than the number issued in the corresponding months in 2019-20 (627). a) What strategies is the department exploring to ensure Australia has enough GP's to service our communities? b) Is the department concerned about the long term ramifications of travel restrictions on our ability to service communities? c) Is there an opportunity to progress potential GP's through our universities at a quicker rate without jeopardising patient safety? For example could degrees be streamlined? d) This reduction in doctors arriving in Tasmania is of concern to many people including our health workforce and stakeholders. Too often government's get accused of not formulating policy for the long term, instead they favour political expediency. Is this an example of policy failure? Not preparing for a GP shortage? | Written |
| SQ21-000554 | Department of Health | Helen Polley | Disparity between Medicare services and PBS services per capita | Health services received per person per annum 1. When looking at Medicare services per capita, Tasmania receives below the national average. Despite this Tasmania receives the highest PBS services per person. | Written |

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| | | | | a) Can the department explain this disparity between medicare services and PBS services per capita? | |
| SQ21-000555 | Department of Health | Helen Polley | Lived Experience Australia report findings regarding access to mental health services | In a report released by Lived Experience Australia, it found that four in ten Australians have been unable to access mental health services when they needed them. a) Does the Government collect data to this effect? b) Does the Government have data on how many people have tried to access services but were unable to, due to a lack of resources, the expenses related with co-payments, GPs not having adequate information or resources etc? | Written |
| SQ21-000556 | Department of Health | Helen Polley | Funding for palliative care in Tasmania | How much money is going into palliative care in Tasmania from the Federal Government? | Written |
| SQ21-000557 | Department of Health | Helen Polley | \$49.4 million in funding for increased palliative care and dementia care in rural locations | Palliative Care 1. The Government has allocated \$49.4 million to support increased palliative care and dementia care in rural locations. a) Can the department break down this funding allocation by state? b) How will this funding be delivered over the forward estimates? c) Will this funding be supplied to MMM2-7 locations or MMM3-7 locations? d) How will the funding be split between palliative care, dementia care and infection prevention and control training? e) Is the Department considering a specialist palliative care unit in the Launceston General Hospital? f) Has the Department had any meetings with the state government in Tasmania to discuss a specialist Palliative Care unit in Launceston? If not, will they? | Written |
| SQ21-000558 | Department of Health | Helen Polley | Spring Bay Medical Centre Triabunna closure - access to GPs | The Spring Bay Medical Centre private practice recently closed its doors at Triabunna. Unfortunately, the doctor who closed the practice has been unable to secure a contract with East Coast Health after negotiations with the local council broke down. These circumstances have meant hundreds of locals have been forced to try and find a different GP service with some travelling as far as Sorrell to access a GP. This is over a distance of 60km. This case is just one example. Access to GP's in the East Coast area is compromised, just like it is in many regional towns across Tasmania. Many elderly and vulnerable residents are going without care because it is too hard to find a GP a) What is the department doing to ensure the residents of Triabunna have access to adequate medical care since the closure of Spring Bay Medical Private Practice? b) What is the department doing to ensure communities, such as those in Triabunna in Tasmania are able to retain and support experienced doctors to remain in the region? c) How many private practice closures have there been, in a regional or rural area in Tasmania in the past 12 months? d) How does the department determine whether the current policies are succeeding or not? On sheer numbers? What are the key performance indicators? | Written |

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| | | | | e) Some residents will need to travel as far as Sorell, which is an hour drive to access medical care. Does the Department find this acceptable? | |
| SQ21-000559 | Department of Health | Helen Polley | \$37.3 million in additional funding for expansion of the Greater Choice for At Home Palliative Care initiative | <p>Palliative Care</p> <p>1. The Rural Doctors Association of Australia (RDAA) says that increased numbers of Rural Generalist (RG) doctors with an advanced skill in Palliative Care is essential for ensuring quality end of life care is available within rural communities.</p> <p>In the Government Budget there was \$37.3 million in additional funding to expand the Greater Choice for At Home Palliative Care initiative to expand right across the country</p> <p>a) Does the Department believe that this funding is adequate to truly allow people to die with dignity in their own home?</p> <p>b) What modelling was done to determine that this was the required funding?</p> <p>c) What is the estimated number of people who will benefit from this scheme?</p> <p>d) How will this scheme be distributed between urban and regional areas?</p> <p>e) How many sites will be located in Tasmania?</p> <p>f) How will this funding be allocated by state and over the forward estimates?</p> | Written |
| SQ21-000560 | Department of Health | Helen Polley | Access to GPs in Tasmania and elsewhere in Australia | <p>This case is just one example. Access to GP's in the East Coast area is compromised, just like it is in many regional towns across Tasmania. Many elderly and vulnerable residents are going without care because it is too hard to find a GP.</p> <p>a) Is the department aware of other cases similar to the Triabunna case in Tasmania and elsewhere in Australia?</p> <p>b) Can the Department provide any detail of how ratepayers funds are spent to ensure greater medical care for the community?</p> <p>c) Does the department have a clear picture of the model of care for this community?</p> <p>d) Has the department considered a fund for residents that have to travel more than 50km to access GPs? To ameliorate the financial burden for these residents?</p> | Written |
| SQ21-000561 | Department of Health | Helen Polley | State breakdown of \$229.4 million for quality of life and care for people living with Dementia over the forward estimates | <p>Dementia Funding and Specialist Dementia Care Program</p> <p>1. Can I have a state breakdown of the \$229.4 million allocated to improve the quality of life and care for people living with dementia over the forward estimates?</p> <p>a) Can I have a break down on how this funding will be spent between research, training and for the Dementia Behaviour Management Advisory Service and Severe Behaviour Response Teams?</p> <p>b) Is there a term of reference attached to this funding? How will it be reviewed to determine its effectiveness?</p> | Written |
| SQ21-000562 | Department of Health | Helen Polley | Available funding to address early onset dementia | What funding is available to address early onset dementia? | Written |
| SQ21-000563 | Department of Health | Helen Polley | Research funding for dementia overall | <p>Dementia Funding and Specialist Dementia Care Program:</p> <p>What research funding is going into dementia overall? Is there any funding for the</p> | Written |

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| | | | | Wicking Dementia Institute in my home state of Tasmania? Will this funding compliment the Specialist Dementia Care Program? If so, how? | |
| SQ21-000564 | Department of Health | Helen Polley | Engagement with Tasmanian Health Service and aged care sector in Tasmania | Specialist Dementia Care Program 1. How has the department engaged with the Tasmanian Health Service and the aged care sector in Tasmania? Do you meet regularly? | Written |
| SQ21-000565 | Department of Health | Helen Polley | Improvement of the market response in Tasmania | Specialist Dementia Care Program 1. Does the department have a plan for improve Tasmania's market response to the program? a. If yes, can you provide me with this plan? b. If not, will you be developing one? c. What have you ascertained so far from your meetings with the state? | Written |
| SQ21-000566 | Department of Health | Helen Polley | Date of release for the grant under Specialist Dementia Care Program - Tasmania | Specialist Dementia Care Program: 1. Does the department have a date for when the grant under the Specialist Dementia Care Program will be released to Tasmania? If not, when will you know? | Written |
| SQ21-000567 | Department of Health | Helen Polley | Modelling used to determine the number of units and beds for the Specialist Dementia Care Program | Specialist Dementia Care Program: 1. The Modelling used to determine the number of units and beds to be provided under this program is from data in 2012 and 2003. Wouldn't this data be dated? a. Does the Department have any more up-to-date data to estimate the prevalence of dementia in Australia? b. If not, does the department intend on collecting such data? | Written |
| SQ21-000568 | Independent Hospital Pricing Authority | Rachel Siewert | Indexation for funding for public hospitals | Senator SIEWERT: What indexation does the Commonwealth use for funding for public hospitals? Ms Edwards: Again, this is technical stuff, so let's see if I can get it right. It's not indexed in the way a program we've talked about before is. The Independent Hospital Pricing Authority-come and interrupt me if needed, Ms Cahill-determines the cost of the activity. Then that's rolled up into the NWAU idea, which is the item cost. Those are regularly reviewed in terms of what the cost is of providing that facility. Those all add up to the global payment, when you add up the activity based funding. So the cost of the service-the efficient cost price-is constantly reviewed and the IHPA does all sorts of work in determining what that is. That's how the price changes. Sometimes the price will go up, but sometimes it might actually become cheaper for one reason or another. It's a constant-have I got it right, Ms Cahill, or am I at least close? Ms Cahill: Yes. Senator SIEWERT: So what's the latest indexation, bearing in mind what you've said? Ms Edwards: There are many, many items, of all the different things can happen in a | Page 130 1/06/2021 |

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| | | | | <p>hospital, and each of them has an efficient price. That price is adjusted from time to time, in a new actuarial assessment of what it costs, and then that price is the new price going forward. So there's no-</p> <p>Senator SIEWERT: For that particular item?</p> <p>Ms Edwards: For that particular activity. Then all of the things the public hospital does add up through that, and then it's compared with last year and various very complicated procedures. So it's not indexed straight, on top of-the cost of doing it is reassessed periodically, so the cost of doing business in the public hospital is reassessed each time that those costs are calculated, and that all goes into the coding and activity based funding, which is why we have the IHPA and the administrator to do that analysis.</p> <p>Senator SIEWERT: Do I take it from what you've said that there is no average rate of indexation?</p> <p>Ms Edwards: I think we could probably take on notice to ask IHPA what the average change is.</p> | |
| SQ21-000569 | Independent Hospital Pricing Authority | Rachel Siewert | Average cost for provision of health services | <p>Senator SIEWERT: Is there such a thing as an average-not for the funding from your funding formula? Is there such a thing, looking at inflation, as the average cost for provision of health services?</p> <p>Senator SIEWERT: Could you take that on notice? Is there an average of inflation in the cost of health provision?</p> <p>Ms Edwards: We'll take on notice to explain what the change in pricing is and how that happens in a way that answers the question.</p> <p>Senator SIEWERT: I have one more question. Do you look at the biggest costs-for a hospital, for example, goods and services. They're the bigger costs, so the rate of inflation, for example, on those could be a bigger share of the costs. You've said that you look at the cost for the provision of specific services. Given the role that certain things play in the overall budget, is that proportion used to calculate the rate of indexation?</p> <p>Ms Edwards: As I understand it, when IHPA looks at an activity and prices, it takes into account all of those inputs. All of the things you're talking about are factored into what the cost of delivering that activity is. If staffing is a cost which increases greatly, that would be factored into the cost of that activity. Things like PPE, equipment that's used-all of the inputs-are factored into it. That's why it's such a complex mathematical actuarial system. The activity is then priced on the basis of all the things you need to do to deliver it. It's holistic.</p> | Page 131 1/06/2021 |
| SQ21-000570 | Department of Health | Helen Polley | Launceston General Hospital Masterplan | <p>Senator POLLEY: I have some questions in relation to the Launceston General Hospital master plan.</p> <p>Ms Edwards: This is the right section, but we would have very little visibility, if any, of</p> | Page 131-132 1/06/2021 |

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| | | | | <p>the specific plan of a hospital in Tasmania. It's a public hospital; the Tasmanian government would be the relevant people, and we would-</p> <p>a) Senator POLLEY: I want to ask whether or not the department and the federal government have been approached for any funding.</p> <p>Ms Edwards: For the Launceston hospital?</p> <p>Senator POLLEY: Yes.</p> <p>Ms Edwards: We provide funding in the way we've just been discussing with Senator Siewert for all public hospitals-in accordance with the National Health Reform Agreement.</p> <p>Dr Murphy: Are you talking about capital funding?</p> <p>Senator POLLEY: Yes.</p> <p>Dr Murphy: I'm not aware of any approach.</p> <p>Ms Edwards: I'm not aware of any.</p> <p>Dr Murphy: We'd have to take that on notice.</p> <p>Senator POLLEY: It was quite a big announcement in relation to the master plan over the next 10 years. I am sure the minister is across that. If you could take on notice-there is nothing to date that you can tell us in relation to whether any approach has been made?</p> <p>Ms Edwards: Can you tell us the date or the provenance of the article you are referring to?</p> <p>Senator POLLEY: It was in the Launceston Examiner on 27 May. I have copies here if people want to see it.</p> <p>Ms Edwards: We can pull it out and have a look, but we would have to take that on notice. I'm not aware.</p> <p>Senator POLLEY: You wouldn't normally be involved in the development of a hospital?</p> <p>Dr Murphy: We don't normally get involved in the master planning of state and territory health services. On occasion they will come to us for Commonwealth capital contributions to redevelopment, but the master planning process is very much done by the state and territory health departments.</p> <p>b) Senator POLLEY: In that case, could you take on notice whether or not there was any approach made to the minister, to the government or to the department in relation to any funding or any grants that might be available?</p> <p>Dr Murphy: We can take that on notice, yes.</p> | |
| SQ21-000571 | Department of Health | Helen Polley | Tasmanian infrastructure funded through CHHP | <p>Senator POLLEY: In terms of infrastructure projects, are there any on the drawing board, or have you had any approach from the state government over the last six months in relation to any projects? Have they sought advice about funding for infrastructure? Dr Murphy: Again, not that I'm aware of. Ms Edwards: For the Launceston hospital? Senator POLLEY: For anywhere in Tasmania. Ms Edwards:</p> | Page 132 1/06/2021 |

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| | | | | <p>Infrastructure projects to do with the health system in Tasmania? Senator POLLEY: Yes. Hospitals. Ms Edwards: I am aware of the existing commitments we have rolling out that we've talked about before. Ms Jeacle is nodding. But we're not aware of any new infrastructure proposals in the department, at least. Senator POLLEY: Over the forward estimates, Tasmania is expected to receive \$38.5 million under community health and hospitals infrastructure projects. Dr Murphy: Ms Jeacle can address that. Senator POLLEY: Can you give us any details of these projects which have been funded and earmarked? Ms Jeacle: In Tasmania? Senator POLLEY: Yes. Ms Jeacle: I would probably have to take it on notice in terms of getting the detail of the projects individually, in terms of their status.</p> <p>.</p> <p>Senator POLLEY: Can you outline what those projects are, then? Ms Jeacle: There is \$1 million for the Queenstown Allied Health and Aged Facility, which is a program for 2021-22; \$10 million for improvements to the acute care facility at North West Regional Hospital; \$10 million to redevelop and extend the existing Kings Meadows Community Health Centre; \$4.5 million for perinatal and infant mental health services at Launceston General Hospital and North West Regional Hospital; a birthing suite at Launceston General Hospital; diagnostic mammography; and improved access to health services in regional, rural and remote access in north and north-western Tasmania through TAZREACH. Senator POLLEY: What is the total of payments that have been made thus far? Ms Jeacle: The budget is \$40 million- Senator POLLEY: So it has gone up from \$38.5 million to \$40 million? Ms Jeacle: It's \$40 million according to my records. Senator POLLEY: What was the addition \$1.5 million for? Ms Jeacle: I couldn't tell you at this point. I can take that on notice.</p> | |
| SQ21-000573 | Department of Health | Helen Polley | GP visits during the peak of the pandemic and bulk billing in Tasmania | <p>Did more or less people see their GP during the peak of the pandemic? April 2020-September 2020.</p> <p>a) I understand this was the latter, rather than more people accessing GP services? Are you arguing that the majority of GP's in Tasmania are now overwhelmingly bulk billing? because that is not what I am hearing on the ground in Tasmania</p> | Written |
| SQ21-000574 | Department of Health | Helen Polley | Telehealth services by GP practices in Tasmania during the pandemic | <p>Tasmanian's did see the benefit of expanded telehealth services during the pandemic and many would like to see them continue indefinitely.</p> <p>a) Is the Department working with the Government to ensure telehealth incentives still exist or is the Department planning to cut access to telehealth services in Tasmania at a future date?</p> <p>b) It is my understanding that GP practices in Tasmania will not be able to afford telehealth services into the future if the government revoked the incentives. Do you believe this to be the case?</p> | Written |

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| SQ21-000575 | Department of Health | Helen Polley | Barriers to extending telehealth services nationwide and indefinitely | I know that experts argue that telehealth is not ideal for every patient, especially if they have to examine a patient but for chronic illnesses, telehealth has many advantages especially if travel is an issue for a patient. a) What do you believe the barriers are to not extending telehealth services nationwide and indefinitely? | Written |
| SQ21-000576 | Department of Health | Helen Polley | GPs operating in Tasmania as of 2020-21 | As of 2019-20 there were 1, 146 GP's operating in Tasmania. As of 2020-21 how many are there now? | Written |
| SQ21-000577 | Department of Health | Helen Polley | Rural Locum Assistance Program in rural and remote areas of Tasmania | In 2019-20, the Rural Locum Assistance Program (RLAP) placed 34 locums in rural and remote areas of Tasmania. The 34 locums placed in Tasmania backfilled a total of 620 days of leave taken by local health practitioners. RLAP enhances the ability of nurses, allied health professionals, GPs and specialists (obstetricians and anaesthetists) to take leave for recreation or to undertake continuing professional development (CPD). Support includes the costs of travel, accommodation, travel allowance and incentives for locums. a) What was the final financial cost of employing these locums? b) Is the Department working with the Tasmanian Health Service (THS) to recruit local GP's and graduates because the Locum model is financially unsustainable? c) How many Locums will service Tasmania in 2020-21? | Written |
| SQ21-000578 | Department of Health | Helen Polley | National Rural Generalist Pathway and GPs in Tasmania | More and more GPS's are specialising because of the financial incentive. Dr Hall said RDAA was disappointed not to see additional investment in the Budget to finalise full implementation of the National Rural Generalist Pathway. a) What work is the department engaging in to ensure we have enough GP's instead of specialists to service the health needs of Tasmanians now and into the future? b) Is the Department considering the full implementation of the National Rural Generalist Pathway? a. If yes, what further work has the department done to implement this initiative? b. If not, when will the Department turn its attention to this initiative? | Written |
| SQ21-000579 | Department of Health | Helen Polley | Funding for the Rural Health Outreach Fund | During 2020-21, more than \$28 million has been allocated for outreach health services under the Rural Health Outreach Fund (RHOF). The Department has said that funding has been provided. a) How was that funding determined to go to those organisations and what is happening on the ground? b) Have these organisations spent the money or the Tasmanian Health Service (THS) for that matter? c) Has the Department received further instruction from the Tasmanian Government that it may need further funding, especially for Mental Health as we continue to navigate our way out of the pandemic? | Written |

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| SQ21-000580 | Department of Health | Helen Polley | Information regarding the General Practice Incentive Fund Tasmania | <p>General Practice Incentive Fund Tasmania (GPIFT)</p> <p>a) Was any consultation made with the Rural Doctor's association of Tasmania on the GPIFT? If not why?</p> <p>b) What are the goals of the fund? What are the terms of reference of the fund? How will it result in improved access to primary care?</p> <p>c) Can the Department update the committee regarding this contract? How are negotiations proceeding?</p> <p>d) Does you envisage that the contract will be executed on 30 June 2021?</p> | Written |
| SQ21-000581 | Department of Health | Helen Polley | GP full time equivalent in Tasmania | <p>GP Full Time Equivalent (GPFTE) in Tasmania</p> <p>1. According to the Royal Australian College of General Practitioners the number of FTE GPs per 100,000 for the Tasmanian population has declined by 0.4% since 2018. Yet, the information provided by you on a question on notice from the last round of estimates says that Tasmania has experienced an increase in GPFTE per 100,000 population in rural and regional areas (MM2-7) since 2018.</p> <p>a) As I understand, Hobart and Launceston are not classified as regional and rural under this count, is that correct?</p> <p>b) Can the department please explain the discrepancy between these two sources?</p> <p>c) What has been the change in GPFTE per 100,000 in Launceston and Hobart?</p> <p>d) These two counts were collected from different sources, one was workforce statistics and the other was MBS claims, primary care GPs and ABS estimated resident population. Do these two sources of information deliver different results? Which one is more accurate? How do you determine accuracy?</p> | Written |
| SQ21-000582 | Department of Health | Helen Polley | Retention of GPs and allied health professionals in Launceston | <p>Included in the Budget was an increase in the Medicare Rural Bulk Billing Incentive for MMM 3-7 locations. This is a welcomed initiative, with the Rural Doctors Association long advocating for this. However, this does not comfort the people of Bass, who are mostly in in a MMM2 region.</p> <p>a) What is the Department doing to retain GPs and allied health professionals in Launceston?</p> | Written |
| SQ21-000583 | Department of Health | Helen Polley | Stronger Rural Health Strategy - BulkBilling | <p>Stronger Rural Health Strategy - Bulk Billing</p> <p>1. The proportion of Tasmanian patients bulk billed for all GP services has steadily declined from 52% in 2014-15, to 48.7% in 2018-19. Does the department have an updated figure for 2020-21 so far?</p> <p>2. If there has been an increase in the bulk billing rate - how does the introduction of telehealth conflate these figures?</p> <p>3. Nationally, the proportion of patients who have all of their GP services bulk billed has increased over the same time period. Is the department aware of this trend for Tasmania and what are they doing to address the issue?</p> <p>4. I know the Government likes to inflate the percentage of services bulk billed each</p> | Written |

