

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000275**

**Question Subject:** Funding from the Medical Research Future Fund

**Type of Question:** Spoken

**Hansard Page number:** 22

**Senator :** Richard Di Natale

**Question:**

**Senator DI NATALE:** I'll try to be as quick as I can. How much of the \$2 million in funding from the Medical Research Future Fund that was announced for that research has been spent and where has it been spent?

**Ms Edwards:** I will check to see whether we have that information on us.

**Prof. Murphy:** We will have to take that on notice.

**Senator DI NATALE:** In the interests of time, I'll let you take that on notice and come back to me.

**Ms Edwards:** We'll do that.

**Answer:**

On 21 March 2020 the Minister for Health announced that the Australian Government was investing \$2.6 million (GST exclusive) from the Medical Research Future Fund on COVID-19 diagnostics research at the Peter Doherty Institute for Infection and Immunity.

The funding is for four projects:

- The development of a new simpler Australian coronavirus pathology test that uses locally manufactured reagents and a different chemistry to current testing methodologies.
- The development of new coronavirus testing protocols to enable more individuals to be tested simultaneously, while minimising the number of consumables used and maintain turnaround times.

- The development of a potential deployment framework for newly approved coronavirus serology tests. Serology tests can be used to retrospectively diagnose patients who have recovered from the coronavirus or who have an asymptomatic infection.
- Post-market assessment of new coronavirus rapid screening tests to inform their best use.

As at 27 May 2020, the grant has been paid in full.

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**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 Pandemic**

**26 May 2020**

**PDR Number: IQ20-000278**

**Question Subject:** Private Health insurance rebate

**Type of Question:** Spoken

**Hansard Page number:** 23

**Senator :** Richard Di Natale

**Question:**

**Senator DI NATALE:** I have a couple of more general health questions. I want to talk about the private health insurance rebate. Given that we've seen a ban on elective procedures, there's a lot of public money going towards the private health insurance industry, which is currently not performing elective procedures. So it is really just going towards their bottom line. You might want to take these questions on notice. Can you tell me how much taxpayer money has gone to private health insurance via the rebate since the pandemic was declared here in Australia? I want to know whether there's any request of the private health insurers that those taxpayer dollars be recovered rather than effectively being gifted to the private health insurance industry. Perhaps you can tell me whether there's been any discussion around a potential freeze on health insurance premiums given that there's been a delay on elective surgeries?

**Ms Edwards:** We'll take on notice the amount of funding. Which date did you want—the date that Australia announced it to be pandemic?

**Senator DI NATALE:** Yes.

**Ms Edwards:** Our dates may or may not line up exactly with that in terms of our accounting, but we'll give you as close as we can to that. I'm not aware of discussions with private health insurance over the last few months about how money is or isn't dealt with—we have been very occupied with other issues—but we will take on notice to check if anyone else has had such discussions. In relation to reforms to private health insurance generally, we have had less focus on that over recent months but we will be returning to our reform process in due course.

**Answer:**

Each month, private health insurers submit claims for the Private Health Insurance Rebate to Services Australia. Claims for payment provided to Services Australia by the 7<sup>th</sup> of each month are paid by the 15<sup>th</sup> of that month.

Claim Month	Policies Paid	Rebate amount paid	Date paid to Insurers
February 2020	5,147,512	\$492,392,878.16	13 March 2020
March 2020	5,353,294	\$725,001,808.67	15 April 2020
April 2020	5,251,781	\$501,052,382.06	15 May 2020

**Note:**

1. Claims are for policies that received a premium reduction in that month. The rebates paid relate to monthly, quarterly, bi-annual or annual premiums that have been reduced for premium holders.
2. March is generally the highest claim month, as people are more likely to pay their premiums in advance, before increases take effect from 1 April 2020.
3. Services Australia does not capture whether a payment relates to a particular time period of insurance coverage but rather, the amount of the rebate paid.
4. It is not possible to determine what proportion of these claims relate specifically to the pandemic period.

The Department of Health and the Australian Prudential Regulation Authority regularly engage with the private health sector regarding their responses to the COVID-19 pandemic. Following consultation, the Department issued guidance to the sector on 1 April 2020 that amongst other things addressed arrangements for delaying or not implementing premium increases, premium waivers, membership suspensions and discounts. The guidance is available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/health-phicircular2020-21](http://www1.health.gov.au/internet/main/publishing.nsf/Content/health-phicircular2020-21).

While the restrictions on elective procedures have resulted in a reduction in the amount of elective surgery procedures being undertaken, many of these procedures are still expected to occur at a later date rather than cancelled outright.