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| | | | | <p>year, but it doesn't change the number of patients which are bulk billed each year.</p> <p>a) Can the department provide a state by state breakdown of the patients who were bulk billed please?</p> <p>5. Can the department please explain why Tasmania on a patient basis has a reduced bulk billing rate when Tasmania is second to only the Northern Territory for chronic illness and ageing population?</p> <p>6. Can the department provide a state by state breakdown of the average out of pocket costs for GP visits?</p> <p>7. Are out of pocket costs continuing to surpass the patient rebate? Does the department have a state by state breakdown of these figures?</p> <p>8. Medicare Billings in TAS public hospital outpatient departments: how much was generated over the last year?</p> | |
| SQ21-000584 | Department of Health | Kristina Keneally | Correspondence to MSAC | <p>In Senate estimates on 26 October 2020, Senator Keneally asked "why is it that MSAC didn't believe MBS would be an appropriate mechanism to fund stillbirth autopsies?" Ms Shakespeare answered "I'll need to check the detail of the correspondence to and from MSAC, but I think there's a requirement that services funded under the Health Insurance Act are for clinically relevant services, which becomes difficult if the subject of the service is deceased." Can a copy of any correspondence to and from MSAC on stillbirth autopsies be provided?</p> | Written |
| SQ21-000586 | Department of Health | Kristina Keneally | Is stillbirth autopsy a clinically relevant service | <p>Stillbirth is a unique death - it is the death of a baby inside its mother's body. Does the Government agree that a stillbirth autopsy is a 'clinically relevant service' to a living person - namely, the mother of the baby in whose body the baby died? If not, why not?</p> <p>a) Does the Government agree that a stillbirth autopsy can provide 'clinically relevant' information to a living person - the mother of the stillborn baby -- and is a diagnostic tool for mothers, providing her with informant about the appropriate medical steps she can take to reduce the risk of a subsequent stillbirth and / or manage her fertility? If not, why not?</p> <p>b) Does the Government acknowledge that only 20% of stillborn babies in Australia receive an autopsy?</p> <p>c) Does the Government acknowledge that the rate of stillbirth in Australia has barely changed in 20 years, but that in the same timeframe, The Netherlands achieved a 60% reduction in stillbirths?</p> <p>d) Does the Government acknowledge that The Netherlands' success in achieving a 60%</p> | Written |

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| | | | | <p>reduction in stillbirths is a result of a policy decision to investigate every stillbirth and incorporate findings back into clinical practice in the health care system?</p> <p>e) What other reasons would there be to do an autopsy on a stillborn baby if not for providing clinically relevant information to living persons, namely, the mother and future siblings?</p> | |
| SQ21-000587 | Department of Health | Kristina Keneally | Stillbirth Research and Education | Does the Government support the Senate Select Committee on Stillbirth Research and Education to expand stillbirth autopsies in Australia to more babies? | Written |
| SQ21-000589 | Department of Health | Kristina Keneally | Cost of a perinatal autopsy | <p>What is the approximate average cost of a perinatal autopsy?</p> <p>a) Which states fully fund perinatal autopsies? Which states partially fund stillbirth autopsies? Which states do not provide any funding for stillbirth autopsies?</p> | Written |
| SQ21-000590 | Department of Health | Kristina Keneally | Has the Commonwealth identified potential ways of funding stillbirth autopsies | Increasing the uptake of stillbirth autopsies is an action under the Stillbirth Action and Implementation Plan for which the Commonwealth has been assigned the lead. QON 20-000420 states "potential funding mechanisms in this area are being examined as a priority" by the Commonwealth. On 26 October 2020 in Senate Estimates Professor Brendan Murphy stated "We'd be happy to come back to you on notice with some advice on potential ways of supporting that now that the MSAC option has been excluded." Has the Commonwealth identified potential ways of funding stillbirth autopsies? If so, what are they? If not, why not? If not, when does the Government expect to identify a funding mechanism for stillbirth autopsies? | Written |
| SQ21-000591 | Department of Health | Gerard Rennick | Rapid testing for health workers | 1. Why can't rapid testing be used at aged care centres, hospitals and other health facilities for workers entering to try and reduce outbreaks of Covid? | Written |
| SQ21-000592 | Department of Health | Rex Patrick | Medical Research Future Fund grant scoring | <p>Senator PATRICK: It's a question about whether the MRFF did an analysis. In this case, it's related to the two documents. I'm not trying to usurp the FOI processes; Mr Patrick does that. I'm talking as Senator Patrick now, asking for those documents to be disclosed. I'm not after the people that did not win the grant; I'm after the scoring for the entity that won the grant.</p> <p>Dr Somi: Can I clarify what the value of the score would be if you only had one reference point?</p> <p>Senator PATRICK: I'm actually after the analysis.</p> <p>Senator GREEN: It's not about the value of it; he's put something on notice.</p> <p>CHAIR: He's clarifying the question. That's okay. If we can finalise this question or put anything else about the question on notice in writing, that would be appreciated.</p> <p>Senator PATRICK: Sure. You know what FOI is. I'm not after anyone else's grants other than the grant that was given-</p> <p>Ms Edwards: We'll take it on notice and we'll also assess. If necessary, we'll refer it to</p> | Page 138 1/06/2021 |

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| | | | | the minister to seek public interest immunity, but we'll have a good look at it to see what we can provide first. | |
| SQ21-000593 | Department of Health | Gerard Rennick | Regulation of social media posts about vaccines from drug companies | Do drug companies pay foreign own social media companies to regulate posts about vaccines? | Written |
| SQ21-000594 | Department of Health | Patrick Dodson | First Nations crisis line analysis | <p>Senator DODSON: I notice that there's also an allocation to establish a culturally appropriate crisis line. What evidence is there to suggest that crisis lines are effective in preventing suicides for First Nations peoples? Have you got any evidence about this?</p> <p>Mr Roddam: We know that, apart from some regional based crisis lines, there's the absence at the moment of a culturally appropriate crisis line. Gayaa Dhuwi, the Indigenous mental health peak body, and Lifeline together came to the department and to the government with a proposal to establish this crisis line. They are seeking to employ First Australians in staffing the line and in managing that service. I think the evidence really is that there's an absence of culturally appropriate services in terms of a national crisis line, and this seeks to fill that gap.</p> <p>Ms Rishniw: We had a crisis line in Victoria during the COVID measures for mental health that was run through VACCHO. That had quite good use and take-up. We've had some evidence over the last year that there has been use of at least a mental health line such as that.</p> <p>Senator DODSON: Is that analysis publicly available?</p> <p>Mr Roddam: From recollection around \$5 million was provided during one of the COVID packages last year to the service in Victoria. It did have quite strong take-up. I don't have with me the data on that. We could provide it on notice.</p> | Page 139 1/06/2021 |
| SQ21-000595 | Department of Health | Patrick Dodson | Crisis line analysis | <p>Senator DODSON: Okay. Thanks very much. What about in the general public? What's the effectiveness of crisis lines in preventing suicide? Do you have any analysis of that?</p> <p>Mr Roddam: I'd need to go back and look at the evaluations of Lifeline, beyondblue services et cetera. We all see at the end of media stories et cetera where those lines are provided. They're provided for the reason that they do save lives. We definitely think that there was a gap in not having a culturally appropriate service of that kind, as I said earlier.</p> | Page 139 1/06/2021 |
| SQ21-000596 | Department of Health | Patrick Dodson | First Nations people under 25 years old | <p>Senator DODSON: Is there a specific reporting mechanism within this structure that deals with suicide among First Nations people aged 25 years and under?</p> <p>Mr Roddam: It is very much captured by the Closing the Gap targets-</p> <p>Senator DODSON: Do you report on that cohort of people? That's what I want to know. Don't tell me about Closing the Gap-that's in the winter wonderland at the moment. Do you report on the suicide rates for the cohort aged 25 years and under and the methods of prevention you are supporting?</p> <p>Mr Roddam: The rates are reported through the ABS 'Causes of death' data. In terms of</p> | Page 140 1/06/2021 |

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| | | | | reporting against the programs for that group, that may well be something that comes out of the final strategy. I would need to take that on notice. | |
| SQ21-000597 | Department of Health | Patrick Dodson | Youth leadership forum | <p>Senator DODSON: I notice that there is a commitment in the strategy to a youth leadership forum. How much is allocated to that?</p> <p>Mr Roddam: That hasn't been funded through the budget. There are some initiatives in the draft strategy that have been funded straightaway, with the government to consider the remainder of the strategy when it is finalised.</p> <p>Senator DODSON: This youth forum is supposed to be designing a strategy for youth, isn't it? Didn't you say there was no funding for it?</p> <p>Mr Roddam: I would need to take that on notice and check the draft strategy. I don't have it with me.</p> | Page 140 1/06/2021 |
| SQ21-000598 | Department of Health | Rachel Siewert | Number of new Mental Health Treatment Plans and people accessing Better Access services in 2020 | <p>Senator SIEWERT: In terms of better access, the budget puts more money in there. But, as I understand it, the rate of new clients coming into the program is the lowest it has ever been. Has an evaluation of better access been done? What is the most recent evaluation that's been done?</p> <p>Ms Rishniw: You would remember the introduction of better access with 10 sessions in the mental health treatment plan. And that was increased to 20 sessions in, I think, August last year-with a time frame of 2022 and an evaluation at that point in time. In 2020, we had 1,473,451 mental health treatment plans processed, which was an increase of around 3.8 per cent from 2019. So we've certainly had an increase in the number of mental health treatment plans.</p> <p>Senator SIEWERT: Are they new entrants, or are they people coming back?</p> <p>Mr Roddam: We will need to look at the dataset. I haven't heard that. That's the first time I've heard that rate of growth was the slowest on record or however you put it. We can look into that data. We haven't heard that.</p> <p>Senator SIEWERT: It would be appreciated if you could.</p> | Page 144 1/06/2021 |
| SQ21-000599 | Department of Health | Gerard Rennick | TGA Roll out of Vaccine | Was it wise for the Labor opposition to compromise safety by putting pressure on the TGA to roll out the vaccine before the TGA approved it? | Written |
| SQ21-000600 | Department of Health | Gerard Rennick | Traces of COVID 19 found in sewerage | If Covid debris is found in the sewerage, does this mean Covid has been in the community people have recovered from Covid without detection? | Written |
| SQ21-000601 | Department of Health | Gerard Rennick | Positive COVID 19 tests and cycle threshold reporting | Should positive Covid tests be reported by Ct (cycle threshold) number so that severity of cases can be ascertained by the public? | Written |
| SQ21-000602 | Department of Health | Gerard Rennick | Australians trying to return from India testing both positive and negative for COVID 19 | Why did Australians trying to return to Australia from India first test positive to Covid, then test negative the following day? Shouldn't there be a more accurate diagnostic tool for detecting Covid? | Written |

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| SQ21-000603 | Department of Health | Gerard Rennick | Death rate for COVID-19 and Swine Flu and Government response | Given Swine Flu had a median death rate of 48 and Covid has a median death rate of around 80 plus why are governments reacting differently to how they reacted to Swine Flu in 2009 regarding lockdowns, quarantining and vaccinations? | Written |
| SQ21-000604 | Department of Health | Gerard Rennick | Ivermectin availability for Australians | Ivermectin has been given to millions of people in recent decades and has a proven safety record. Numerous peer reviewed studies based on RCT tests have shown symptom relief and rapid reductions in mortality and hospitalisation. What steps are required in order to make Ivermectin available to those Australians who wish use it, subject to doctor-patient consultation, rather than vaccines? Who can apply to get Ivermectin approved as a prophylaxis for Covid in Australia? The National Institutes of Health (NIH) has dropped its recommendation against Ivermectin for treatment of COVID-19, and the agency now advises it can't recommend for or against its use, leaving the decision to physicians and their patients. Why can't Australia adopt the same approach? Dr Tess Lawrie, consultant to the WHO, Robert Borody, Robert Clancy and numerous other health professionals are on record saying that Ivermectin is not only safe to use but is effective. Given these views why does the National Covid evidence taskforce recommend against Ivermectin in consultation with an individual's GP? | Written |
| SQ21-000605 | Department of Health | Gerard Rennick | Death rate of people with comorbidities being counted as COVID deaths | Should deaths when people had comorbidities be counted as Covid deaths or comorbidities - I note the Health department in my prior Qon's quoted 91% of people who died from Covid in ICU had comorbidities and a median age of 86. | Written |
| SQ21-000606 | Department of Health | Gerard Rennick | What is the best quality mask to use | Does mask prevention depend on the quality of mask? If so, which masks should or should not be used? | Written |
| SQ21-000607 | Department of Health | Gerard Rennick | Has Australian Red Cross taken serology tests on blood taken in Q4 2019 | Has the Australian Red Cross taken serology tests on blood taken in Q4 2019 to determine if Covid was in the community at that time? | Written |
| SQ21-000608 | Department of Health | Gerard Rennick | What percentage of the population need to be vaccinated before state governments stop closing borders | What percentage of the population need to be vaccinated before state governments stop closing borders and locking down residents? i.e. what percentage would achieve herd immunity? | Written |

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| SQ21-000609 | Department of Health | Gerard Rennick | What is the normal number of trials a drug or vaccine on average goes through | What is the normal number of trials a drug or vaccine on average goes through, and recommended number of trials before being approved for use? i.e. Phase 1 trials, Phase 2 etc | Written |
| SQ21-000610 | Department of Health | Gerard Rennick | Has the Astra Zeneca or Pfizer vaccines gone through the standard testing | Has the Astra Zeneca or Pfizer vaccines gone through the standard testing or have they been fast tracked? a. If fast tracked what testing was avoided? b. When did testing on these vaccines begin and how many trials were undertaken? | Written |
| SQ21-000611 | Department of Health | Gerard Rennick | Is the Pfizer vaccine a MRna vaccine that delivers genetic coding | The Pfizer vaccine is a MRna vaccine that delivers a genetic code to produce a spike protein and the Astra Zeneca Vaccine is a recombinant vaccine that puts the code for the spike protein into a complete different virus both with the aim of stimulating an immune response - is this correct? a. How long have these methods been used for therapeutic purposes? | Written |
| SQ21-000612 | Department of Health | Gerard Rennick | Original form of the influenza vaccine | The original form of the influenza vaccine developed in the 1960's and still in widespread use delivered the whole virus (rather than just a spike protein) which has been weakened or killed, and then allowed the body to recognise and respond to it. Is this correct? | Written |
| SQ21-000613 | Department of Health | Gerard Rennick | MRNA and AZ vaccines different methods than other vaccines | The traditional vaccines given for measles, mumps, rubella, chickenpox etc contain a weakened version of a germ that causes a disease. Is it correct that the MRNA and AZ vaccines use different methods than those vaccines that most people get as a child? a. How long are the vaccines effective for? Could studies please be cited. | Written |
| SQ21-000614 | Department of Health | Gerard Rennick | TGA's reporting of vaccines | In the TGA's reporting of vaccines, 210 died after receiving the vaccine. What did these people die from - the vaccine or other comorbidities? a. Has a causal relationship been established as to what these people died from? b. If they died of comorbidities, why is the TGA excluding them from deaths related to the vaccine given the common practice of reporting people dying with Covid as though they died from Covid? | Written |
| SQ21-000615 | Department of Health | Gerard Rennick | Comparing deaths from Vaccines | When it comes to comparing deaths from Vaccines to a background death rate of the entire population, shouldn't the bar be higher for vaccines to ensure that a causal relationship is established? | Written |
| SQ21-000616 | Department of Health | Gerard Rennick | Adverse reactions recorded by TGA | Are the adverse reactions recorded by the TGA reported on a voluntary basis? Will they include all reactions or only those reported? | Written |
| SQ21-000617 | Department of Health | Gerard Rennick | Have vaccines received full approval | Have the vaccines received full approval or provisional approval? If the latter what is the difference? | Written |
| SQ21-000618 | Department of Health | Gerard Rennick | Is TGA considering allowing two different vaccines | Is this the TGA considering allowing two different vaccines to be used simultaneously? Has sufficient testing been performed to allow this? | Written |

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| SQ21-000619 | Department of Health | Gerard Rennick | Holding Pharmaceutical companies liable | Why doesn't the Australian government hold pharmaceutical companies liable for their vaccines? If the vaccines are safe, then why is their liability waived? Most companies who sell faulty products that aren't safe are held liable so why aren't pharmaceutical companies? | Written |
| SQ21-000620 | Department of Health | Gerard Rennick | Drug Testing | Why are drug makers the ones who design and perform the drug testing? Isn't this a conflict of interest? Shouldn't an independent body who doesn't stand to benefit financially from the drugs be the ones who does the testing? | Written |
| SQ21-000621 | Department of Health | Gerard Rennick | Flu Vaccine | Why do some vaccines last the best part of a lifetime while the flu shots only last for a few months? | Written |
| SQ21-000622 | Department of Health | Gerard Rennick | CSL vaccine | Why can't the CSL vaccine be used given it only resulted in false positives? Assuming it has fewer side effects than other drugs why isn't that the key benchmark? | Written |
| SQ21-000623 | Department of Health | Gerard Rennick | AMA affiliated with the Immunisation coalition | Is the AMA affiliated with the Immunisation coalition who along with many of its members are funded by pharmaceutical companies? If so, how can the AMA remain impartial when providing advice regarding vaccines or any other drugs for that matter? | Written |
| SQ21-000624 | Department of Health | Gerard Rennick | Astra Zeneca Vaccine | Given the use of the Astra Zeneca Vaccine has been stopped or paused in other countries why should Australians feel safe getting it? | Written |
| SQ21-000625 | Department of Health | Gerard Rennick | Standardised testing protocol for Covid | <p>Why isn't there a standardised testing protocol for Covid - advice from the Health department says "It is a dangerous practice to try to generalise the interpretation of a pathology result across different IVDs, unless there is a formal internationally agreed reference standard for that purpose. This does not exist for SARS-COV-2 RNA detection by RT-PCR."</p> <p>a. The following link on this website: https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-clinicians.docx says that "it should be noted that PCR tests cannot distinguish between "live" virus and non-infective RNA." Does this mean the PCR tests can show positive results for viruses other than Covid? I also note the following comments from the WHO and I quote: "Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology. WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity. Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status</p> | Written |

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| | | | | <p>of any contacts, and epidemiological information."</p> <p>b. Given the inexact nature of Covid testing would it be more appropriate to report people with symptoms of Covid rather than just an arbitrary PCR figure that may include people who are asymptomatic? Noting the following information 1) A recent article published in The Lancet medical journal explains that PCR tests can be "positive" for up to five times longer than the time an infected person is actually infectious. They explain that up to 75% of "positive" individuals are most likely post-infectious and 2) only 44% of the "positive" samples using a Ct of 18 returned a viable lab culture, according to Dr. Jared Bullard, a paediatric infectious disease specialist and a current witness for the Manitoba government and 3) The PCR tests are not designed to detect and identify active infectious disease. Instead, it identifies genetic material, be it partial, alive, or even dead?</p> <p>c. Given the unreliability of the PCR tests should the number of Covid cases be used as a benchmark for shutting down states rather than say ICU cases</p> | |
| SQ21-000626 | Department of Health | Gerard Rennick | Re-Vaccination of the population | Will the population need to be revaccinated on a regular basis? If so, how often? - referring to the AstraZeneca and Pfizer Covid Vaccines | Written |
| SQ21-000627 | Department of Health | Gerard Rennick | What percentage of vaccines can stop transmission | To what percentage do vaccines stop transmission? Could studies please be cited. - referring to the AstraZeneca and Pfizer Covid Vaccines. | Written |
| SQ21-000628 | Department of Health | Gerard Rennick | What extent has new variants reduce vaccine efficacy | To what extent has new variants reduced vaccine efficacy? - referring to the AstraZeneca and Pfizer Covid Vaccines | Written |
| SQ21-000629 | Department of Health | Gerard Rennick | Testing of Vaccines | Has testing of the vaccine been performed on people with arrhythmia or haemolysis? If not given the clotting that's occurring would it be wise to do so? - referring to the AstraZeneca and Pfizer Covid Vaccines | Written |
| SQ21-000630 | Department of Health | Jordon Steele-John | Information on allocating groups of people to each phase of the COVID 19 vaccine rollout | Can you provide information on how the department came to the decision as to which groups of people went into each phase of the vaccine rollout? Specifically, I am interested to understand how groups within phase 1b were decided on? | Written |
| SQ21-000631 | Department of Health | Jordon Steele-John | At risk people that are not included in phase 1b of the vaccine rollout | We are aware of cohorts that have been excluded from phase 1b who are at risk. This includes people with ME/CFS. Can you explain why people with ME/CFS were excluded from phase 1b? | Written |
| SQ21-000632 | Department of Health | Stirling Griff | Information surrounding vaporiser nicotine products | I note the consultation paper says "The TGA cannot take action to enforce TGO 110 against overseas manufacturers and suppliers of unapproved vaporiser nicotine products imported via the Personal Importation Scheme". I also note that products imported from the US (if FDA approved), UK, EU, Canada and NZ would be assumed to be compliant with TGO 110. In practice, would these products have a lower | Written |

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| | | | | <p>manufacturing or product standard than TGO 110?</p> <p>The new standard seems to suggest that these countries all require child-proof caps. Are you aware whether that standard is mandatory in those countries or is it possible that vaporiser nicotine products exported from those countries to Australia may not have child-proof caps?</p> <p>The consultation paper also says "non-compliant products can be impounded at the point of import into Australia and may be destroyed". What would be deemed non-compliant?</p> <p>While it is the TGA's responsibility to regulate nicotine products, whose responsibility would it be to regulate vape liquids that do not contain nicotine and which can be sold domestically? Is it also the TGA's?</p> | |
| SQ21-000633 | Department of Health | Stirling Griff | Traces of nicotine in nicotine-free vape liquids | <p>I note that previous research has found some supposedly nicotine-free vape liquids do in fact contain amounts of nicotine, as well as other dangerous substances. Does the TGA intend to embark on any process to regulate nicotine-free vape juice ingredients? Or is the TGA aware of whether state and territory governments are moving in this direction?</p> | Written |
| SQ21-000634 | National Health and Medical Research Council | Stirling Griff | Natural Therapies Review | <p>Regarding the Natural Therapies Review and the timeframe for finalisation, last Estimates I was informed the department/NHMRC was having difficulties in recruiting qualified evidence reviewers for tranche 2. Answer on notice 190 says, "evidence reviewers for the remaining seven evidence reviews are still being sought".</p> <p>a) Please provide an update on where this is at? Have additional reviewers been secured?</p> <p>b) What does that mean for the timelines for Review A (tranche 1) and Review B (tranche 2)?</p> <p>c) Currently expected that the report will be finalised June 2022 (QoN 188).</p> <p>d) Can you advise which modalities are progressing well in each tranche and which have been held up? (Please break it up by Tranche 1&2)</p> | Written |
| SQ21-000635 | Department of Health | Stirling Griff | Progression of the Natural Therapies review | <p>On notice, I asked whether any consideration would be given to a staged release of the final report, and answer 189 stated "The Department is considering options for progressing the review of Natural Therapies".</p> <p>a) What options are under consideration? How advanced is this?</p> | Written |
| SQ21-000636 | National Health and Medical Research Council | Stirling Griff | Recruitment delay affecting tranche 2 | <p>At last estimates Mr Kelleher said the recruitment delay was affecting tranche 2 (QoN 190). Yet the answers on notice I received (QoN 188) compared to the answers I received about timelines following the October Estimates (QoN392) it appears timelines for Tranche 1 have also been pushed out - finalisation of tranche 1 was originally expected in March and now some modalities will be completed in December and others in February next year. Is that correct? Why is that?</p> | Written |

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| SQ21-000637 | National Health and Medical Research Council | Stirling Griff | Completion of tranche one evidence evaluation | <p>In answer 188 the department stated "completion of tranche one evidence evaluations will be staggered. It is anticipated that Roling and Pilates will be completed by December 2021."</p> <p>Are there any tranche 1 modalities that have now been completed?</p> <p>a) If so - will they or can they be released early?</p> <p>b) What about those due to be completed in December - is there any prospect that you may be able to bring the completion of those evaluations forward so that those two modalities could then be considered for this year's premium Round in November?</p> | Written |
| SQ21-000638 | National Health and Medical Research Council | Stirling Griff | NHMRC estimates the final evidence evaluation reports | <p>Answer #188 also states "NHMRC estimates the final evidence evaluation reports for naturopathy Review A and Review B will be completed by June 2022". Is there a compelling reason the tranches can't be finalised separately, and they need to be dealt with collectively?</p> <p>a) Given the long lead times required to restore any of these modalities to private health insurance products and given that practitioners are by and large small businesses which are already struggling due to COVID - are you treating the timelines and delivery of this second review with any urgency? What is the evidence for that?</p> | Written |
| SQ21-000639 | National Health and Medical Research Council | Stirling Griff | Natural Therapies review used for decisions to approve grant applications | Can you please advise whether the first Natural Therapies review has been used to inform decisions about whether to approve grant applications that have since made for any of those 16 therapies? | Written |
| SQ21-000640 | National Health and Medical Research Council | Stirling Griff | How many grants for natural therapies research have been approved | <p>How many grants related to natural therapies research has NHMRC approved since 2019?</p> <p>a. Please specify the therapies for which each grant was made?</p> <p>b. What was the value of these grants?</p> | Written |
| SQ21-000641 | Department of Health | Stirling Griff | New standard for vaporiser nicotine | That standard has now been formalised. Are there any next steps, or is this now simply waiting for the October start date? | Written |
| SQ21-000642 | Department of Health | Stirling Griff | Why did you seek to omit listing specific flavours? | The standard put out for consultation proposed that all active and "excipient" additives should be listed on labels but not ingredients of flavours. For flavoured nicotine liquids, the draft standard proposed just using the word "flavour" on the ingredients list and I note this hasn't changed following consultation. Manufacturers can just say "cherry flavour" or whatever (or specify each ingredient contained in the flavour if they want, but they don't have to). The RACGPs submission cautioned that this omission would "add to the uncertainty for prescribers. They will not know if there are other | Written |

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| | | | | ingredients that may cause harm". It instead proposed prescribing flavours to a limited few (such as mint or menthol). Why did you seek to omit listing specific flavours? | |
| SQ21-000643 | Department of Health | Stirling Griff | Are you saying that doctors should just not prescribe flavoured nicotine vape liquids? | I note your May update said that "Although the standard does not restrict the flavours of nicotine vaping products (other than those containing prohibited ingredients) . it is important to remember that these factors, and others, are restricted by the person's prescription. This allows the prescribing health professional and patient to work together to make sure that the right product is supplied to support nicotine and smoking cessation". Are you saying that doctors should just not prescribe flavoured nicotine vape liquids? | Written |
| SQ21-000644 | Department of Health | Stirling Griff | Risks of heating and inhaling vape liquids | During the recent Senate inquiry on "tobacco harm reduction" which reported in December, the committee was presented with evidence that vape liquids may use food flavourings which are only known to be safe when ingested - we don't know the risks of heating and inhaling them. Does this concern the TGA? Is the TGA aware of any potential risk? | Written |
| SQ21-000645 | Department of Health | Stirling Griff | Ingredients you expect the standard will ban (nicotine e-liquids) | Regarding the ingredients you expect the standard will ban (in nicotine e-liquids) - the list of eight ingredients, three of which were added after the consultation because of the risk posed by inhalation. How were the original five selected? Do you anticipate this list will grow in future? | Written |
| SQ21-000646 | Food Standards Australia and New Zealand | Malcolm Roberts | Diluting honey with different sugars | My first question goes to the practice of diluting honey with different sugars, which is detected with a C4 adulteration test - is that correct? | Written |
| SQ21-000649 | Food Standards Australia and New Zealand | Malcolm Roberts | Failed 'composition analytical tests' on imported honey | 1. The Imported Food Inspection Scheme conducted 18 C4 'composition analytical tests' on imported honey in calendar 2019, 3 failed for a success rate of 83.4%. This is the second lowest success rate across the 132,000 tests run in 2019, across all product compliance categories. Are you aware of these failed tests? 2. Following this high failure rate what action did Food Standards Australia NZ take to increase confidence in honey - I note recalls are in your power, have you recalled honey that was watered down with sugar solutions for instance? 3. Where is the country of origin of the samples that failed? | Written |
| SQ21-000650 | Food Standards Australia and New Zealand | Malcolm Roberts | Fake Chinese Honey | Does Australia have a problem with fake Chinese honey? | Written |

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| SQ21-000652 | Food Standards Australia and New Zealand | Malcolm Roberts | Test for American foul brood disease in honey | Do you test for the presence of American foul brood disease in honey and if not who should be doing that? | Written |
| SQ21-000653 | Food Standards Australia and New Zealand | Malcolm Roberts | Antibiotics in honey | Do you have a standard for antibiotics in honey? | Written |
| SQ21-000654 | Food Standards Australia and New Zealand | Malcolm Roberts | Review of safe levels of PFOS in meat | <p>1. Turning now to contamination by the PFOS group of chemicals. I notice that Food Standards Australia/NZ have a review underway into the safe levels of PFOS in meat, is this correct?</p> <p>2. This was prompted by the European Food Safety Authority recently creating a EU standard of 4.4 nanograms per kilo of body weight per week. Currently Australia has no mandated limit on PFOS contamination in foods, is that correct?</p> <p>3. A nanogram is one billionth of a gram, so the standard is 4.4 billionths of a gram per kilo. This level was calculated on the basis of safe level of exposure for pregnant women. The EFSA medical panel found that maternal exposure of 0.63 nanograms per day was sufficient to pass on to the baby a 'maternal acquired immune deficiency'. Will Food Standards Australia/NZ respond to this medical science in your review?</p> | Written |
| SQ21-000655 | Food Standards Australia and New Zealand | Malcolm Roberts | Children being at greater risk of long term PFOS accumulation | Food Standards Australia has already issued restrictions on the consumption of fish and crustaceans caught in the Katherine and Daly Rivers owing to PFOS contamination from RAAF Base Tindal. The restriction is for a maximum of 2 serves a week for adults and 1 for children, and for some foods, 1 serve for adults and none at all for children. Is this an acknowledgement that children are at greater risk of long term PFOS accumulation and damage than adults - because that is what the EFSA report said. | Written |
| SQ21-000656 | Food Standards Australia and New Zealand | Malcolm Roberts | Cattle in affected areas and PFOS levels | <p>1. Is Food Standards Australia aware cattle in affected areas can have PFOS levels as high as 1550 nanograms per kilo of body weight, and samples taken in affected areas average over 400 - so not 4.4, but 40</p> <p>2. Is Food Standards Australia aware that a calf dropped from an affected cow will have much the same PFOS levels as the parent - calves are being born with PFOS levels over 300 nanograms per kilo. Even if the cow is moved to a safe area before birth, the calf is still affected.</p> | Written |
| SQ21-000657 | Food Standards | Malcolm Roberts | Mandatory safe level of PFOS | Do you accept that Foods Standards Australia New Zealand's failure to create a mandatory safe level has allowed the PFOS problem to become worse than it would have been if FSANZ had cracked down on PFOS before this? | Written |

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| | Australia and New Zealand | | | | |
| SQ21-000658 | Department of Health | Larissa Waters | Continuity of midwifery care | <p>1. Can the Department please advise:</p> <p>a) Is the Minister meeting with the MBS review panel to discuss their recommendations, particularly in relation to the recommendations made by the MBS Report of Participating Midwives?</p> <p>b) Will the Minister consult midwives prior to any decision contrary to their earlier recommendations in the Participating Midwives MBS report?</p> <p>c) What is the timing for final MBS review decisions?</p> <p>d) Given the benefits of well-resourced Aboriginal Community Controlled Health Organisations and continuity of midwifery care in reducing preterm birth rates and supporting Closing the Gap targets, what is the government doing to support continuity of care to First Nations communities?</p> <p>2. Were Aboriginal Community Controlled Health Organisations consulted in the development of the Medical and Midwife Indemnity Legislation Amendment Bill 2021?</p> <p>3. What work is being done to implement Woman-centred care: Strategic directions for Australian maternity services?</p> | Written |
| SQ21-000659 | Department of Health | Larissa Waters | Gynaecology services | <p>1. The Budget allocates \$22M to reforming gynaecology services to improve access to safe insertion of IUDs (Long Acting Reversible Contraceptives)</p> <p>a) How will that money be spent?</p> <p>b) What work is being done to upskill doctors / GPs so that these services are offered safely in more practices?</p> <p>2. What is meant by the commitment in the Budget Papers that 'gynaecological oncology services will be restructured to 'align with clinical practice'?</p> <p>3. What is the government doing to address the significant price discrepancies for RU486 across the country?</p> | Written |
| SQ21-000660 | Department of Health | Larissa Waters | Telehealth | <p>1. The National Women's Health Strategy has a clear priority of increasing 'access to sexual and reproductive health care information, diagnosis, treatment and services' and a goal of 'Equitable access to pregnancy termination services'. The Budget allocates \$204M to extend the temporary telehealth MBS services again to 31 December 2021, including for reproductive health and pregnancy consultations.</p> <p>a) Are midwifery services included in the MBS services covered by the temporary extension?</p> | Written |

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| | | | | b) Given the alignment with the goals of the 10 year Strategy, why hasn't the government committed to long term funding for these telehealth MBS services? | |
| SQ21-000661 | Department of Health | Malcolm Roberts | Vaccine efficacy data for current strains of COVID-19 | Have the vaccine companies presented any efficacy data for the vaccines we have purchased for the current strains of COVID-19 as opposed to the strain of COVID-19 they were originally developed for? | Written |
| SQ21-000662 | Department of Health | Malcolm Roberts | Vaccine immunity to COVID-19 | <p>1. Can you confidently assure the Australian people the vaccines provide immunity to the newer strains of COVID-19?</p> <p>2. How does the level of immunity for the vaccine compare between the known strains of COVID-19?</p> <p>3. How does a vaccine induced immunity compare in its ability to cope with variants of the COVID-19 when compared to a naturally acquired herd immunity obtained through the vast majority of the population deemed not to be among the risk stratified?</p> <p>4. Are you aware of any studies that demonstrate naturally acquired immunity outlasts vaccine induced immunity or naturally acquired immunity caters to variants much better than vaccine induced immunity? What are they?</p> | Written |
| SQ21-000663 | Department of Health | Malcolm Roberts | Risk of being infected with COVID-19 by a vaccinated person | <p>Following on from a question at Senate Estimates in regard to the risk of being infected by a vaccinated person with COVID compared to an unvaccinated person with COVID. Could you please explain how this question might be addressed in regard to:</p> <p>a. Children up to the age of 17?</p> <p>b. For adults up to 50?</p> <p>c. For higher risk groups that adopt a prophylaxis treatment like the Ivermectin based treatments showing 90% efficacy?</p> <p>d. For lower Risk Groups that adopt a prophylaxis treatment like the Ivermectin based treatments showing 90% efficacy?</p> <p>e. For people already exposed or having natural immunity to Covid19?</p> | Written |
| SQ21-000664 | Department of Health | Malcolm Roberts | Pfizer vaccine and industry-standard quality management practices | <p>Evidence suggests that Pfizer may not have followed industry-standard quality management practices during preclinical toxicology studies on their vaccine and they omitted key toxicology and biodistribution studies. Is this a risk for everyday Australians and would you agree that there could be legal, ethical and human rights consequences of a government department knowingly promoting a program which intentionally injects a life-threatening pathogen into healthy people?</p> <p>I refer you to: https://www.ahajournals.org/doi/full/10.1161/CIRCRESAHA.121.318902 & https://www.contagionlive.com/view/spike-protein-of-sars-cov-2-virus-alone-can-cause-damage-to-lungs</p> | Written |

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| SQ21-000665 | Department of Health | Malcolm Roberts | Monitoring vaccine risks | <p>1. Is there reason to be concerned about injecting people to express spike protein via mRNA or adenovirus vectors and damaging them just as if they had been infected with coronavirus? Are you monitoring for vaccine risks/damage to human lungs, liver and other organs?</p> <p>2. New evidence from Pfizer released via the Freedom of Information Act (Japan) shows that the injected mRNA lipid nanoparticles (and the S-Protein) do not remain in the arm muscle as previously thought, but instead circulate throughout the whole body. Other than the site of administration, levels were found to be in the liver, followed by the spleen, adrenal glands and ovaries, plus other sites in the body. Can you assure us that people who are vaccinated are 100% safe?</p> | Written |
| SQ21-000666 | Department of Health | Malcolm Roberts | COVID-19 vaccine resilience and effectiveness | <p>1. Do you know whether the vaccines themselves could create vaccine-resistant viruses, what is being done to ensure this does not happen?</p> <p>2. Effectiveness - Please explain how long the COVID vaccine immunisation is able to give full immunity from COVID-19 and its variants for?</p> <p>3. If Australia has sufficient Pfizer and Novavax in stock so that we do not need the Astra Zeneca vaccine, why push the Astra Zeneca vaccine on concerned Australians?</p> | Written |
| SQ21-000667 | Department of Health | Malcolm Roberts | Vaccine wastage | <p>What is the usual/expected vaccine wastage? I have heard that you say there has been no wastage, is this true and what are the facts and the costs and waste to date? Also, in relation to the vaccine roll-out: what is the government referring to when they refer to "'administered' x amount of vaccine"? provide details of reported waste including state by state data?</p> | Written |
| SQ21-000668 | Department of Health | Malcolm Roberts | US VAERS reporting system and the adverse effects of COVID-19 vaccinations | <p>Are you aware that on the US VAERS reporting system the number of adverse effects from less than one year of COVID-19 vaccinations equates to more than the cumulative adverse effects of all previously approved vaccines in the US over a 30 year span, and that for the past 20 years the uptake of the influenza vaccine alone has been around half of the US population each year. Are you monitoring this data and what are you doing to protect everyday Australians who are concerned about the effects of these vaccines?</p> | Written |
| SQ21-000669 | Department of Health | Malcolm Roberts | COVID booster shots | <p>There is talk that Australians will require regular COVID booster shots, which is one of the reasons why the Morrison Government has signed a new deal with the Moderna vaccine manufacturers and is pursuing options to make that vaccine in Australia. How often will Australians have to have these shots and how much more will this cost Australia in both dollar and regulatory terms please?</p> | Written |

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| SQ21-000670 | Department of Health | Malcolm Roberts | Advice on the safety of COVID vaccines | At Senate Estimates Professor Kelly stated that he could not guarantee that the vaccines are 100% safe. Just how safe are they and advise why you are still using them if they are not safe? | Written |
| SQ21-000671 | Department of Health | Malcolm Roberts | Vaccination and needed criteria to open borders | Health Minister Greg Hunt has warned about the reality of the COVID vaccine and border rules, as another worrying case involving the AstraZeneca vaccine recently emerged. The Minister stated that "If the whole country was vaccinated, you couldn't just open the borders, we still have to look at a series of different factors. (Courier Mail 13 April 2021). What criterion needs to be met to open our borders in both directions? | Written |
| SQ21-000672 | Department of Health | Malcolm Roberts | Vaccination passports or certificates | Vaccination passports or certificates - we oppose these digital prisons. The Prime Minister's marketing spin that they could allow Australians the freedom to travel interstate despite lockdowns and outbreaks and attend family gatherings and big sporting events down the track is un-Australian. While vaccination is not compulsory in Australia, this plan if true, will disadvantage many Australians. Prime Minister Scott Morrison recently flagged the vaccination passport option suggesting a range of new travel freedoms for fully vaccinated Australians. Push marketing is not the answer. Don't you agree that you have to convince Australians that you have a plan which incorporates a range of treatments including prevention and that the vaccine is safe? | Written |
| SQ21-000674 | Department of Health | Malcolm Roberts | COVID-19 restrictions and herd immunity | <p>1. When will Australia return to the way we lived and enjoyed our lives before COVID-19?</p> <p>2. Has the policy of locking everyday Australians up to prevent us getting COVID-19 saved us or has it simply postponed when we will get COVID-19, and can you confirm that if we were under 50 years of age and fit that we would most likely not have been affected by COVID-19 anyway?</p> <p>3. Does it makes sense and would it bring the pandemic to a faster conclusion if the majority of Australians, not at risk from serious illness (or at least at no greater risk than say normal influenza), were allowed to develop a longer lasting more broad spectrum immunity to COVID-19 strains and hence develop a robust herd immunity instead of locking us all in?</p> | Written |
| SQ21-000675 | Department of Health | Malcolm Roberts | Testing and tracking the virus | <p>1. The recent ABC Fact Check in relation to PCR testing notes that the cycle count is not shown on the test report (and doctors do not readily have cycle count information when they receive a positive test report) why, and does this mean that more people may be given a false positive reading?</p> <p>2. The PCR test does not test for the presence of a virus, but rather, a fragment of the virus. Is the fragment specific to coronavirus or more specifically the SARS-CoV-2 virus (which is one of coronaviruses known to infect humans - I understand most human</p> | Written |

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| | | | | <p>coronaviruses cause the common cold), what are the test failure rates, does Australia always test in accordance with best practice recommendations and what are you doing to reduce the test failure rates?</p> <p>3. Do Australians know that there are alternatives to the PCR test available to them and what are these alternatives?</p> <p>4. How long will we have to continue to test for COVID-19 and what is the total cost of testing including people, resources, pathology?</p> | |
| SQ21-000676 | Department of Health | Malcolm Roberts | Cure and Prophylactic | <p>In the UK, antivirals in tablet form are now promoted as another key tool for the UK response. They could help protect those not protected by or ineligible for vaccines. "They could also be another layer of defence in the face of new variants of concern." What is Australia and our states doing in this regard to quickly approve and adopt to alternate treatments?</p> <p>https://www.smh.com.au/world/europe/another-vital-defence-coronavirus-treatment-pills-could-be-available-within-six-months-20210421-p57kxd.html?utm_source=TheSquiz&utm_medium=Email&UTM_campaign=210422</p> | Written |
| SQ21-000677 | Department of Health | Malcolm Roberts | GP's discussing difference in COVID-19 vaccines | <p>Can you assure everyday Australians that our Doctors such as GP's have not been told, by government or anyone else, to not discuss differences in the COVID-19 vaccines?</p> | Written |
| SQ21-000678 | Department of Health | Malcolm Roberts | Broadness of consultation on COVID-19 vaccines | <p>Decision-making around COVID-19 seems to be managed by a very close network of 'like-minded' clinicians, the risk being they may not consider all options when keeping Australians safe. As an example, I note Ms Jane Halton is married into Dr Brett Sutton's family and that she and her Epidemic Preparedness Committee is supported by the Gates Foundation. She is also the Prime Minister's adviser on vaccines. Surely relying on such close networks without the benefit of broader clinical research, peer review and opinion is a significant risk and may have caused Australians to be locked in and/or put at risk by relying on just one treatment for COVID-19, the hastily and provisionally approved, expensive vaccines. Why, and how broad has consultation really been, give examples of alternative points of view that were considered and detail why were they rejected?</p> | Written |
| SQ21-000680 | Department of Health | Malcolm Roberts | TGA provisionally approved vaccines | <p>1. VAERS COVID-19 reported deaths with approximately 75% of the US population now vaccinated with the experimental vaccines indicates that the short term reported deaths are 5, 165 Deaths reported at the time of this post.</p> <p>https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes How many more Australians are likely to die from the vaccines that the TGA has provisionally approved?</p> | Written |