The Australian Securities and Investments Commission has issued guidance available at: <https://asic.gov.au/regulatory-resources/financial-reporting-and-audit/covid-19-implications-for-financial-reporting-and-audit-frequently-asked-questions-faqs> (question 6), that entities should recognise events such as suspended procedures as a liability in the balance sheet. For example, the suspension of non-urgent or non-essential elective surgery for a period may result in a backlog of surgical procedures that has not been fully cleared by a later date. Private health insurers should therefore recognise a liability where an insured person who knows that they have a condition is likely to continue their cover until the surgical procedure has been performed.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Inquiry into the Australian Government's response to the COVID-19  
Pandemic**

**26 May 2020**

**PDR Number: IQ20-000281**

**Question Subject:** Real-time statistics on suicide

**Type of Question:** Spoken

**Hansard Page number:** 10-11

**Senator :** Rachel Siewert

**Question:**

**Senator SIEWERT:** Yes, take that on notice. I'm specifically interested in this issue around the impact on understanding people taking their own lives—suicide. The issue has been raised—and it's an issue that I've been working on for quite a period of time—to get an understanding of the numbers in real time. The new pandemic response talks about getting numbers in real time. I'm wondering what you're doing to address that, given we've been after that for a long time. What data is available at the moment about this issue and whether or not the current pandemic has had an impact? They're interlinked, obviously.

**Mr Roddam:** Prior to the pandemic there was a project already underway, a \$15 million project, with the Institute of Health and Welfare to get that. It's titled the suicide and self-harm monitoring project. The Institute of Health and Welfare is working with states and territories to get that information in real time. They're making good progress there, and we expect that the first public information on that, in terms of a website, will be ready at the end of July. It may not have everything at that point, but that's the target date at which some information will go live. The Institute of Health and Welfare is continuing to work with states and territories, including with coroners' offices, to get that information. Minister Hunt mentioned at the press conference on 15 May that, of the states that do have registers, in totality there hadn't been any evidence of an increase in suicide, but that is something we continue to monitor closely.

**Senator SIEWERT:** For the states that do have registers, how convinced are you that in fact they are real-time? And the supplementary to that is: what's happening with the states that don't have them, that are more reflective of real time?

**Mr Roddam:** I'd need to take the first part on notice. In terms of the second part of the question, the Institute of Health and Welfare, as I said, is continuing to work with those.

Perhaps I could provide a comprehensive update on all of that on notice for you.

**Senator SIEWERT:** That would be appreciated.

**Answer:**

Given the relatively short time period since Australia's COVID-19 response commenced, insufficient data is available to draw statistically relevant conclusions. However, there is no evidence to date to indicate there has been an increase in the suicide rate since March 2020.

On Friday 15 May 2020, the Australian Government announced it will invest \$2.6 million (2020-21 to 2021-22) to boost national capability in monitoring, anticipating and reacting to the mental health impacts of the pandemic. This will build on the National Suicide and Self Harm Monitoring System that is already being established at a cost of \$15 million over three years (announced as part of the 2019-20 Budget), and will support the provision of expert guidance for proactive decision making in mental health service deployment.

The Australian Institute of Health and Welfare (AIHW) is implementing the National Suicide and Self Harm Monitoring System in collaboration with the National Mental Health Commission and the Department of Health.

The National Suicide and Self Harm Monitoring System will facilitate more timely data on suspected deaths by suicide from jurisdictions. The Australian Institute of Health and Welfare (AIHW) is currently establishing arrangements with jurisdictions to supply regular, up to date data on suspected suicides from their suicide registers. So far, Victoria, Queensland and Tasmania have all agreed to supply their data to the AIHW, but have not at this point agreed for AIHW to publish this data. The Victorian suicide register is routinely providing weekly data on suspected suicides to the AIHW three days after the end of the relevant week, the Queensland register is providing fortnightly data to the AIHW two days after the end of the relevant fortnight, and the frequency of data provision from the Tasmanian suicide register has not yet been determined. The AIHW is working with experts in the jurisdictions to analyse data on suspected suicides as part of the development of the National Suicide and Self Harm Monitoring System.

Western Australia (WA) already has a suicide register that can provide timely data but current WA legislative provisions preclude sharing of the data from the register with the AIHW. Western Australia is exploring mechanisms to overcome these legislative barriers. State based suicide registers currently do not exist in New South Wales (NSW), South Australia, Northern Territory (NT) or the Australian Capital Territory (ACT). NSW and South Australia are in the process of establishing suicide registers. The AIHW have had discussions with the NT and ACT about supporting the establishment of registers in those territories.