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| | | | | <p>2. In emergent cases such as COVID-19 the TGA provisionally approved vaccines with undue haste. Why did it not apply the same haste to looking for and reviewing alternative treatments when they were proposed? And in the case of Ivermectin, supported by approx. 13 reports? How many reports does the TGA need to protect Australian lives?</p> <p>3. How many Australian lives could have been saved if alternative treatments such as Ivermectin had been promptly reviewed by the TGA?</p> | |
| SQ21-000686 | Department of Health | Malcolm Roberts | Reports and Data on Ivermectin | <p>1. It now appears that Ivermectin, a widely used anti-parasitic medicine with known anti-viral and anti-inflammatory properties is proving a highly potent and multi-phase effective treatment against COVID-19. Further, data showing impacts on population wide health outcomes that occurred when various city mayors and regional health ministries within South American countries initiated "ivermectin distribution" campaigns to their citizen populations in the hopes the drug would prove effective. The tight, reproducible, decreases in case counts and case fatality rates in each of those regions compared to nearby regions without such campaigns, suggest that ivermectin may prove to be at least part of a global solution to the pandemic. This was further evidenced by the recent incorporation of ivermectin as a prophylaxis and treatment agent for COVID-19 in the national treatment guidelines of Belize, Macedonia, and the state of Uttar Pradesh in Northern India, which is populated by 210 million people. Although growing numbers of the studies supporting this conclusion have passed through peer review, we have yet to see any action in Australia regarding the many complimentary treatments that could make Australians safer from COVID-19 than just relying on a vaccine. What are you doing to ensure these opportunities including Ivermectin are appropriately researched and approved or is there some reason that your Government has delayed this research in favour of a Big Pharmaceutical Company solution? A single solution is just not good enough, especially if the virus continues to mutate, please detail all of the active research/submissions and when it will be completed?</p> <p>2. In large overseas clinical trials on Ivermectin, it has been reported through meta-analysis that shows 78% and 85% improvement for early treatment and prophylaxis (RR 0.22 [0.12-0.39] and 0.15 [0.09-0.25]) with 81% and 96% lower mortality being observed for early treatment and prophylaxis (RR 0.19 [0.07-0.54] and 0.04 [0.00-0.58]) . Isn't this research worth pursuing if you want to protect Australian lives? Are you aware of this research? - we are happy to share. The Government should fast track assessment of this alternative treatment now and if not why not?</p> | Written |

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| | | | | COVID-19 Studies: https://ivmmeta.com/ | |
| SQ21-000687 | Department of Health | Malcolm Roberts | Australia using alternative COVID-19 treatment | <p>1. I note that the World Health Organization on 20 November 2020 recommended against continuing to use the antiviral Remdesivir to treat COVID-19, saying the drug has "no meaningful effect on mortality or on other important outcomes for patients." Why then and in what circumstances is Australia using this alternative COVID-19 treatment? https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients</p> <p>2. Are alternate treatments being ignored, is it because they are off-patent and not-profitable for the pharma companies? (Example: Ivermectin).</p> | Written |
| SQ21-000688 | Department of Health | Malcolm Roberts | Australia's research and development of cures and treatments for COVID 19 | Is Australia leading or following in the research and development of cures and treatments for COVID-19? How much funding has been allocated for COVID-19 research in Australia? (broken down by vaccines and by other treatments please). | Written |
| SQ21-000689 | Department of Health | Kristina Keneally | Executive Management | <p>1. In relation to executive management for the Department and its agencies, can the following be provided for 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021:</p> <p>a. The total number of executive management positions b. The aggregate total remuneration payable for all executive management positions. c. The change in the number of executive manager positions. d. The change in aggregate total remuneration payable for all executive management positions.</p> | Written |
| SQ21-000690 | Department of Health | Malcolm Roberts | Reports against the use of Ivermectin | <p>There appears to be an overwhelming amount of emerging data that Ivermectin in multidrug protocols is having significant success in reducing death and hospitalization due to COVID-19 where it is being applied. So much so that the WHO and government agencies are beginning to receive lawsuits against them for publishing negative findings and recommendations against the use of Ivermectin. For example the Indian Bar Association's Legal notice to Dr. Swaminathan, the Chief Scientist of the World Health Organisation for; we quote: "Running a disinformation campaign against Ivermectin by deliberate suppression of effectiveness of drug Ivermectin as prophylaxis and for treatment of COVID-19, despite the existence of large amounts of clinical data compiled and presented by esteemed, highly qualified, experienced medical doctors and scientists "See: https://www.ourfreedomfiles.com/drive/s/bojPgFLdQJe7cEWraV4HuuZu4yYJgy Will you progress the assessment and implementation of successful candidate treatments?</p> | Written |

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| SQ21-000691 | Department of Health | Malcolm Roberts | Hydroxychloroquine (HCQ) as a prevention or treatment for COVID-19 | <p>1. Hydroxychloroquine (HCQ) - Currently the TGA has a scheduling decision that obstructs General Practitioners from prescribing HCQ for the prevention or treatment of Covid19, why? Initially, I understand this was driven by a concern for continued supply for existing conditions that require HCQ. That concern was put to bed with generous donations of HCQ. I also understand the recommendation was further supported with negative HCQ recommendations of the National Clinical Evidence Taskforce comprising mostly of the Monash University faculty including the head of this taskforce, associate Professor Julian Elliot is this correct and why such a small group?</p> <p>2. There is also on record communications between the TGA and Pharmaceutical Company Sanofi where it appears the TGA was looking for Sanofi to confirm the HCQ should not be used in the treatment of COVID-19. Since then we have been informed the Clinical Evidence Taskforce appears to have used a limited number of studies to make its recommendations and ignored over 90% of the available studies; reference www.hcqmeta.com showing there are around 248 studies available with 29 studies on early treatment all of which showing efficacy. The studies chosen by the Taskforce do not include a single positive early treatment study. The studies chosen all fail to include multi-drug protocols including Zinc that experts around the world explain are essential to the efficacy of HCQ as a constituent in a COVID-19 treatment protocol. The chosen studies appear to focus on hospitalized treatment which experts explain is too late for when HCQ can be used best to effect. The studies chosen also include very high doses of HCQ far higher than being used around the globe for prophylactic and early treatments. Why have everyday Australians not been allowed to use a treatment that might keep them safe from COVID-19 in the first place?</p> | Written |
| SQ21-000692 | Department of Health | Malcolm Roberts | Individual freedom around COVID-19 treatment | <p>1. Individual Freedom - Precedents have now been established by the Federal and State Governments that could be used in the future by any government to justify overriding our human rights on "public health" grounds. Have the rights of individuals and private businesses, and principles of good government been permanently overturned and why? Will you implement similar measures for say a bad flu season in the future? This is socialism!</p> <p>2. Will people who chose not to take the COVID-19 vaccine, or those who may choose either nothing or an alternative treatment, be discriminated against either at work, in the community or for travel, and what will the government do to protect the rights of everyday Australians who are discriminated against?</p> | Written |
| SQ21-000693 | Department of Health | Kristina Keneally | Ministerial functions | <p>1. In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May</p> | Written |

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| | | | | <p>2021, can the following be provided:</p> <ol style="list-style-type: none"> a. List of functions. b. List of all attendees. c. Function venue. d. Itemised list of costs (GST inclusive). e. Details of any food served. f. Details of any wines or champagnes served including brand and vintage. g. Any available photographs of the function. h. Details of any entertainment provided. <p>Ministerial meals</p> <p>2. In relation to any breakfasts, luncheons, dinners or other meals hosted by Ministers or Assistant Ministers in the portfolio for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021, can the following be provided:</p> <ol style="list-style-type: none"> i. List of dates and types of meals. j. List of all attendees. k. Function venue. l. Itemised list of costs (GST inclusive). m. Details of any food served. n. Details of any wines or champagnes served including brand and vintage. o. Any available photographs of the function. p. Details of any entertainment provided. | |
| SQ21-000694 | Department of Health | Kristina Keneally | Departmental functions | <p>1. In relation to expenditure on any functions or official receptions etc hosted by the Department or agencies within the portfolio for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021 can the following be provided:</p> <ol style="list-style-type: none"> a. List of functions. b. List of all attendees. c. Function venue. d. Itemised list of costs (GST inclusive). e. Details of any food served. f. Details of any wines or champagnes served including brand and vintage. g. Any available photographs of the function. h. Details of any entertainment provided. | Written |

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| SQ21-000695 | Department of Health | Kristina Keneally | Executive office upgrades | Have any furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries been upgraded for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. If so, can an itemised list of costs please be provided (GST inclusive). | Written |
| SQ21-000696 | Department of Health | Malcolm Roberts | Genetic material in COVID-19 vaccines | Dr John Skerritt, at Senate Estimates stated "medicines that incorporate into human genetic material and are inherited are currently not permitted in most major countries, including Australia". If you learned that the COVID-19 vaccines that currently have TGA provisional approval did in fact incorporate human genetic material would you immediately suspend the provisional approvals or was this comment about such a medicine not being permitted incorrect? | Written |
| SQ21-000697 | Department of Health | Kristina Keneally | Facilities upgrades | <p>1. Were there any upgrades to facility premises at any of the Departments or agencies for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. This includes but is not limited to: staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment.</p> <p>2. If so, can a detailed description of the relevant facilities upgrades be provided together with an itemised list of costs (GST inclusive).</p> <p>3. If so, can any photographs of the upgraded facilities be provided.</p> | Written |
| SQ21-000699 | Department of Health | Malcolm Roberts | Backlog of procedures filling hospitals due to COVID-19 | The recent ambulance ramping incidents in Queensland seem to be founded in the greater than normal number of patients now in hospital beds. It is my understanding that this could be due to many people in need having procedures that were postponed from last year and now that backlog is filling our hospitals. What did you and the states do to mitigate this risk during pandemic planning at both a federal or state level? | Written |
| SQ21-000700 | Department of Health | Kristina Keneally | Staff travel | What is the total cost of staff travel for departmental/agency employees for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021. | Written |
| SQ21-000701 | Department of Health | Kristina Keneally | Legal costs | What are the total legal costs for the Department/agency for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. | Written |
| SQ21-000702 | Department of Health | Kristina Keneally | Secretarial travel | <p>1. Can an itemised list of the costs of all domestic and international travel undertaken by the Secretary of the Department for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021 be provided including:</p> <p>a. Flights for the Secretary as well as any accompanying departmental officials, and identify the airline and class of travel.</p> <p>b. Ground transport for the Secretary as well as any accompanying departmental officials.</p> | Written |

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| | | | | <p>c. Accommodation for the Secretary as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed.</p> <p>d. Meals and other incidentals for the Secretary as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided.</p> <p>e. Any available photographs documenting the Secretary's travel should also be provided.</p> | |
| SQ21-000703 | Department of Health | Kristina Keneally | FOI | <p>1. Please list the number of Freedom of Information Act requests ('FOI requests') received by the Department for the following years:</p> <ol style="list-style-type: none"> 2013-14; 2014-15; 2015-16; 2016-17; 2018-19; 2019-20; and 2020-21 to date. <p>2. For each year above, please provide:</p> <ol style="list-style-type: none"> The number of FOI requests the Department granted in full; The number of FOI requests the Department granted in part; The number of FOI requests the Department refused in full; and The number of FOI requests the Department refused for practical reasons under the Freedom of Information Act. <p>3. For each year above, please also provide:</p> <ol style="list-style-type: none"> The number of times the Department failed to make any decision on a FOI request within the 30 day statutory period; and The number of times a request to the Department resulted in a practical refusal (i.e. no decision was made on the request). <p>4. For each year above, please also provide:</p> <ol style="list-style-type: none"> The number of times the Department's FOI decisions have been appealed to the OAIC; and The number of times has the OAIC overturned - in whole or in part - the Department's decision to refuse access to material. <p>5. Please provide the staffing (both ASL and headcount) of staff at the Department who work exclusively on FOI requests, broken down by APS level (e.g. three EL1s, four</p> | Written |

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| | | | | <p>APS6s, one SES) for each of the following years:</p> <ol style="list-style-type: none"> a. 2013-14; b. 2014-15; c. 2015-16; d. 2016-17; e. 2018-19; f. 2019-20; and g. 2020-21 to date. <p>6. For each of the years above, please also list the number of officers who are designated decision makers under the Freedom of Information Act 1982 within the Department.</p> <p>7. In the past 12 months, has the Department seconded additional resources to processing Freedom of Information requests? If so, please detail those resources by APS level.</p> <p>8. Please provide the number of officers who are currently designated decision makers under the Freedom of Information Act 1982 within the Minister's office.</p> <p>9. Please provide the number of FOI requests currently under consideration by the Department. Please also provide the number of these requests that are currently overdue in response.</p> <p>10. Does the department consult or inform the Minister when it receives Freedom of Information requests? If so:</p> <ol style="list-style-type: none"> a. How many times has this occurred in the past twelve months; and b. Please outline the process by which the Department consults the Minister. <p>11. Has the Department consulted or informed another Department or agency about any FOI request in the past twelve months. If so, please provide the legal basis on which that consultation occurred (e.g. third party consultation, transfer of request).</p> | |
| SQ21-000704 | Department of Health | Kristina Keneally | Briefings | <p>1. Has the Department/agency or the Minister's office provided briefings to independents/minor parties in the Senate or House of Representatives. If so, can the following be provided:</p> <ol style="list-style-type: none"> a. The subject matter of the briefing. b. The location and date of the briefing. | Written |

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| | | | | c. Who proposed the briefing. d. Attendees of the briefing by level/position | |
| SQ21-000705 | Department of Health | Kristina Keneally | Acting Minister arrangements | 1. Can the Department provide all leave periods of the portfolio Minister from 24 August 2018 to 30 May 2021. 2. Can the Department further provide acting Minister arrangements for each leave period. | Written |
| SQ21-000706 | Department of Health | Malcolm Roberts | Restrictions for people who do not have the vaccine | What will be made unavailable to a person who does not have the vaccine? | Written |
| SQ21-000707 | Department of Health | Kristina Keneally | Departmental staff allowances | Can a list of Departmental/agency allowances and reimbursements available to employees be provided. | Written |
| SQ21-000708 | Department of Health | Malcolm Roberts | Advice on which COVID-19 vaccine to use | 1. Which vaccine should we use and what is your advice to people who have heard that some vaccines may use abortion derived cell lines? Do any Australian vaccines contain these cells? 2. How do you ensure Australians have a free choice, and can people who object to a vaccine because of its' composition be offered an alternative treatment? | Written |
| SQ21-000709 | Department of Health | Kristina Keneally | Market research | 1. Does the Department/agency undertake any polling or market research in relation to government policies or proposed policies. 2. If so, can the Department provide an itemised list of: a. Subject matter b. Company c. Costs each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021. d. Contract date period 3. Can the Department/agency advise what, if any, research was shared with the Minister or their office and the date and format in which this occurred. | Written |
| SQ21-000710 | Department of Health | Kristina Keneally | Advertising and information campaigns | 1. What was the Department/agency's total expenditure on advertising and information campaigns for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. 2. What advertising and information campaigns did the Department/agency run in each relevant period. For each campaign, please provide: a. When approval was first sought. b. The date of approval, including whether the advertising went through the Independent Campaign Committee process. c. The timeline for each campaign, including any variation to the original proposed | Written |

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| | | | | <p>timeline.</p> <p>3. Can an itemised list of all Austender Contract Notice numbers for all advertising and information campaign contracts in each period be provided.</p> | |
| SQ21-000711 | Department of Health | Kristina Keneally | Promotional merchandise | <p>1. What was the Department/agency's total expenditure on promotional merchandise for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> <p>2. Can an itemised list of all Austender Contract Notice numbers for all promotional merchandise contracts in that period please be provided.</p> <p>3. Can photographs or samples of relevant promotional merchandise please be provided.</p> | Written |
| SQ21-000712 | Department of Health | Kristina Keneally | Collateral materials | <p>1. What was the Department/agency's total expenditure on collateral materials, including banners, publications, maps, charts and high visibility or protective clothing for events, functions, conferences, meetings, press conferences and site visits, including Ministerial events, functions, conferences, meetings, press conferences and site visits for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> <p>2. For each event or function where the Department/agency expended funds on collateral materials, provide details of the event, including the date and location of each event, and details of the types of materials.</p> | Written |
| SQ21-000713 | Department of Health | Kristina Keneally | Ministerial overseas and domestic travel | <p>Ministerial overseas travel</p> <p>1. Can an itemised list of the costs met by the department or agency for all international travel undertaken by Ministers or Assistant Ministers in the portfolio for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021, please be provided including:</p> <ul style="list-style-type: none"> a. Flights for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, together with the airline and class of travel. b. Ground transport for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. c. Accommodation for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed. | Written |

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| | | | | <p>d. Meals and other incidentals for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided.</p> <p>e. Any available photographs documenting the Minister's travel should also be provided.</p> <p>Ministerial domestic travel</p> <p>2. Can an itemised list of the costs met by the department or agency for all domestic travel undertaken by Ministers or Assistant Ministers in the portfolio for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021, please be provided including:</p> <p>a. Flights for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, together with the airline and class of travel.</p> <p>b. Ground transport for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials.</p> <p>c. Accommodation for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed.</p> <p>d. Meals and other incidentals for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided.</p> <p>e. Any available photographs documenting the Minister's travel should also be provided.</p> | |
| SQ21-000714 | Department of Health | Kristina Keneally | Social media influencers | <p>1. What was the Department/agency's total expenditure on social media influencers for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> <p>2. What advertising or information campaigns did the Department/agency use social media influencers to promote.</p> <p>3. Can a copy of all relevant social media influencer posts please be provided.</p> | Written |

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| | | | | 4. Can an itemised list of all Austender Contract Notice numbers for all relevant social media influencer contracts please be provided. | |
| SQ21-000715 | Department of Health | Kristina Keneally | Departmental equipment | What was the estimated value of all Departmental equipment that was lost, damaged, stolen or written off during each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. | Written |
| SQ21-000716 | Department of Health | Kristina Keneally | Commissioned Reports and Reviews | <p>1. For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021, how many Reports or Reviews have been commissioned. Please provide details of each report including:</p> <ol style="list-style-type: none"> Date commissioned. Date report handed to Government. Date of public release. Terms of Reference. Committee members and/or Reviewers. <p>2. How much did each report cost/or is estimated to cost.</p> <p>3. The background and credentials of the Review personnel.</p> <p>4. The remuneration arrangements applicable to the Review personnel, including fees, disbursements and travel.</p> <p>5. The cost of any travel attached to the conduct of the Review.</p> <p>6. How many departmental staff were involved in each report and at what level.</p> <p>7. What is the current status of each report. When is the Government intending to respond to each report if it has not already done so.</p> | Written |
| SQ21-000717 | Department of Health | Malcolm Roberts | Safely opening borders | What level of infection do we need to achieve for you to agree to safely open our borders and to stop restrictive lockdowns? | Written |
| SQ21-000718 | Department of Health | Malcolm Roberts | Real-time reporting of COVID-19 related data | <p>Can we have real-time reporting of COVID-19 related data, especially in regard to vaccination results and adverse reactions?</p> <p>Response should address the following (provided by Senator Roberts, 22 June 2021):</p> <ul style="list-style-type: none"> . Provision of more up-to-date (real time) reporting across all COVID-19 related data; . "Vaccination results" relates to detailed reporting on adverse reactions to the vaccine, including but not limited to: days taken off work as the result of adverse reactions to the vaccine, and data regarding hospitalisation due to vaccination (including GP/ED | Written |

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| | | | | presentations) and vaccine related mortality; and . It is requested that the data be able to be interrogated down to suburb level. | |
| SQ21-000719 | Department of Health | Kristina Keneally | Board Appointments | <ol style="list-style-type: none"> 1. Provide an update of portfolio boards, including board title, terms of appointment, tenure of appointment and members. 2. What is the gender ratio on each board and across the portfolio 3. Please detail any board appointments made from 30 June 2020 to 31 May 2021. 4. What has been the total value of all Board Director fees and disbursements paid. 5. What is the value of all domestic travel by Board Directors. 6. What is the value of all international travel by Board Directors. | Written |
| SQ21-000720 | Department of Health | Malcolm Roberts | Efficacy of wearing masks | <ol style="list-style-type: none"> 1. Masks - In the early months of the pandemic, the advice from health authorities to the general public was that while masks could stop sick people from infecting others, there was little evidence that masks protected people who were not sick and we were told not to wear them, then later this advice changed. To many, the authorities should have come clean and just said that they did not have enough PPE including masks to go around at the start. Can you show us where the appropriate authorities in Australia have performed double blind trials on masks to prove they work and are safe and what were the results for those with and without flu-like symptoms? 2. Although several countries mandated wearing facemasks in health care settings and public areas, scientific evidence is lacking supporting their efficacy for reducing morbidity or mortality associated with infectious or viral diseases. Therefore, it has been hypothesized: <ol style="list-style-type: none"> a) the practice of wearing facemasks has compromised safety and efficacy profile, both medical and non-medical facemasks are ineffective to reduce human-to-human transmission and infectivity of SARS-CoV-2 and COVID-19. b) wearing facemasks has adverse physiological and psychological effects. c) long-term consequences of wearing facemasks on health are detrimental. | Written |
| SQ21-000722 | Department of Health | Kristina Keneally | Appointments - briefs prepared | <ol style="list-style-type: none"> 1. How many times has the Department prepared a brief for statutory authorities, executive agencies, advisory boards, government business enterprises or any other Commonwealth body which includes a reference to a former Liberal or National member of parliament at a state, territory or federal level. 2. For each brief prepared, can the Department advise: <ol style="list-style-type: none"> a. The former member. b. The board or entity. c. Whether the request originated from the Minister's office. d. Whether the appointment was made. | Written |

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| SQ21-000723 | Department of Health | Malcolm Roberts | Companies protecting vested interest in a vaccine | <p>Prof Sarah Gilbert, the scientist who led the team that created the Oxford AstraZeneca coronavirus vaccine owns 5.2% of Vaccitech , a Oxford University spin-out company that owns the biotechnology behind the AstraZeneca vaccine. Further, Google's parent company, Alphabet, owns 12% of Vaccitech through its venture capital fund GV. Sequoia Capital, a venture fund known for making millions from early funding of Apple, Google and YouTube, also owns 10%. In turn I understand that YouTube is related to Google and in its' policy it states that they do not allow content that spreads information including reference to HCQ and Ivermectin. This seems like a chain of companies protecting their vested interest in a vaccine from low cost alternatives. Is the TGA aware of this linkage and has the TGA been influenced by, or influenced these companies?</p> <p>https://www.theguardian.com/business/2021/apr/07/astrazeneca-vaccine-scientists-set-for-22m-payday-in-new-york-float</p> | Written |
| SQ21-000724 | Department of Health | Malcolm Roberts | Provisional approval process for vaccines | <p>1. In the recent Senate Estimates hearing Dr John Skerritt replied to my question "How many years will it be before we know the long-term and intergenerational effects of these vaccines that have only provision approval?" Dr Skerrett's reply inferred you only needed efficacy data. Why did you not explain criterion five of the provisional approval process which explains that there are SAFETY concerns that are also required to be address in clinical studies for up to 6 years?</p> <p>2. Could it be that Dr Skerritt did not want the Australian public to know that you do not have the level of safety data for a provisionally approved vaccine that is required for an approved vaccine for safe use on everyday Australians?</p> | Written |
| SQ21-000725 | Department of Health | Malcolm Roberts | Ensuring privacy is protected | <p>Privacy : Collecting and storing personal information during COVID-19 has become an industry, what is being done to ensure our privacy is protected? Also, where is the data stored and who protects and enforces our rights to privacy?</p> <p>https://www.covid19.qld.gov.au/government-actions/covid-safe-businesses/information-privacy</p> | Written |
| SQ21-000726 | Department of Health | Malcolm Roberts | Higher rates of death by cancer, dementia and diabetes due to COVID-19 | <p>Deaths due to cancer, dementia and diabetes were HIGHER by 4%, 7.3% and 9.1% in 2020, potentially due to reduced hospital access or changes in care due to COVID-19 restrictions. Given you were keeping beds clear for COVID-19 patients that were not needed, shouldn't you have acted quickly to save more of these lives? (Example: During 1 April - 15 October 2020, there were 5,446 fewer notifications of new cancer diagnoses than predicted by our primary model (predicted, 54 609 v observed, 49 163; relative reduction, -10.0%; 95% CI, -10.8% to -9.2%). By tumour group, the relative reductions were most marked for prostate cancer, head and neck tumours, melanoma, and breast cancer; they were greater for men, people aged 50 years or more, and for people in areas of higher socio-economic position.).</p> | Written |

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| SQ21-000727 | Department of Health | Kristina Keneally | Stationery | How much has been spent on ministerial stationery requirements in each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. | Written |
| SQ21-000728 | Department of Health | Malcolm Roberts | TGA and safety and supply concerns | <p>1. The TGA website as at 20 May 2021 states that the COVID-19 Vaccine AstraZeneca (ChAdOx1-S) was approved for the following therapeutic use: Active immunisation of individuals = 18 years old for the prevention of coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2. Is this still correct? https://www.tga.gov.au/apm-summary/covid-19-vaccine-astrazeneca</p> <p>2. Can you confirm that the TGA has no safety or supply concerns with the use of Ivermectin as a prophylaxis and early treatment for risk stratified patients and that there is currently no reason why General Practitioners (GP) around Australia cannot prescribe Ivermectin as a safe alternative to the provisionally approved vaccines should the GP and their patient come to this conclusion?</p> <p>3. Can you advise if the TGA is seeing a similar disproportionate and accelerated rate of reported adverse events for the provisionally approved COVID-19 vaccines as compared to all previously fully approved vaccines?</p> | Written |
| SQ21-000729 | Department of Health | Malcolm Roberts | Proceeding with more care in the roll out of provisionally approved vaccines | Given the significance of the disproportionate reporting of short term adverse effects of the provisionally approved vaccines, and given there is only partial safety data for short term adverse effects; partial because the vaccines were not tested on children, the elderly, pregnant women, those pre-exposed or on the immune compromised, and given no safety data exists for medium term adverse events and no safety data exists for long term adverse events do you see merit in proceeding with more care in the roll out of provisionally approved vaccines? | Written |
| SQ21-000730 | Department of Health | Malcolm Roberts | Freedom of choice to be vaccinated | <p>1. Many everyday Australians are concerned that there is no informed consent in regard to the administration of these provisionally approved vaccines? Further, Australians are not being told which vaccine is being administered where, so there is not freedom of choice in which vaccine we would prefer, please explain why we have no freedom of choice, especially given one vaccine could kill some Australians?</p> <p>2. Vaccination for COVID-19 is voluntary - as are all vaccinations in Australia - and people must have freedom of choice. The government website states that there may be circumstances in the future, however where there may be border entry or re-entry requirements that are conditional on proof of vaccination. Why is this necessary and why disadvantage everyday Australians who freely chose not to or who chose an alternative treatment?</p> | Written |

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| | | | | 3. Australians working in particular industries may be forced by their employer to be vaccinated or risk losing their job, what is the government doing to protect our right to be concerned about a COVID-19 vaccine that has killed people? | |
| SQ21-000731 | Department of Health | Malcolm Roberts | Health insurance covering COVID 19 conditions and treatment | <p>1. We are hearing that private insurers may be refusing to pay for treatment for Australians who are adversely affected by the vaccine, what are you doing to ensure everyday Australians are protected from vaccine risks and compensated for any short, medium or long term effects? Please detail what specifically are you and the States doing to ensure Australians are cared for and compensated at no cost to them?</p> <p>2. Will the government ensure that health insurance covers COVID-19 related conditions and treatments?</p> | Written |
| SQ21-000732 | Department of Health | Malcolm Roberts | Planning and management for future pandemics | Has, or will, a detailed federal and state management review be undertaken to identify what needs to be improved in the planning and management for future pandemics? Who will undertake this review and when? What issues or recommendations have been made so far and how and when will the outcomes be reported and actioned? | Written |
| SQ21-000733 | Department of Health | Malcolm Roberts | Asking COVID-19 questions | The Minister's letter to Senator Gallagher dated 27 April 2021 seems to be telling elected Senators to back off from asking COVID-19 questions! This conflicts with both our freedom to know and your obligations to contribute to the health, jobs and economic safety of Australians, why, when and how will you ensure we have timely and regular access to senior health officials and stakeholders so we can do our job in standing up for everyday Australians? | Written |
| SQ21-000734 | Department of Health | Malcolm Roberts | Censorship on alternative treatments | Has the Department of Health engaged in any censorship, blocking and/or suppression of alternative points of view or treatments in the healthcare system, the media, social media or publicly? If so, what has been done and why? | Written |
| SQ21-000735 | Department of Health | Malcolm Roberts | Regulations on businesses due to COVID-19 | Making a business owner the "COVID police" by having them enforce no job no job rules is not something they or we would not like to see, what are you doing to prevent burdening businesses with more regulations like this? | Written |
| SQ21-000736 | Department of Health | Malcolm Roberts | Availability of all research and evaluations of medicines to the Australian people | <p>In the clinical research world where open discussions and evaluations of medicines - especially medications that should be considered in the treatment of Covid19 are critical, can you assure the people of Australia that the advertising code you referred to in the last Senate Estimates hearing will not be used to stifle or suppress public communications of reports and findings of efficacy between doctors and interested stakeholders; especially where there are scores of peer reviewed papers of these treatments available publicly on the internet already?</p> <p>As an example, I would like to narrow the scope of the treatments in question as applied to this code to the treatments discussed in the published and most downloaded medical Journal article in history "Pathophysiological Basis and Rationale for Early</p> | Written |

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| | | | | Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" Web reference https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext | |
| SQ21-000738 | Department of Health | Malcolm Roberts | Flow on problem and flow on effect | 1. In regard to Ms Edwards responses at Senate Estimates, can you provide an example of a 'flow-on problem' that would be indemnified? 2. Could a 'flow on effect' include an adverse reaction harming or killing a vaccine recipient, foreseen or otherwise? | Written |
| SQ21-000739 | Department of Health | Malcolm Roberts | Indemnification for Vaccine manufacturers | Is there any chance the commercially confidential indemnification you have granted the vaccine manufacturers could affect the private health insurance policies of those that consent to taking a provisionally approved medication and they subsequently are injured or succumb to a vaccine related adverse effect ? | Written |
| SQ21-000740 | Department of Health | Malcolm Roberts | Advertising of high risk, provisionally approved vaccines | When questioned if we should be entering into indemnity arrangements with companies that have been fined billions of dollars in the past for misconduct, Dr John Skerritt replied: 'I will talk about those fines for companies. I should clarify that it is a consequence of one of the things that personally I hope Australia never follows, and this is the US widespread advertising of prescription medicines directly to the public'. It would appear the TGA and Australian health authorities are doing exactly this with the provisionally approved COVID-19 vaccines; selling the message to everyone they should be taking these vaccines; many of whom would see little to no benefit for themselves in order to protect the small part of our population that could be significantly affected by COVID-19, rather than simply offering the vaccines for use by those most at risk. Is there a mechanism in place to stem the advertising of these high risk, provisionally approved vaccines? | Written |
| SQ21-000741 | Department of Health | Kristina Keneally | Media monitoring | 1. What is the total cost of media monitoring services, including press clippings, electronic media transcripts etcetera, provided to each Minister's office for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. a. Which agency or agencies provided these services. b. Can an itemised list of Austender Contract notice numbers for any media monitoring contracts in each period please be provided c. What is the estimated budget to provide these services for the year FY 2020-21. 2. What was the total cost of media monitoring services, including press clippings, electronic media transcripts etcetera, provided to the department/agency for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021. a. Which agency or agencies provided these services. | Written |

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| | | | | <p>b. Can an itemised list of Austender Contract Notice numbers for any media monitoring contracts in each period please be provided</p> <p>c. What is the estimated budget to provide these services for the year FY 2020-21.</p> | |
| SQ21-000742 | Department of Health | Kristina Keneally | Communications staff | <p>For all departments and agencies, please provide - in relation to all public relations, communications and media staff - the following:</p> <ol style="list-style-type: none"> 1. By Department or agency: <ol style="list-style-type: none"> a. How many ongoing staff, the classification, the type of work they undertake and their location. b. How many non-ongoing staff, their classification, type of work they undertake and their location. c. How many contractors, their classification, type of work they undertake and their location. d. How many are graphic designers. e. How many are media managers. f. How many organise events. 2. Do any departments/agencies have independent media studios. <ol style="list-style-type: none"> a. If yes, why. b. When was it established. c. What is the set up cost. d. What is the ongoing cost. e. How many staff work there and what are their classifications. | Written |
| SQ21-000743 | Department of Health | Kristina Keneally | Departmental staff in Minister's office | <ol style="list-style-type: none"> 1. Can the Department provide an update on the total number of departmental staff seconded to ministerial offices, including: <ol style="list-style-type: none"> a. Duration of secondment. b. APS level. 2. Can the Department provide an update on the total number of DLOs/CLOs for ministerial offices including APS level. | Written |
| SQ21-000744 | Department of Health | Malcolm Roberts | Donor influence on Government decision-making on treatments/vaccines | <p>In recent media it was noted that the Gates Foundation is a significant donor to the World Health Organisation (WHO). The risk in accepting money from donors is that donors may influence the direction of both research and treatments to suit their commercial interests. What is being done in Australia to ensure that WHO recommendations and those of other interest groups such as the big pharma companies are not influencing government decision-making thereby putting everyday Australians at greater risk or cost from selected treatment/vaccines? Example, article 'Big concerns' over Gates foundation's potential to become largest WHO donor By Catherine Cheney // 05 June 2020 https://www.devex.com/news/big-concerns-over-gates-foundation-s-potential-to-become-largest-who-donor-97377</p> | Written |

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| | | | | Likewise, can you assure everyday Australians that there is no conflict of interest between the multiple roles both the Dougherty Institute and CSL may have? | |
| SQ21-000745 | Department of Health | Kristina Keneally | CDDA Payments | <p>1. How many claims have been received under the Compensation for Detriment caused by Defective Administration scheme (CDDA) by the Department for each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021?</p> <p>2. How many claims were:</p> <p>a. Accepted.</p> <p>b. Rejected.</p> <p>c. Under consideration.</p> <p>3. Of the accepted claims, can the Department provide:</p> <p>a. Details of the claim, subject to relevant privacy considerations</p> <p>b. The date payment was made</p> <p>c. The decision maker.</p> | Written |
| SQ21-000746 | Department of Health | Kristina Keneally | Congestion busting | <p>1. Can the Department/agency advise how it is "congestion busting" in relation to bureaucratic bottlenecks and regulatory bottlenecks.</p> <p>2. Have any additional resources been allocated within the Department to achieve "congestion busting" within the department.</p> | Written |
| SQ21-000747 | Department of Health | Kristina Keneally | Recruitment | <p>1. What amount has been expended by the department/agency on external recruitment or executive search services in each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021?</p> <p>2. Which services were utilised. Can an itemised list be provided.</p> | Written |
| SQ21-000748 | Department of Health | Malcolm Roberts | Adoption of a pandemic strategy to keeps Australians free and working | <p>77. The government seems to still be preoccupied with Australia remaining completely COVID-free at all costs, surrendering our businesses and jobs both present and future to survive a once-in-a-century outbreak. How will Australians get all their freedoms and jobs back and when?</p> <p>78. Many say if you are under 50 and healthy it is hard to see why you would be bothered about vaccination one way or the other. If we had followed the early lead of countries that kept their businesses open and moving like our small business sector, then our economy would be better and more secure. Why did Australia not adopt a strategy that protected the vulnerable and kept us free and working?</p> | Written |
| SQ21-000749 | Department of Health | Malcolm Roberts | Characteristics and mutations of the virus | 79. What is the effect of virus mutation on vaccines and therapeutics? As the virus changes over time, does the efficacy of costly vaccines decline? How soon will it be before we have to be vaccinated again? | Written |

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| | | | | <p>80. Are newer vaccines that provide protection from virus mutations being developed?</p> <p>81. Does a virus variant spread quicker and easier?</p> <p>82. Are we going to start seeing more cases due to the virus gaining the ability to be transmitted from one person to another more efficiently?</p> <p>83. Will we see new mutations of COVID-19 in 2022 as we have in 2021? What are you doing about it?</p> <p>84. Do the mutations in the COVID-19 virus cause it to be more severe, or cause higher rates of death? Explain in relation to all mutations please?</p> <p>85. You do not seem to be mastering COVID-19 yet, COVID-19 is mastering Australian Governments, why is that and what will 2022 look like for everyday Australians in relation to work, travel and leisure?</p> | |
| SQ21-000750 | Department of Health | Kristina Keneally | Staffing | <p>1. How many full-time equivalent staff are engaged at each of 30 June 2019 and 30 June 2020, 31 May 2021?</p> <p>2. How many of these positions are:</p> <p>a. on-going; and</p> <p>b. non-ongoing.</p> <p>3. How many redundancies have occurred in each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021. How many were:</p> <p>a. voluntary</p> <p>b. involuntary.</p> <p>4. How many of those redundancies occurred as a result of departmental restructuring. What is the total cost of those redundancies.</p> <p>5. What was the total value in dollar terms of all termination payments paid to exiting staff.</p> <p>6. How much overtime or equivalent has been paid to staff in each of the 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> <p>7. How many section 37 notices under the Public Service Act 1999 have been offered in each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> | Written |

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| SQ21-000751 | Department of Health | Kristina Keneally | Comcare | <p>1. For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021 can the Department advise whether it has been the subject of any investigations involving Comcare. If yes, please provide details of the circumstances and the status.</p> <p>2. Can the Department advise the number of sanctions it has received from Comcare in the each of the periods; 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020 and 1 January 2021-31 May 2021.</p> | Written |
| SQ21-000752 | Department of Health | Kristina Keneally | Fair Work Commission | For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020 31 December 2020, and 1 January 2021-31 May 2021, how many references have been made to the Fair Work Commission within the Department or agency. | Written |
| SQ21-000753 | Department of Health | Kristina Keneally | Fair Work Ombudsman | For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021, how many references have been made to the Fair Work Ombudsman within the Department or agency. | Written |
| SQ21-000754 | Department of Health | Kristina Keneally | Office of the Merit Protection Commissioner | For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021, how many references have been made to the Office of the Merit Protection Commissioner within the Department or agency. | Written |
| SQ21-000755 | Department of Health | Kristina Keneally | Public Interest Disclosures | For each of the periods 1 July 2019-31 December 2019; 1 January 2020-30 June 2020; 1 July 2020-31 December 2020, and 1 January 2021-31 May 2021, how many public interest disclosures have been received. | Written |
| SQ21-000756 | Department of Health | Kristina Keneally | Travel and expense claim policy | <p>1. Please produce a copy of all travel and expense claim policies.</p> <p>2. Please produce a copy of all claim forms. If the forms are digital, please provide a screen shot of each section, including all dropdown options.</p> | Written |
| SQ21-000757 | Department of Health | Kristina Keneally | Declarations of interest | <p>1. Please produce a copy of all relevant policies.</p> <p>2 Please produce a copy of the register of declarations of interest as at 31 May 2021?</p> | Written |
| SQ21-000758 | Department of Health | Kristina Keneally | Declarations of gifts and hospitality | <p>1. Please produce a copy of all relevant policies.</p> <p>2. Please produce a copy of the register of declarations of gifts as at 31 May 2021?</p> | Written |
| SQ21-000760 | Department of Health | Louise Pratt | World AIDS Day announcement | <p>Multiple indicators suggest young, recently arrived overseas-born populations are an emerging HIV priority population in Australia. At the World AIDS Day Breakfast in December 2020, Minister Hunt announced a commitment to ensure lifesaving antiretroviral medicine would be available to all people in Australia, regardless of Medicare eligibility. This commitment recognises that effective HIV treatment prevents onward transmission.</p> <p>1. We ask what progress has been made toward this announcement?</p> <p>a. Is there a timeline?</p> <p>b. What progress has been made with individual states?</p> <p>c. Is there an assessment of how much this is likely to cost?</p> | Written |

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| | | | | <p>d. What preparations have been made, noting that it wasn't included in the budget?</p> <p>e. Will you provide an update on progress made since this announcement?</p> | |
| SQ21-000761 | Department of Health | Pauline Hanson | Nursing review | <p>A review of nursing was promised in the 2018-19 Budget and in January 2019 Emeritus Professor Steven Schwartz AM was appointed to head the review. The final report was presented to the Minister for Health in September 2019 and publicly released by Ministers Hunt and Tehan in December 2019.</p> <p>1. Has Minister Hunt met with Professor Schwartz at any stage to discuss the review's findings?</p> <p>a. Has the Government made a formal public response to the recommendations? If not, now after 21 months, why not?</p> <p>Recommendation 1 of the report was in regard to protecting the public by ensuring nursing staff should be required to have mandated requirements for education and English language standards which are accredited and enforced by a robust quality-assurance regime.</p> <p>2. In light of the problems which have been experienced in nursing homes during the COVID-19, why were the recommendations of the Schwartz report not urgently implemented?</p> | Written |
| SQ21-000762 | Department of Health | Catryna Bilyk | Follow up - SQ21-000226 - ABCM's funding partners | <p>1. Regarding the response to Question on Notice SQ21-000226, please advise:</p> <p>(a) Who are the members of the Mission Funders Group?</p> <p>(b) When and where have meetings of the Mission Funders Group been held since the Mission commenced?</p> <p>(c) Who attended those meetings?</p> <p>(d) Where and when are future meetings scheduled to be held?</p> <p>(e) What was the agenda of previous meetings and what is the agenda for future meetings?</p> <p>(f) What process is used to follow up on identified coordination and collaboration opportunities? How is the follow-up on these opportunities monitored and reported back to the Funders Group?</p> <p>(g) Does the Funders Group interact with the Mission Strategic Advisory Group in any way? Is there a process for feeding information between the two?</p> <p>(h) What is the membership overlap (if any) between the Funders Group and the Strategic Advisory Group?</p> | Written |

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| SQ21-000763 | Department of Health | Catryna Bilyk | Follow up - SQ21-000235 - Risks that programs may not serve the strategic aims of the ABCM | Regarding the response to Question on Notice SQ21-000235, who are the signatories to the Memorandums of Understanding/Letters of Intent between Cancer Australia and Mission Funding Partners? Please list the signatories by each memorandum/letter signed and provide the date it was signed. | Written |
| SQ21-000764 | Australian Sports Commission | Don Farrell | Community Sport Infrastructure Grants program | <p>1. For each round of the program, how many grants put forward for funding by the then Minister for Sport, Senator McKenzie, or her office, did not ultimately receive any funding?</p> <p>a) For each round, how many ultimately received funding but for a different project or different amount than proposed by the then Minister or her office?</p> <p>b) On 2 June, Mr McCann told the Committee that 136 of the 426 projects Sport Australia originally recommended for funding under the program did not ultimately receive any funding. How many of those 136 unfunded projects did Sport Australia score higher against the program criteria than the lowest-scored application that was funded?</p> | Written |
| SQ21-000765 | Australian Sports Commission | Don Farrell | Sport Australia's defence of Beechworth's Lawn Tennis Club funding. | <p>How is Sport Australia's defence against a claim in the Federal Court by Beechworth Lawn Tennis Club being funded?</p> <p>a. What has the cost of those legal proceedings been to date?</p> | Written |
| SQ21-000766 | Australian Sports Commission | Don Farrell | Financial impact of covid-19 on national sporting organisations | <p>1. At Additional Estimates in March, Sport Australia provided some figures about the financial impact of COVID-19 on National Sporting Organisations. However, the response to QON XX stated that "The impact of COVID-19 is not clearly identifiable from the financial information submitted to Sport Australia."</p> <p>a) Why was it not possible, in response to my QON, to provide an update on the figures provided in March?</p> <p>b) Has Sport Australia stopped looking at the financial impact of the pandemic on NSOs? If so, why? If not, can you please provide an update?</p> | Written |
| SQ21-000767 | Department of Health | Don Farrell | Review of the Australian Sports Commission Act 1989 | <p>1. As of the date of responding to this question on notice, has Sport Australia determined a timeframe for the review of the Australian Sports Commission Act 1989, as outlined in Sport 2030?</p> <p>a) If so, when will that review begin and when is it expected to be completed?</p> <p>b) If no, when does Sport Australia anticipate a starting date will be known?</p> | Written |

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| | | | | <p>c) Will this be an independent, external review?</p> <p>d) Who will conduct the review?</p> <p>e) Will stakeholders be able to make submissions to the review? Strategic planning around run of major sporting events leading up to 2032 Olympics</p> | |
| SQ21-000768 | Australian Sports Commission | Don Farrell | Underpayment of casual staff | <p>1. Please provide an updated on the issue of underpayment of casual staff as outlined in an ABC report (https://www.abc.net.au/news/2021-03-09/australian-sports-commission-reviewing-casual-staff-wages-at-ais/13227384) published on 9 March 2021, including:</p> <p>a) Any update in how many staff have been under-paid;</p> <p>b) How many of those that were underpaid have been fully back-paid?</p> | Written |
| SQ21-000769 | Australian Sports Commission | Don Farrell | Sporting Schools | <p>On 2 June, Mr Dalton told the committee that Sport Australia was undertaking a pilot called 'Sporting Schools Club Connect', to try to connect into organised sport from those Sporting Schools programs.</p> <p>a) Linking Sporting Schools participants to local sporting clubs was one of the original aims of the Sporting Schools program, wasn't it?</p> <p>b) How has the program delivered on that aim to date?</p> <p>c) How will this pilot seek to better deliver on that particular aim of the Sporting Schools program?</p> | Written |
| SQ21-000770 | Department of Health | Don Farrell | Run for the Reef funding | <p>1. Page 114 of Budget Paper 2 lists \$1.5 million in 2020-21 to support the national running event Run for the Reef.</p> <p>a) Why has this particular event been funded?</p> <p>b) What exactly will this funding support or deliver?</p> <p>2. Mass participation sporting events across Australia have been hit hard by restrictions on travel and mass gatherings put in place in response to the COVID-19 pandemic. Why has a single specific event of this type been provided with funding, while so many others have not been offered any support?</p> | Written |

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| SQ21-000771 | Australian Sports Commission | Don Farrell | Impact of visibility of sport on participation | <p>1. Is Sport Australia aware of any research into or data relating to the impact that visibility of sport in general and / or of specific sports has on participation in sport(s)?</p> <p>a) If so, what does that research / data suggest?</p> <p>b) Are there any particular cohorts that are more or less likely to participate in sport depending on whether or not they are able to see sports through the mainstream media, including on television? If so, please provide details.</p> | Written |
| SQ21-000772 | Australian Sports Commission | Don Farrell | 2021-22 Budget for Athlete Performance Pathways program and Athlete Wellbeing and Engagement services. | <p>The Budget included \$82.2 million over three years from 2021-22 to extend funding for the Athlete Performance Pathways program and for Athlete Wellbeing and Engagement services.</p> <p>a) Please break down how much of that \$82.2 million is for performance pathways and how much for wellbeing and engagement services, in each of those three years?</p> <p>b) Please detail how the Athlete Performance Pathways program is delivered and what it does?</p> <p>c) What Athlete Wellbeing and Engagement services will be provided with the funding outlined in the Budget?</p> <p>d) Will these programs and services be delivered by AIS staff, Sport Australia staff, or contractors?</p> | Written |
| SQ21-000773 | Australian Sports Commission | Don Farrell | 2021-22 Budget for high performance sports grants to National Sport Organisations. | <p>The Budget contains \$50.6 million over three years from 2021-22 for high performance sports grants to National Sport Organisations to support high performance programs for Olympic and Paralympic sports to compete on the world stage.</p> <p>In the previous Budget, \$50.6 million for high performance grants was allocated over two years.</p> <p>Why is the same amount seems now stretched over three years?</p> <p>There was some previously allocated funding held back because of the impacts of COVID-19: Is any part of that previous appropriation accounted for in the \$50.6 million measure in the 2021-22 Budget or is this latest \$50.6 million entirely new?</p> <p>Does the AIS or Sport Australia analyse or have any visibility of how high-performance funding has change in real terms over the past 5-10 years?</p> | Written |

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| | | | | If you do, please outline how high-performance funding has changed in real terms over the past 10 years. If not, why not? | |
| SQ21-000774 | Australian Sports Commission | Don Farrell | Redevelopment of the AIS Bruce Campus | <p>The response to SQ21-000324, the initial business case for the redevelopment of the AIS campus here in Canberra was completed in February 2019.</p> <p>a) What work has been done on the redevelopment plans since?</p> <p>Does the significant chance of Australia being awarded the right to host the 2032 Olympic Games make the need to settle the future of the AIS more urgent?</p> <p>Are options for the redevelopment being canvassed with National Sporting Organisations / the Australian Olympic Committee / Paralympics Australia / Commonwealth Games Australia?</p> | Written |
| SQ21-000775 | Department of Health | Claire Chandler | Gender Dysphoria | <ol style="list-style-type: none"> 1. In recent years there has been a dramatic increase in the number of children and teenagers presenting to gender clinics and requesting puberty blockers and cross-gender hormone treatments. What is the Department of Health's explanation for the extraordinary increase in children being prescribed these life-altering interventions? 2. Does the Department of Health consider that the use of puberty blockers and cross-gender hormones on children to treat gender dysphoria is a proven and safe treatment? If so, what is the basis for this assessment? 3. What is the Department of Health's understanding of the medium and long-term risk and side-effects of children taking puberty blockers and cross-gender hormones? 4. Does the Department of Health have accurate data about the increase in the use of puberty blockers and cross-gender hormones being prescribed in Australia over the last decade and the purposes for which they were prescribed? 5. Does the federally-funded Pharmaceutical Benefits Scheme subsidise puberty blockers and cross-gender hormones prescribed to children in Australia? 6. Have all state governments made available to the Department all relevant data on the number and demographics of children attending gender clinics in their jurisdiction, the treatments (if any) which were prescribed, and the short, medium and long-term outcomes for patients? If not, why not? 7. Last year the Health Chief Executives Forum asked member jurisdictions to answer a series of questions on the treatment of children with gender dysphoria in their jurisdictions, including "what data are collected in the unit and whether any long term monitoring is undertaken". Why did the Health Chief Executives Forum subsequently agree not to progress the collection of this information from states? 8. Following its decision to abandon that audit, the Health Chief Executives Forum | Written |

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| | | | | agreed work "should occur outside of the national health fora, with clinicians from New South Wales and Victoria and other interested jurisdictions to develop a service model for the care and treatment of children and adolescents experiencing gender dysphoria". When will this work be complete and is the Commonwealth participating in that process? | |
| SQ21-000776 | Department of Health | Don Farrell | Suggestion from the former Sport Australia Chair John Wylie that a new AIS could be built in south-east Queensland. | <p>An article in the Australian Financial Review on 23 October 2020 reported that former Sport Australia Chair John Wylie suggested a new AIS could be built in south-east Queensland.</p> <p>Is that being considered?</p> <p>That article also says: The future of the AIS will also be influenced by a separate assessment of sport infrastructure being prepared by the Australian Olympic Committee, Paralympics Australia and Commonwealth Games Australia. That is due to be handed to the government in April, ahead of the 2021 federal budget.</p> <p>Has the government received that report?</p> <p>Is that separate to the submission those organisations have made to the Intergenerational Report?</p> | Written |
| SQ21-000777 | Department of Health | Rachel Siewert | AstraZeneca and Pfizer for people over 50 | Are Australians aged over 50 years old who are able to get AstraZeneca but later choose to wait for Pfizer going to be prioritised when Pfizer is opened up for under 50s? | Written |
| SQ21-000778 | Department of Health | Rachel Siewert | People over 50 waiting for Pfizer | If people over 50 wait for Pfizer, which won't ramp up until October, what impact would that have on future outbreaks? | Written |
| SQ21-000779 | Department of Health | Nita Green | National Action Plans - follow up | <p>1. In Supplementary Budget Estimates in October 2019, Question on Notice number 75 states there have been 21 National Action Plans commissioned by Government. Have there been any additional National Action Plans commissioned by the Government since that time?</p> <p>2. Please provide an update on the full list of National Action Plans commissioned by Government, the status of these National Action Plans and the implementation funding announced to date for each plan, using the table provided below.</p> <p>3. In relation to the National Action Plans commissioned by Government:</p> <p>a) The majority of the National Action Plans are being led by various community organisations, with Government funding. What work is being done with the various community groups in implementing National Action Plans that have been finalised?</p> <p>b) How is this program of policy work proposed in the National Action Plans being</p> | Written |

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| | | | | <p>coordinated by the Department?</p> <p>c) How will the policy work that has been undertaken by the community be considered by Cancer Australia in the development of an Australian Cancer Plan?</p> <p>4. In relation to funding arrangements for the implementation of National Action Plans:</p> <p>a) Who is responsible for funding implementation of the National Action Plans that the Government has commissioned?</p> <p>b) How much implementation funding to date has been committed at the Federal level? Do you expect this to increase or continue?</p> <p>c) Have any of the National Action Plans commissioned by Government secured non-government funding for implementation activities? If so, please provide details of the types of non-government funding, the activities being funded and the amount of funding that has been secured.</p> <p>d) Have any of the National Action Plans commissioned by Government secured state or territory government funding for implementation activities? If so, please provide details of the type of state/territory government funding, the activities being funded and the amount of funding that has been secured.</p> | |
| SQ21-000781 | Department of Health | Rachel Siewert | Local mRNA vaccine production capacity | What submissions did the Government receive from the Australian scientific community on local mRNA vaccine production capacity? | Written |
| SQ21-000782 | Department of Health | Rachel Siewert | Percentage of population vaccinated before the borders are opened. | What percentage of the population would need to be vaccinated before the borders are reopened? Are you providing advice on this to National Cabinet? | Written |
| SQ21-000783 | Department of Health | Rachel Siewert | Breakdown of private consulting firms for vaccine roll out | Can you provide a breakdown of the names of private consulting firms that have received contracts for work on the COVID-19 vaccine rollout? | Written |
| SQ21-000784 | Department of Health | Rachel Siewert | Total value of contracts for vaccine roll out | What is the total value of contracts all contracts for COVID-19 vaccine rollout? Particularly those providing planning and advice on the rollout program delivery. | Written |
| SQ21-000785 | Sports Integrity Australia | Don Farrell | Anti-doping | <p>1.How many tests of Australian athletes have occurred in the 6 months leading up to the start of the Tokyo Olympic Games (please include separately the number planned between responding to this question and the start of the Games, if the response is sooner)?</p> <p>a. How does that compare with the number of tests of Australian athletes in the 6 months leading up to the start of the 2016 Games?</p> | Written |

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| | | | | b. Has the COVID-19 pandemic presented any obstacles or challenges to SIA's intended testing regime? If so, please outline those challenges and what impact they've had. | |
| SQ21-000786 | Department of Health | Rachel Siewert | Breakdown of work provided by PWC | Can you provided a breakdown of the work PWC was expected to complete under its contract as a program delivery partner for the vaccine rollout? Has PWC completed all tasks involved in this contract? Has PWC been paid the full value of this contract? If not, why not? | Written |
| SQ21-000787 | Department of Health | Rachel Siewert | Strategic planning and program design for vaccine roll out | Much of the strategic planning and program design for the vaccine rollout was outsourced. Would you say the Department of Health is better prepared for the next wave of covid or future pandemics? | Written |
| SQ21-000788 | Department of Health | Rachel Siewert | Targeted cohorts getting their vaccinations | By which mechanisms are different patient cohorts (particularly target cohorts) getting their vaccination (e.g. from GPs or state services)? | Written |
| SQ21-000789 | Department of Health | Rachel Siewert | Appointments being cancelled | What proportion of appointments have been cancelled/no shows (and according to patient cohort, particularly target cohorts)? | Written |
| SQ21-000790 | Department of Health | Rachel Siewert | Tracking vaccine deliveries | Why isn't there a mechanism/portal by which health professionals can view when they will receive their vaccinations (e.g. tracking of distribution) so they are prepared for when deliveries occur? | Written |
| SQ21-000792 | Department of Health | Rachel Siewert | Increase in MBS funding for vaccines | Given the increase in vaccine hesitancy in the Australian community, will the government be increasing MBS funding for longer consultations to counsel patients on the vaccine? | Written |
| SQ21-000793 | Department of Health | Rachel Siewert | National Hospital Reform Agreement | In regards to the National Hospital Reform Agreement: a. Are public hospitals squeezed more and more each year as the relative value of the Commonwealth's contribution under the National Hospital Reform Agreement erodes over time? b. When will the rate of indexation be increased to match the amount that public hospitals have to pay for staff, goods and services? c. Under the National Health Reform Agreement, does the Commonwealth provide funding to public hospitals to enable them to evaluate and review their processes in order to improve performance and focus on patient outcomes and quality of care? d. Is the National Health Reform Agreement fit for purpose for a growing and ageing population? | Written |
| SQ21-000794 | Department of Health | Rachel Siewert | Increase in elective surgery waiting times due to Pandemic | Prior to the pandemic, median waiting time for elective surgery has increased year on year since 2014-15. What does the Commonwealth do to help decrease the elective surgery wait times in our funding agreement? a. The number of available hospital beds per 1,000 residents aged =65 years has been in persistent decline for decades. What does the Commonwealth do to ensure that public hospital services meet demand in our funding agreement? b. The share of Emergency Department patients seen within clinically recommended | Written |

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| | | | | timeframes has declined year on year since 2013-14. What does the Commonwealth do to ensure that Emergency Departments can see patients on time in our funding agreement? | |
| SQ21-000795 | Department of Health | Rachel Siewert | Biomedical Translation Fund | Have you considered opening up the Biomedical Translation Fund to Digital Therapeutics? | Written |
| SQ21-000796 | Department of Health | Rachel Siewert | Roadmap to defeat Multiple Sclerosis in Australia | Have you considered calls from MS Australia for \$35 million in funding to implement a Roadmap to Defeat Multiple Sclerosis in Australia (and an additional \$20 million provided from matched sources)? | Written |
| SQ21-000797 | Department of Health | Rachel Siewert | Funding for MS Research | What is the Government doing to provide adequate funding for: a. Innovative pre-clinical and clinical research studies on nerve repair and protection to minimise the impact of all forms of MS and b. Provision of competitive and prestigious researcher programs to retain, sustain and grow the pool of high-quality researchers in Australia; individuals who have excelled or show potential to excel in MS research? | Written |
| SQ21-000798 | Department of Health | Rachel Siewert | Allied health professionals using My Health Records | Can the Government provide details on how physiotherapists and other registered allied health professional will be able to use My Health Records to ensure better coordinated healthcare? | Written |
| SQ21-000799 | Department of Health | Rachel Siewert | ICT System for MyGP | In regards to the ICT system for MyGP: a. How will the government ensure this integrates with general practices' electronic clinical and administrative systems? b. What consultation will be undertaken with GPs to support the rollout of this ICT system? c. When will this ICT system be rolled out? | Written |
| SQ21-000800 | Department of Health | Rachel Siewert | Location of new adult mental health centres | Can you explain where the new adult mental health centres will be located and the types of mental health issues they will be able to treat? | Written |
| SQ21-000801 | Department of Health | Rachel Siewert | New Mental Health Centre services | How will the new adult mental health centre services fit with existing primary health care services, and inpatient and outpatient services? | Written |
| SQ21-000802 | Department of Health | Rachel Siewert | Funding for new community based services in Victoria | The Victorian Government announced funding for the first tranche of community based services. How will the state centres work with the federal and headspace centres? | Written |
| SQ21-000803 | Department of Health | Rachel Siewert | New Mental Health Centres integrated to new state hubs | How will the Government ensure the new adult mental health centres are integrated and coordinated with the new state hubs? | Written |
| SQ21-000805 | Department of Health | Rachel Siewert | Mental Health reforms | How will the Government ensure a co-ordinated, integrated and collaborative process across all tiers of government is in place to drive and oversee these reforms? | Written |
| SQ21-000806 | Sports Integrity Australia | Don Farrell | Status of National and State Sporting Organisations in | 1.Please provide a detailed breakdown of where National Sporting Organisations and State Sporting Organisations are up to in terms of opting into the National Integrity Framework. | Written |

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| | | | relation the National Integrity Framework | If possible, please detail which have already aligned their policies (and where necessary constitutions) with the framework and are now under the jurisdiction of SIA and the NST, which have agreed to do so and are working through the process and which are yet to agree to align with the framework. | |
| SQ21-000807 | Department of Health | Rachel Siewert | New Mental Health centres meeting the needs of complex clients | Will the new Centres be equipped to meet the needs of people with complex mental health problems on their discharge from hospital, to provide some ongoing community support and forestall swift readmission? | Written |
| SQ21-000808 | Department of Health | Rachel Siewert | Consultation on new Mental Health centres | Did the Government consult with any allied health bodies on the design of the head to health centres? | Written |
| SQ21-000809 | Sports Integrity Australia | Don Farrell | National Integrity Framework complaint process | <p>MYEFO contained \$10.1 to establish and independent complaints handling process at all levels.</p> <p>Where a sporting organisation has opted in to the National Integrity Framework and its policies recognise the jurisdiction of SIA and the NST, what types of complaints will fall under that jurisdiction?</p> <p>Are there any types of complaints that will not fall under SIA's jurisdiction, even when the relevant sporting organisation has opted in?</p> <p>How will any complaints that do not fall under the SIA / NST jurisdiction be dealt with?</p> <p>How many complaints have been received through the new system to date?</p> <p>Which organisations do those complaints relate to? Where more than one complaint relates to the same organisation, please list how many complaints have been received that relate to that organisation.</p> <p>What process has been established around the reporting of possible criminal conduct that might be reported to SIA through the complaints process?</p> | Written |
| SQ21-000810 | Department of Health | Rachel Siewert | Coordination of allied health providers | Can you explain how this coordination will work across allied health providers? | Written |
| SQ21-000811 | Department of Health | Nita Green | Australian Cancer Plan | <p>1. What are the timeframes for developing the Australian Cancer Plan?</p> <p>2. Does the Department have some policy responsibility for developing the Australian Cancer Plan alongside Cancer Australia? If so, which part of the Department is leading</p> | Written |

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| | | | | <p>and/or coordinating this work?</p> <p>3. Is there an expectation that the Australian Cancer Plan will help to coordinate the various state and territory jurisdictional cancer control policies and cancer plans? If so, how is policy coordination being managed with the states and territories?</p> <p>4. What are the proposed governance arrangement for the Australian Cancer Plan, both in terms of its development and implementation?</p> <p>5. Is the Government/Cancer Australia tendering to any external organisations to help develop the Australian Cancer Plan? If so, what are the details of this tendering arrangement, including:</p> <ol style="list-style-type: none"> Was it a closed or limited tender? What organisation has been selected? How much budget has been allocated for this work? Over what time period? Will there be additional funding required? <p>6. How much funding has been allocated to development of the Australian Cancer Plan being led by Cancer Australia and what are the timelines for development of the plan?</p> | |
| SQ21-000812 | Department of Health | Rachel Siewert | Referral pathways for other chronic conditions | Has the Government planned referral pathways that include physiotherapy treatment for patients who experience physical pain (such a back pain, pain from injury, chronic conditions, etc)? | Written |
| SQ21-000813 | Australian Sports Foundation Ltd | Don Farrell | Survey of grassroots sporting clubs | <p>At Additional Estimates in March 2021, Mr Walker told the committee that the ASF was just about to go back to clubs surveyed in 2020 on the financial impact of the COVID-19 Pandemic.</p> <p>If possible, please provide an update on that second phase of the survey, including any general findings that the ASF has made at this point in time.</p> | Written |
| SQ21-000814 | Department of Health | Rachel Siewert | Design of Head to Health Adult Mental Health Centres | How will the links between physical and mental health be taken into consideration when designing the Head to Health adult mental health centres? | Written |
| SQ21-000815 | Department of Health | Nita Green | Intake and Referral Tool | <p>1) How will the government ensure a consistent and integrated approach to the use of the IAR across Commonwealth and state/territory services given the fragmentation between State/Federal systems?</p> <p>2) How will this funding be directed towards expanding and implementing the IAR tool? Will it be provided directly to GPs and general practices?</p> <p>3) Is the tool expected to be some sort of replacement for frontline healthcare</p> | Written |

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| | | | | services? If so, what evidence does the Department have that it works and that patients prefer this? | |
| SQ21-000816 | Department of Health | Rachel Siewert | Providing workforce to Head to Health Programs | How will the Government provide the trained and skilled workforce for the Head to Health programs to address holistic approach to physical and mental health? | Written |
| SQ21-000817 | Department of Health | Nita Green | First Nations mental health | <ol style="list-style-type: none"> 1. Of the \$79 million allocated to First Nations mental health, it has been primarily granted to implement key initiatives under the renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. What proportion of this is dedicated to youth suicide measures? 2. There is no conclusive evidence from quantitative research on whether crisis lines effectively reduce distress over the long-term or ultimately prevent suicide, let alone in the First Nations population. In the Budget just under \$20 million of the funding package has been allocated to establish a culturally appropriate crisis line. 3. What evidence has the Department been provided that this will be efficacious in preventing suicide in First Nations People? 4. Can you provide further detail on establishing these regional suicide prevention networks and a lead commissioning officer in each jurisdiction? What will these look like and how will these networks be integrated with existing PHNs and ACCHOs? 5. Concerning non First Nations specific mental health funding, specifically the establishment of these new children and adult mental health centers, how will culturally appropriate care be delivered? And where will these centers be established? 6. In the Budget we saw an increase in funding for Headspace. What is this government doing to support treatment services for First Nations youth, beyond Headspace? 7. When will the Department's evaluation of Headspace be made available? 8. When will the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy renewal be finalised? | Written |
| SQ21-000818 | Department of Health | Rachel Siewert | Design of the national aftercare service | How will you ensure that design of the national aftercare service will be adaptable to suit local and regional realities and evolve based on evidence? | Written |
| SQ21-000819 | Department of Health | Rachel Siewert | Shortfall of psychosocial supports outside the NDIS | What is the Government doing to address the shortfall in provision of psychosocial supports outside the NDIS? | Written |
| SQ21-000820 | Department of Health | Rachel Siewert | Implementation of PC Inquiry's recommendations | What is the government doing to implement and fund the PC Inquiry's recommendation that the Government establish peak bodies that are able to represent the separate views of mental health consumers, and of carers and families, at the national level? | Written |

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| SQ21-000821 | Department of Health | Rachel Siewert | Funding for Mental Health Programs in Western Australia | Please provide a detailed breakdown of federal funding for mental health programs delivered in Western Australia, including funding provided to the state government as a contribution to the state's delivery of public mental health services. | Written |
| SQ21-000822 | Department of Health | Rachel Siewert | Promote a no wrong door approach to Mental Health | Can the Government explain how it intends to promote a no wrong door approach to mental health (In 2021-2022 Budget Department of Health Stakeholder p5) while confirming GPs as a key entry point into the mental health system? | Written |
| SQ21-000823 | Department of Health | Nita Green | Lung cancer nurses | <ol style="list-style-type: none"> 1. Can you please provide a breakdown on the \$6.9million worth of funding identified in the 2021/22 budget for five lung cancer care nurses to provide support to patients and their families and for "lung cancer related research activities"? 2. How did the Government determine the requirement for 5 lung cancer nurses and how will they be distributed into the community? 3. Why is this funding for twelve months only? 4. Are you able to provide detail on all the current Commonwealth commitments for specialised cancer care nurses? 5. What is the current numbers of specialised cancer care nurses in all fields, as well as the survival rates of patients and the number of annual deaths due to various cancers, particularly prostate, breast and lung cancer? 6. Were there any proposals made by the Lung Foundation Australia this year, for next year's budget? What was the Government's response to them? 7. Is this rationale provided for all decisions taken by this Government regarding any funding the Commonwealth allocates for specialised cancer care nurses? 8. Have there been any examples where the Minister has made an independent decision from the Department to provide funding for any specialist cancer care nurses? | Written |
| SQ21-000824 | Department of Health | Nita Green | Lung cancer screening funding | <ol style="list-style-type: none"> 1. Are you able to specify what "lung cancer related research activities" are as announced in the Government's budget for 2021-22, and how they are being funded? 2. Are you able to provide a breakdown on how this funding in the budget for a scoping study will be spent, as well as providing a timeline on the milestones you expect to have met leading to a potential National Screening Program, or at the very least - pilot screening programs? 3. The Minister commissioned an Inquiry from Cancer Australia back in August 2019, into the prospects, process and delivery of a national lung cancer screening program. Is that correct? 4. When was this report finalised and what were its findings? 5. Has the Minister provided a response to this report? If yes - what was this advice? 6. Then why is the Government delaying this important reform? When the advice by Cancer Australia to the Government has been clear on the benefits, and has identified a framework, towards establishing a National Screening Program? | Written |

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| SQ21-000825 | Department of Health | Rachel Siewert | Funding and allocation to support GPs | What outcomes will the \$15.9 million to support GPs and other practitioners to provide mental health care deliver? Can you provide details of how this allocation will be allocated across GP practices and clinics? | Written |
| SQ21-000826 | Department of Health | Rachel Siewert | Attracting skilled workers to mental health services | Can the Government provide details on how exactly it intends to attract, train and particularly retain skilled workers in the mental health workforce, especially registered allied health professionals? | Written |
| SQ21-000827 | Department of Health | Rachel Siewert | Strategy to increase allied health practitioners | What is the Government's strategy to increase the number of nurses, psychologists, and allied health practitioners, and psychiatrists? Incentivise training and career choices? Overseas workforce? Awareness campaign? | Written |
| SQ21-000828 | Department of Health | Rachel Siewert | Budget measures to increase the number of allied health scholarships and placements | In regards to the Budget measure of \$27.8 million to increase the number of nurses, psychologists and allied health practitioners working in mental health settings through up to 280 scholarships and 350 clinical placements: a. Has the Government set up a minimum number of scholarships and clinical placements? b. Can the Government provide details on the intended distribution of health professionals - that is, the share of nurses, psychologists, allied health amongst the up to 280 scholarship and 350 clinical placements? c. Who was consulted on the capacity of the physiotherapy sector to welcome clinical placements? | Written |
| SQ21-000829 | Department of Health | Rachel Siewert | Patient rebates for Mental Health services | The Federal Budget include the provision of additional training in psychological therapies (under the General Practice Mental Health Standards Collaboration). While training is welcomed, given mental health is the most common presentation to general practice, and there are well documented increases in mental health issues due to the pandemic, why is there no increase in funding to patient rebates for mental health services in general practice? | Written |
| SQ21-000830 | Department of Health | Rachel Siewert | Support for training and professional development for allied health professionals | Can the Government explain which support for training and professional development will be provided for registered allied health professionals that see patients struggling with their mental health? | Written |
| SQ21-000831 | Department of Health | Nita Green | Port Pirie lead levels | 1. Is the Government aware of the National Health and Medical Research Council's official advice that lead readings as low as 5 micrograms/decilitre can be linked to decreased intelligence in children, as well as behavioural difficulties and learning problems? 2. How does this advice interact with the Department's work when it liaises with State counterparts on environmental legislation or specific funding proposals? 3. Late last year it was reported that lead level readings from the Pt Pirie Smelter showed above 5micrograms/decilitre levels in 2-year olds? Is the Department aware of | Written |

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| | | | | <p>this? Has there been any action taken by the Commonwealth Government to investigate this matter?</p> <p>4. What interaction does the Commonwealth Government have with the Targeted Lead Abatement Program (TLAP) being implemented by the Pt Pirie Community through funding by the State Government and Nyrstar?</p> <p>5. The TLAP is scheduled to expire in 2024. Would the Commonwealth Government consider making any financial commitment to an updated scheme post 2024?</p> <p>6. Are there any other strategies the Government feels it can progress to ensure the safety of our children in Pt Pirie?</p> | |
| SQ21-000833 | Department of Health | Nita Green | Prosthesis list | <p>1) In the 2017 agreement between the Minister for Health and the medical technology industry, an Industry Working Group was set up to investigate the impact of Prostheses List benefit reductions on the ability of medical technology providers to continue to provide life of device services to cardiac patients. Why has the final report of that Group not been published when it was provided to the Department over a year ago?</p> <p>2) Is it true that MTAA provided the government with an independent cost accounting that demonstrated the cost of providing these services was up to \$100 million annually? And the report identified a risk to continuity of these services if they were not taken into account in future price setting for private cardiac device procedures?</p> <p>3) In the framework for further Prostheses List reform issued by the Department on May 12, the Department's proposal is to reduce the gap between public and private prices by 80 percent between 2022 and 2024, and to eliminate it entirely by 2025. There is no mention of covering cardiac technical services despite the fact it was identified as an issue for the future care for private patients. How does the Department reconcile its position with the position stated by the Secretary of the Treasury, Dr Kennedy, who in a speech on May 13 stated that the government, in designing markets for social care, said that efficient prices need to "reflect all costs" associated with those services, to prevent the consequences of market failure, including "substandard care for vulnerable people"?</p> <p>4) Is the department aware of industry concerns that its planned reforms may fail to ensure appropriate provision is made to sustain needed services on complex devices that keep people's hearts functioning? What is your response to these concerns?</p> | Written |
| SQ21-000835 | Department of Health | Nita Green | Mental health rebates | <p>1) Is it correct that mental health is the most common presentation to general practice?</p> <p>2) Have there been increases in mental health issues due to the pandemic?</p> <p>3) Why is there no increase in funding to patient rebates for mental health services in general practice contained in the budget?</p> | Written |
| SQ21-000836 | Department of Health | Rachel Siewert | First contact physiotherapists requested by APA | <p>Has the government considered the option of First Contact Physiotherapists as requested by the APA in its pre-budget submission?</p> | Written |

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| SQ21-000837 | Department of Health | Rachel Siewert | Changes to the bonded medical program | <p>What actions is the Department taking to resolve the concerns of 15,000 doctors who have been caught up in changes to the bonded medical program?</p> <p>Is it fair that doctors who have completed their return of service requirements are now being issued medicare billing bans?</p> <p>Do you think this will stop future medical students from enrolling in the bonded medical program?</p> <p>Will there be an investigation into the Department's handling of the bonded medical program?</p> | Written |
| SQ21-000838 | Department of Health | Nita Green | Telehealth | <p>1) Which Medicare Benefits Schedule (MBS) items for telephone consultations (audio-only) will be removed from the MBS after 30 June and which will be retained?</p> <p>2) What is the Government's rationale for removing telephone items when there is no evidence that video is of a higher standard than telephone, and MBS data indicates there is far greater uptake of telephone items than video items?</p> <p>3) Are there any changes to video items being planned?</p> <p>4) The Budget papers noted that certain telehealth services will be exempt from the existing relationship requirement for telehealth, including smoking cessation consultations, section 100 Pharmaceutical Benefits Scheme (PBS) prescriptions, sexual and reproductive health consultations, pregnancy counselling and drug and alcohol counselling. When does this exemption come into effect?</p> <p>5) Will separate MBS item numbers be created for these services?</p> <p>6) If these services are provided as part of regular GP consultations, is the patient still exempt from the existing relationship requirement?</p> <p>7) The government has extended telehealth listing, but not yet committed to permanent telehealth listing. Why hasn't a permanent listing decision been made? What's the hold up?</p> | Written |
| SQ21-000840 | Department of Health | Nita Green | Data and ICT | <p>1) What safeguards will be put in place to protect the handling and use of personal information as part of data-matching activities?</p> <p>2) How will practitioners be informed of the new data-matching arrangements?</p> | Written |
| SQ21-000841 | Department of Health | Nita Green | PBS listings - Trikafta | <p>1) Trikafta was not recommended for reimbursement by the Pharmaceutical Benefits Advisory Committee (PBAC) during its April 2021 meeting. Can you explain why?</p> <p>2) What would need to occur for Trikafta to receive a PBAC recommendation for listing?</p> <p>3) What are the requirements for CF patients to receive Immediate Compassionate Access for Trikafta?</p> | Written |
| SQ21-000842 | Department of Health | Rachel Siewert | Workforce Organisation Networks | <p>In regards to the Workforce Organisation Networks being developed:</p> <p>a. Could the Department please clarify the purpose of the WONs?</p> <p>b. How does the function of the WONs differ from the Colleges' proposed function?</p> <p>c. What input has the Department sought on the WONs from key stakeholders in the medical education and training sector?</p> | Written |

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| | | | | <p>d. What are the Colleges views on the WONs?</p> <p>e. How has the Department changed its WON concept to incorporate feedback from the GP Colleges?</p> <p>f. What resources have been committed to developing the WONs so far (in terms of FTEs, consultants etc)?</p> <p>g. What is the Department's response to the concerns that the WON model represents duplication and unnecessary additional bureaucracy?</p> <p>h. What is the estimated cost of the WONs?</p> <p>i. Will funding for the WONs be taken out of the pool of funding for education and training for Australia's GPs?</p> | |
| SQ21-000843 | Department of Health | Rachel Siewert | National Obesity Strategy | <p>Where is the National Obesity Strategy in the Budget?</p> <p>Is the National Obesity Strategy going to be funded and delivered in 2021-22?</p> <p>Why has the National Obesity Strategy been delayed, or not released?</p> <p>Has the government consulted with the peak allied health providers to understand the social, biological and environmental drivers of obesity?</p> | Written |
| SQ21-000844 | Department of Health | Rachel Siewert | National Preventive Health Strategy | <p>When will the final National Preventive Health Strategy be finalised and publicly available?</p> <p>The draft strategy included an aim to allocate 5% of health funding to prevention by 2030. Are there plans to meet the commitment in the draft National Preventive Health Strategy to spend 5% of the health budget on prevention?</p> | Written |
| SQ21-000845 | Department of Health | Nita Green | Keytruda for bowel cancer | <p>1) The Bowel cancer drug has received a PBAC recommendation for listing, is that correct?</p> <p>2) Can you provide any indication as to when a PBS listing for KEYTRUDA will be decided on?</p> <p>3) What is the average time for a drug to be listed on the PBS once it has been approved by PBAC?</p> <p>4) How does this compare to:</p> <p>a. UK,</p> <p>b. USA,</p> <p>c. Canada,</p> <p>d. NZ?</p> <p>5) Why does it take so long?</p> <p>6) Are there any systemic barriers to speedier listings, and if so, what are they?</p> <p>7) Is the government actively trying to address these barriers? If so, how?</p> | Written |
| SQ21-000846 | Department of Health | Rachel Siewert | National Preventive Health Strategy - Impact of climate change on health | <p>While the draft strategy in principle recognises the impact of climate change, the overall framework and actions it discusses do not engage with climate change in a meaningful way. Are you revising the framework and actions regarding the impact of climate change on health?</p> | Written |

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| SQ21-000847 | Department of Health | Nita Green | Bowel cancer drug - Avastin de-listing | <p>1) Can you explain why the bowel cancer drug Avastin is being taken off the PBS at the start of bowel cancer awareness month (June)?</p> <p>2) We have received numerous representations from cancer patients claiming Avastin this de-listing will have a severe impact on their treatment options. Are they wrong?</p> <p>3) What should MPs tell their constituents when they meet with cancer patients distraught at their treatments being de-listed?</p> | Written |
| SQ21-000848 | Department of Health | Rachel Siewert | Addressing the social determinants of health | What is the department doing to address the social determinants of health in the development of health policies and programs? | Written |
| SQ21-000849 | Department of Health | Rachel Siewert | National Tobacco Strategy | Can you provide an update on where the Government is up to with the National Tobacco Strategy? Is there a timeline for implementing the new strategy? What guarantees can you make that the new strategy will include both whole of population measures and measures tailored to vulnerable groups? | Written |
| SQ21-000850 | Department of Health | Nita Green | Grants programs or funds administered by the Department | <p>1. For all grants programs or funds administered by the department, please provide:</p> <ol style="list-style-type: none"> Name of the program or fund Total budgeted funding Total funding paid out to grant recipients Final decision-maker <p>2. Were there any new grants programs or funds to be administered by the department introduced in the 2021-22 Budget?</p> <ol style="list-style-type: none"> If so, please provide: <ol style="list-style-type: none"> Name of the program or fund Total budgeted funding Final decision-maker (or intended final decision-maker) <p>3. Were there any grants programs or funds to be administered by the department provided with additional funding in the 2021-22 Budget?</p> <ol style="list-style-type: none"> If so, please provide: <ol style="list-style-type: none"> Name of the program or fund Funding profile for the additional funding over the forward estimates | Written |
| SQ21-000851 | Department of Health | Rachel Siewert | National mass media and public education campaign to reduce smoking | Are you considering developing a national mass media public education campaign to reducing smoking? Why or why not? | Written |
| SQ21-000852 | Department of Health | Nita Green | Danila Dilba Health Service | 1) Please provide details of the discussions and correspondence between the Department of Health and Danila Dilba Health Service in Darwin regarding the issues that have led to Danila Dilba no longer accepting new clients and ceasing the provision of services for people living outside of the Greater Darwin Region. | Written |

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| | | | | <p>2) How does the current Commonwealth funding model take into account the fact that approximately 15 per cent of Danila Dilba clients do not live in Greater Darwin Region?</p> <p>3) What action will the Commonwealth take to ensure that Aboriginal people in the Greater Darwin region have access to culturally appropriate primary health care?</p> <p>4) Why has the Department declined Danila Dilba's request to review its primary health care base funding and the extent to which the Funding Model reflect the costs, demography and health needs of the Danila Dilba client group.</p> | |
| SQ21-000853 | Department of Health | Rachel Siewert | Revenue spent on public education campaigns on reducing smoking | Over the past three years, what percentage of tobacco revenue was spent on public education campaigns on reducing smoking? | Written |
| SQ21-000854 | Department of Health | Rachel Siewert | Review of the Food Standards Australia New Zealand Act 1991 | <p>In regards to the Department's current review of the Food Standards Australia New Zealand Act 1991:</p> <p>a. Could the Department please explain whether public health, and specifically long-term public health including diet-related preventable disease, is being specifically considered as part of this review? If not, can the Department please explain why not, given that the object of the Act is '...to ensure a high standard of public health protection..?'</p> <p>b. Can the Department please advise why it has prepared proposed options for changing the food regulatory system before the overall aspirations for that system have been finalised? Can the Department advise whether the proposed reforms will be reviewed and revised to assess whether they can meet the aspirations once they are finalised?</p> | Written |
| SQ21-000855 | Department of Health | Nita Green | Magnetic Resonance Imaging | <p>Referring to Budget Paper 2, page 111. It is stated that:</p> <p>"The Government will also achieve efficiencies of \$107.0 million over four years from 2021-22 by bringing Magnetic Resonance Imaging (MRI) funding in line with other diagnostic imaging. The Government is also ensuring MRI services are clinically appropriate by restricting co-claiming."</p> <p>1. Can you provide details of how savings of \$107 million will be achieved, including:</p> <p>a. Details of changes to MRI funding,</p> <p>b. Details of changes in access arrangements to MRI imaging services, and</p> <p>c. Any other relevant details.</p> <p>2. How many MRI machines currently operating in Australia are full medicare eligible, partially medicare eligible, and not medicare eligible.</p> <p>3. Where are these MRI machines located; in what federal division?</p> <p>4. Will additional MRI full or partial medicare licences be awarded in the 2021-22</p> | Written |

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| | | | | <p>financial year?</p> <p>5. How will these licences be determined; number, location, full vs partial.</p> <p>6. Has the Budget accounted for additional MRI licences?</p> <p>a. Are additional MRI licences included in 'decisions taken but not yet announced' item in the budget?</p> | |
| SQ21-000856 | Department of Health | Nita Green | Mental Health - Headspace centres | <p>In the 2019 Budget (March 2019) the government committed \$111 million for 30 new headspace centres around Australia.</p> <p>1. How many of these 30 new headspace centres have commenced operations?</p> <p>2. What is the estimated date of commencement for each of those additional locations which have not yet commenced operations?</p> <p>3. In that Budget the government also committed \$152 million to reduce waiting times and improve the quality of services at headspace sites</p> <p>4. What data do you have regarding waiting times for head space services from the time of this announcement and current waiting times. Has there been any improvement?</p> | Written |
| SQ21-000857 | Department of Health | Nita Green | Residential eating disorders treatment centres | <p>In April 2019 the government committed to establishing six residential eating disorders centres.</p> <p>1. Have these centres commenced operations? If so, in which location and on what dates?</p> <p>2. If not, have locations for these centres been determined and when are they expected to commence operations?</p> | Written |
| SQ21-000858 | Department of Health | Nita Green | Head to Health Centres | <p>In the 2021 Budget the Government committed to the creation of up to 15 new Head to Health Kids mental health and wellbeing centres for children aged 0-12 years.</p> <p>1. Where will these centres be located?</p> <p>2. When are these new centres expected to commence operations?</p> | Written |
| SQ21-000859 | Department of Health | Nita Green | Home care waitlist | <p>1. How many people are currently on the Home Care Waitlist (those with and without interim packages included and separated)?</p> <p>1. How many people currently on the waitlist are waiting for a level 1 package?</p> <p>2. How many people currently on the waitlist are waiting for a level 2 package?</p> <p>3. How many people currently on the waitlist are waiting for a level 3 package?</p> <p>4. How many people currently on the waitlist are waiting for a level 4 package?</p> <p>5. How many people waiting for a level 3 package have an interim package?</p> <p>6. How many people waiting for a level 4 package have an interim package?</p> | Written |
| SQ21-000860 | Department of Health | Nita Green | Home care waitlist breakdown | <p>1. Can you provide a quarter by quarter breakdown of the number of people on the Home Care Waitlist (or equivalent) from 2012 to 2021 (or for as much of that time</p> | Written |

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| | | | | <p>period as available)?</p> <p>2. Can you provide this with the highest level of geographic breakdown available?</p> <p>3. Can you provide the aged care waitlist broken into states and territories?</p> <p>4. Can you provide the waitlist with a breakdown of the care levels being waited for?</p> <p>5. Can you provide a quarter by quarter breakdown of all new applicants (or 'new entries') to Home Care from 2012 to 2021 (or for as much of that time period as available)?</p> <p>6. Can you provide a quarter by quarter breakdown of all exits from the Home Care System, including the reason for exit, from 2012 to 2021 (or for as much of that time period as available)?</p> | |
| SQ21-000861 | Department of Health | Rachel Siewert | Neurofolin - Dietary Supplement | On what basis did the TGA determine that Neurofolin did not meet the definition of a food for special medical purposes? | Written |
| SQ21-000862 | Department of Health | Rachel Siewert | Nicotine vaping products | How did the TGA develop the recommended standard around prescription nicotine vaping products that have not been assessed by the TGA? What evidence did they take into account? Why do we differ from EU countries that have adopted a cap of 20mg/ml in nicotine products? | Written |
| SQ21-000863 | Department of Health | Nita Green | Home Care Package | <p>1. In the 2021-22 Budget, the Government announced 80,000 new Home Care Packages to be rolled out over two years to July 2023.</p> <p>a. How many level 1, 2, 3 and 4 packages are included in the 80,000 packages announced? How many of each level will be rolled out in 2021/22 and 2022/23?</p> <p>b. Has the department undertaken modelling to determine future demand of home packages in June 2023? If so, what will the demand be? Will the 80,000 additional packages be enough to meet that demand? If not, how long do you expect the waiting list to be by June 2023? And how many people will be waiting more than 30 days? Will the concept of interim packages be still part of the home care package arrangements in 2023 and beyond?</p> | Written |
| SQ21-000864 | Department of Health | Nita Green | Home Care Package workforce | <p>1. The number of approvals for Home Care packages has stayed fairly stable over the past few years, between 110k to 117k for the past 3 calendar years. What is the capacity of the assessment workforce? Is there a hard limit to the number of approvals/assessments that can take place?</p> <p>a. Is there a waitlist for assessment?</p> <p>b. What is the average wait time between lodging an application for a Home Care Package and receiving an assessment? Has this wait time been going up or down?</p> <p>c. How many people are on that waitlist?</p> | Written |
| SQ21-000865 | Department of Health | Nita Green | Staffing and Training - current staff shortages constraining supply | <p>1. Can you provide us with data on the current workforce shortages in the aged care sector?</p> <p>a. Can you provide us this data broken down by state and territories?</p> <p>b. Can you provide us with this data broken down to the most detailed geographic</p> | Written |

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| | | | | <p>breakdown you have?</p> <p>c. Can you provide us this data on the current workforce shortages by aged care program? ie. Home Care, Commonwealth Home Support Program and Residential Aged Care.</p> <p>d. Can you provide this data broken down by profession/job classification?</p> <p>e. Are you able to provide any/all of the above information between the years 2012 - 2021?</p> | |
| SQ21-000866 | Department of Health | Rachel Siewert | New prescribing laws | Are you considering implementing a trial of the standard, or reviewing the advice in two years, to evaluate the number of smokers who have totally quit thanks to the new prescribing laws? | Written |
| SQ21-000867 | Department of Health | Nita Green | Where staff shortages may be constraining the supply of services in aged care | <p>1. Do you have data on where staff shortages may be constraining the supply of services in aged care? If so, please provide us with that data.</p> <p>a. Please provide us with this information in the greatest level of geographic breakdown possible?</p> | Written |
| SQ21-000868 | Department of Health | Rachel Siewert | Ophthalmology Implementation Liaison Group (OILG) | Has the Ophthalmology Implementation Liaison Group (OILG) been instituted, does it have terms of reference and what is its proposed membership? | Written |
| SQ21-000869 | Department of Health | Rachel Siewert | Out of pocket costs - bulk billing | <p>Regarding patient out of pocket costs for MBS Item 42738 during 2019-20, which averaged \$133.19 for services performed out-of-hospital, please provide the following additional information to the extent that it is available:</p> <p>a. How many and what percentage of these services incurred no patient out-of-pocket cost (i.e. were bulk billed)?</p> <p>b. What was the single highest reported out-of-pocket cost incurred for this service during 2019-20?</p> <p>c. Provide a breakdown of the patient out-of-pocket costs incurred, by decile.</p> <p>d. Provide a breakdown of the average patient out-of-pocket costs utilising the relevant health indexes for relative socio-economic disadvantage, and for accessibility and remoteness, and by Primary Health Network.</p> | Written |
| SQ21-000870 | Department of Health | Rachel Siewert | Intravitreal injections | <p>What is the most up-to-date estimate of the shortfall between the known clinically necessary demand for intravitreal injections and numbers of injections administered?</p> <p>What, if any, estimate does the Department have of the number and percentage of patients unable to access intravitreal injections in their clinically determined timeframes?</p> <p>What is the average wait-time for patients to access intravitreal injections in the public</p> | Written |

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| | | | | <p>hospital system?</p> <p>Will the Ophthalmology Implementation Liaison Group (OILG) identify the geographic and socio-economic distribution of the shortfall in administered intravitreal injections? What, if any, information does the Department currently have on the distribution of this shortfall?</p> <p>What are the main determinants of the likely level of future demand for intravitreal injections over the next decade?</p> <p>What are the best available estimates of the likely future demand for intravitreal injections in Australia over the next decade?</p> | |
| SQ21-000871 | Department of Health | Rachel Siewert | MBS Review Mechanism - 2021-22 Budget Papers | <p>In regards to the MBS Review mechanism mentioned in the 2021-22 Budget papers:</p> <p>a. Can the Department explain what is meant by a 'continuous MBS Review mechanism'?</p> <p>b. Who be the key personnel or bodies that will be part of this review mechanism?</p> <p>c. Will MSAC be part of this mechanism? If so, how will this differ from their current role?</p> <p>d. Will external stakeholders have a role to play in regards to the 'continuous MBS review mechanism'? If so, how?</p> | Written |
| SQ21-000872 | Department of Health | Rachel Siewert | Proposed smoking cessation - MBS Items | Will the proposed smoking cessation MBS items be temporary or permanent? | Written |
| SQ21-000873 | Department of Health | Rachel Siewert | Smoking cessation - MBS item cost | How much money will the smoking cessation MBS items cost? | Written |
| SQ21-000874 | Department of Health | Rachel Siewert | Nicotine e-cigarette prescription policy | <p>In relation to nicotine e-cigarette prescription policy, how much money has the Department spent on:</p> <p>a. Undertaking consultations</p> <p>b. Developing standards for e-cigarettes</p> <p>c. Set aside for the new MBS smoking cessation items</p> <p>d. Funding for training and education modules</p> | Written |
| SQ21-000875 | Department of Health | Rachel Siewert | Consideration for two MBS items for nicotine cessation | Have you considered providing two MBS items for nicotine cessation: one for consultations for prescribing novel nicotine products and one for approved nicotine cessation services? Why or why not? | Written |
| SQ21-000876 | Department of Health | Nita Green | Residential aged care occupancy rates | <p>1. Do you have data on residential aged care occupancy rates? If yes, please provide us with this data.</p> <p>a. Can you provide us this information with a breakdown between states and</p> | Written |

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| | | | | territories? b. Can you provide us this information broken down by the highest level of geographic detail available? | |
| SQ21-000877 | Department of Health | Rachel Siewert | Champix being approved as a nicotine cessation product | Champix has been approved as a nicotine cessation product. How is Champix prescribed and monitored in practice and why? Would the process undertaken to approve Champix also apply to novel nicotine products which are not approved by the TGA? | Written |
| SQ21-000878 | Department of Health | Rachel Siewert | Medicare rebates for surrogacy | Why don't medicare rebates cover IVF cycles and embryo transfers for people undergoing surrogacy? Are there any guidelines outlining what treatments intended parents need to go through before they can be approved for surrogacy? Why or why not? | Written |
| SQ21-000879 | Department of Health | Nita Green | Workforce shortage modelling | Have you done modelling to identify geographic areas that may experience workforce shortages over the coming two decades? Can you provide that modelling to us? | Written |
| SQ21-000880 | Department of Health | Rachel Siewert | Telehealth Services - MBS items | The Budget papers noted that certain telehealth services will be exempt from the existing relationship requirement for telehealth. When does this exemption come into effect? Will separate MBS item numbers be created for these services? If these services are provided as part of regular GP consultations, is the patient still exempt from the existing relationship requirement? | Written |
| SQ21-000881 | Department of Health | Rachel Siewert | Universal Newborn Hearing Screening Programs | How many children were screened under the Universal Newborn Hearing Screening Programs? (number and % of live births) Of those screened how many were identified with a hearing loss (% and number)? Of those children identified, how many had a diagnostic hearing test? And what was the time lapse between the screening and hearing diagnostic test? How are those who do not attend followed up? Of those for whom the diagnostic test identified a hearing loss, how many have seen Hearing Australia? What was the time between diagnosis and first appointment? What % of people provided with an appointment with Hearing Australia attended? How were the others followed up? | Written |
| SQ21-000882 | Department of Health | Nita Green | Aged care workforce growth | 1. The Government has committed \$91.8 million over four years to grow the personal care workforce by 18,000. How did you choose this number of workers? What modelling did you do? a. Who made the decision that it should be 18,000 workers? b. Will 18,000 workers be enough to meet demand over the next 4 years? Please provide the modelling which shows whether or not this will meet workforce demand. c. The Aged Care Royal Commission predicted that front line direct care staff will need to grow from 319,218 in 2020 to 411,097 by 2030 if a 3 star minimum of staffing was implemented in residential care, which you are doing. That's an additional 91,879 staff. If you're recruiting 18,000 over the next 4 years that leaves you over 70,000 short. | Written |

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| | | | | What does your modelling say that the Royal Commission's doesn't? Is the Royal Commission wrong? If so, why? | |
| SQ21-000883 | Independent Hospital Pricing Authority | Nita Green | Aged care workforce wages | Can you explain to us the expanded Independent Hospital Pricing Authority's roll in setting and increasing the wages of aged care workers? | Written |
| SQ21-000884 | Independent Hospital Pricing Authority | Nita Green | Aged Care Royal Commission Recommendation 85 | <p>1. In the Government response to Aged Care Royal Commission Recommendation 85: Improved remuneration for aged care workers, you state that the Pricing Authority will need to "consider the delivery of high quality care as a central pillar of its work" setting aged care pricing. Exactly what will it need to consider?</p> <p>2. Why does the Royal Commission Recommendation 85 specifically mention workers' remuneration levels and the Government response to this recommendation does not?</p> | Written |
| SQ21-000885 | Independent Hospital Pricing Authority | Nita Green | Fair Work Commission - raising wages for aged care workers | <p>1. Given the Fair Work Commission is directly responsible for raising the wages of aged care workers through the relevant awards, what exactly will the expanded Hospital Pricing Authority do to increase remuneration on aged care workers?</p> <p>a. Even if the Pricing Authority was to consider competitive wages for workers in setting its prices, can you confirm that there's nothing that requires an aged care provider to pass on that increase in service price to workers' wages and remuneration?</p> <p>b. Do you concede that the only way to guarantee an increase in workers' remuneration is through the Fair Work Commission lifting the award rates</p> | Written |
| SQ21-000887 | Department of Health | Nita Green | Respite care | <p>1. As part of its response to the Aged Care Royal Commission, the Government has announced \$441.4 million for respite care. Can you please provide us with a breakdown of how that funding will be spent?</p> <p>2. Your response to the Royal Commission says that you 'accept' Recommendation 32: Respite supports category. This recommends that the Government should provide up to 63 days of high quality respite care per year. How many days of respite care per year will your announcement provide for those seeking it?</p> <p>3. How will respite funding be managed to ensure residential aged care providers are incentivised to provide respite places, including for the capital component of residential place?</p> | Written |
| SQ21-000888 | Department of Health | Rachel Siewert | Update of Prostheses List | <p>Can you explain which model the government is pursuing to update the Prostheses List?</p> <p>Are you undertaking further consultation on the proposed model?</p> <p>How will you ensure patients won't experience increased out of pocket expenses as a result of changes to the Prostheses List?</p> | Written |
| SQ21-000889 | Department of Health | Rachel Siewert | Opioid dependence treatment | Under the opioid dependence treatment program, can you please outline how NSW dosing fees compared to other jurisdictions given the subsidy provided? | Written |

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| SQ21-000890 | Department of Health | Rachel Siewert | Methodone Program | What percentage of the Alcohol and Other Drugs budget goes to the methadone program? | Written |
| SQ21-000891 | Aged Care Quality and Safety Commission | Nita Green | Serious Incident Response Scheme | 1. How many reportable incidents have been reported since the Serious Incident Response Scheme was launched in April 2021? a. How many of these incidents were Priority 1 and how many were priority 2? | Written |
| SQ21-000892 | Aged Care Quality and Safety Commission | Nita Green | Serious Incidents Response intake | On average, how many intake calls does each SIRS officer receive in a day? | Written |
| SQ21-000893 | Aged Care Quality and Safety Commission | Nita Green | Serious Incidents Response criteria | What are the criteria set for each assessment of a serious report to determine if it needs to be urgently investigated vs. reviewed in the next audit of the facility? | Written |
| SQ21-000894 | Aged Care Quality and Safety Commission | Nita Green | Serious Incidents Response incidents | 1. As part of the SIRS, how many incidents have been assessed as requiring urgent investigation since April 2021 and how many have been investigated? a. How long, on average, does it take for one urgent incident to be resolved/finalised? b. How long, on average, does it take for one non-urgent incident to be resolved/finalised? | Written |
| SQ21-000895 | Aged Care Quality and Safety Commission | Nita Green | Serious Incidents Response Scheme front-line staff | 1. How many more front-line staff are you planning to recruit to assist with the SIRS workload? a. Will these staff be APS employees or labour hire? | Written |
| SQ21-000896 | Aged Care Quality and Safety Commission | Nita Green | Residential aged care facilities incident data | 1. Do you have category data relating to the occurrence of sexual assaults in residential aged care facilities since the year 2008? This data may have been collected as part of the Compulsory Reporting Program and/or the Serious Incident Response Scheme. If yes, please provide this data. Please also provide the following breakdowns where available: a. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia each year since 2008. b. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia according to each jurisdiction (State and Territory) of Australia each year since 2008. c. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia separated by whether the assault took place in the following approved aged care provider types, (1) not-for-profit; (2) public sector; or (3) private sector, for each year since 2008. | Written |

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| | | | | <p>d. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia separated by whether the perpetrator of the assault was (1) a staff member or employee of the victim's aged care facility; (2) a resident of the victim's aged care facility; or, (3) a visitor to the victim's aged care facility, each year since 2008.</p> <p>e. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia separated by whether the victim (1) had a cognitive impairment and/or dementia; or, (2) did not have a cognitive impairment and/or dementia, each year since 2008.</p> <p>f. The number of sexual assaults that have occurred in all residential aged care facilities regulated by the Commonwealth of Australia separated by which of the following age groups that victim falls into: (1) 64 years of age or younger; (2) 65 years to 84 years of age; or, (3) 85 years of age and older, each year since 2008.</p> | |
| SQ21-000897 | Department of Health | Nita Green | Queensland Distribution Priority Areas | <p>1. How many places in Queensland are considered to be Distribution Priority Areas? Please provide a table.</p> <p>2. I note that the new DPAs are due to be determined on 1 July.</p> <p>a. Has this consultation been concluded?</p> <p>b. Who was consulted?</p> <p>c. When were these organisations/individuals consulted? Please provide dates and written correspondence.</p> <p>d. Will migration patterns be accounted for?</p> | Written |
| SQ21-000898 | Department of Health | Nita Green | Dosage numbers | How many doses of both Pfizer and AstraZeneca vaccine has been provided to each state and territory per month since March 2021. | Written |
| SQ21-000899 | Department of Health | Nita Green | GP visits | <p>1. Can you provide the average co-payment for non-referral GP visits by federal electorate for 2019-20 and 2020-21 (excel spreadsheet would be preferred).</p> <p>2. Can you provide the average co-payment for a specialist GP visit by federal electorate for 2019-20 and 2020-21 (excel spreadsheet would be preferred).</p> | Written |
| SQ21-000900 | Department of Health | Rachel Siewert | Home care waitlist, needs and growing demand after June 2023. | <p>How will you continue to keep the waiting list clear after June 2023?</p> <p>Has the department undertaken any planning for home care needs after June 2023 to meet growing demand? What are the estimates of additional demand in the 2023-24 financial year?</p> | Written |
| SQ21-000901 | Department of Health | Rachel Siewert | Allocation of home care packages | The government in its response to the Royal Commission said the 80,000 additional packages (along with previously announced packages) would 'be sufficient to allocate a package to those senior Australians assessed as having high need for a home care package who are currently on the waiting list'. Does this commitment include re-allocating interim packages to people at their approved levels? | Written |

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| | | | | What is the department doing to ensure that when home care packages are allocated, people have access to home care services in their area? | |
| SQ21-000902 | Department of Health | Rachel Siewert | Accountability of home care providers with the additional 80,000 home care packages. | As the home care packages program is massively expanding with the additional 80,000 home care packages, is the department taking any steps to increase accountability of home care providers in how they charge consumers (such as ensuring transparency of administrative fees)? | Written |
| SQ21-000903 | Department of Health | Rachel Siewert | Design of a new home care program | Has the department begun work on designing a new home care program as committed to in response to Recommendation 25 from the Royal Commission? If not, when will it start? How will consumers be involved in design of the new home care arrangements? What about providers? | Written |
| SQ21-000904 | Department of Health | Nita Green | Vaccine Rollout - People sleeping Rough | <p>1. While some people experiencing homelessness can currently being vaccinated due to old age, Aboriginal and Torres Strait Islander identification, chronic medical conditions, severe mental health issues or disability, many rough sleepers do not fall into these priority groups. Please advise what the Government is doing to ensure many of these people sleeping rough are also vaccinated?</p> <p>2. Please advise how many homeless Australians sleeping rough have been vaccinated so far.</p> | Written |
| SQ21-000905 | Department of Health | Rachel Siewert | Consultation process and the new regulations on restrictive practices. | During the consultation process of the new regulations on restrictive practices, how were older people and people with dementia, including those in aged care facilities, being consulted? | Written |
| SQ21-000906 | Department of Health | Rachel Siewert | Physical and chemical restraint principles, practice and reduction. | <p>The review into the current principles was unable to make definitive conclusions about the effectiveness of the Restraints Principles, so how will the Department ensure that this new legislation is effective in minimising the use of physical and chemical restraint?</p> <p>Given that the use of drugs as a chemical restraint could constitute cruel, inhuman, and degrading treatment under international law, is the government considering steps to fully end the practice? If not, why not?</p> <p>What steps has the Department taken to address the limitations on data on the use of chemical restraint in aged care?</p> <p>Has there been a reduction in the use of chemical and physical restraint in aged care since the Minimising the Use of Restraints Principles were introduced? How are you</p> | Written |

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| | | | | measuring that? How many facilities have been penalised for using physical or chemical restraint? | |
| SQ21-000907 | Department of Health | Rachel Siewert | Implementation of minimum care hours in facilities. | <p>Given the chronic understaffing of many facilities in Australia right now, why has the Government decided to push back the implementation of minimum care hours in facilities from July 2022 to October 2023 - over 1 year?</p> <p>Why has the Government chosen to ignore the recommendation from the Royal Commission to increase minimum care hours from 1 July 2024 to at least 215 minutes per resident per day, with at least 44 minutes of that staff time provided by a registered nurse?</p> | Written |
| SQ21-000908 | Department of Health | Rachel Siewert | Implementation of Budget measures and monies paid to services providers. | <p>The Royal Commissioners were critical of the piecemeal and ad-hoc approach of the Federal Government to addressing policy and funding for aged care. Will there be an overarching implementation plan so as to ensure that the various Budget measures are implemented in a coordinated and coherent manner?</p> <p>Which service providers have received this money and how much for each provider?</p> | Written |
| SQ21-000909 | Department of Health | Rachel Siewert | Budget funding for the Quality and Safety Commission. | <p>Can you explain how the additional funding for the Quality and Safety Commission in the Budget will result in additional transparency and accountability for aged care providers?</p> <p>What practical impacts will it have on older people and their loved ones?</p> | Written |
| SQ21-000910 | Department of Health | Rachel Siewert | \$67.5 million funding to reduce reliance on physical and chemical restraints. | <p>The government has announced \$67.5 million for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to further reduce reliance on physical and chemical restraint. What will this funding specifically go towards?</p> | Written |
| SQ21-000911 | Department of Health | Rachel Siewert | Face-to-face interviews underpinning Star Ratings and interviewing recipients. | <p>Many consumer groups and older people themselves believe that a goal of 10% face-to-face interviews underpinning the Star Ratings is not sufficient. What plans does the Government have to increase the number of recipients interviewed, ensure the views from diverse and marginalised people are included and improve the consumer experience reports?</p> | Written |
| SQ21-000912 | Department of Health | Rachel Siewert | The Royal Commission recommended the Government consider making the various Aged Care Action Plans mandatory | <p>The Royal Commission recommended that consideration is given to making the various Aged Care Action Plans mandatory. What commitment will the government give to mandating these plans as part of its commitment to diversity as core business?</p> | Written |

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| SQ21-000913 | Department of Health | Rachel Siewert | The Royal Commission's recommendation for specific funding for allied health. | The Government has not committed to specific funding for allied health despite the Royal Commission's recommendation to do so (recommendation 38). What are the Government's plans to do so? | Written |
| SQ21-000914 | Department of Health | Rachel Siewert | Budget factsheet breakdowns and monies remaining unallocated. | The Budget provides \$365.7 million to improve access to primary care for senior Australians and to better support their transition between the aged care and health care systems. The Budget factsheet breakdowns down a number of these measures that equal a total of \$328 million. What will the remaining \$37.7 million of the \$365.7 million be funding? | Written |
| SQ21-000915 | Australian Sports Commission | Don Farrell | Sport Australia strategic planning and work with other sporting organisations with upcoming events. | What strategic planning is Sport Australia doing to ensure all Australians reap the maximum possible benefits from Australia's run of major sporting events between now and what we hope will be an Olympic Games in Australia in 2032? How is Sport Australia working with NSOs, NSODs and other sporting organisations, including the Australian Olympic Committee, Paralympics Australia and Commonwealth Games Australia to support cooperation and collaboration, where possible, in order to realise the best possible outcomes from these upcoming events? | Written |
| SQ21-000916 | Department of Health | Rachel Siewert | Data of people moving from CHSP, home care and hospital into residential care. | Senator SIEWERT: Thank you for doing that. Can you also look at what data you do collect, then? For example, do you collect data on when people move from home care into resi care, when they move from CHSP straight into resi care and when they move from hospital to resi care? Mr Lye: We're happy to try to provide you with some information around those transitions. I know that we have looked at, in terms of the development of the budget package, the issue about the increase in home-care packages and the impact that might have on residential aged care. We expect that the release of the 80,000 packages will reduce demand on residential aged care, because people will take up home-care packages and they may not go. But I'm not sure that that is the same thing as the proposition you are putting. We are happy to get the information. | Page 34 2/06/2021 |
| SQ21-000917 | Department of Health | Rachel Siewert | The AHA review and qualitative data. | Senator SIEWERT: I will come back to the bill. I want to go to a couple of other things about the consultation process and the principles. What data did you use for the review of the principles that have been operating for the last 12 months? Mr Maldon: It was mainly qualitative—speaking to a bunch of experts in the field. Senator SIEWERT: Did you say quantitative? Mr Maldon: Qualitative. There was also some quantitative data that was examined. We would be happy to provide you with that. That is in the AHA review, which has been published. | Page 75 2/06/2021 |
| SQ21-000918 | Department of Health | Don Farrell | Government Advertising Covid- | What is the expenditure on the Covid-19 Vaccine campaign to date? | Written |

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| | | | 19 vaccine campaign. | | |
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