

PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref	Date Answer Received	Email No.	Date Answer Tabled
SQ15-000289	0 - Whole of Portfolio	Di Natale, Richard	AG	Budget lock-up	Can the Department provide a breakdown of the following costs: • The amount outlaid to hold the DoH budget lock-up in 2014, including any material, transport and staffing costs; • The amount outlaid to hold the DoH budget lock-up in 2015, including any material, transport and staffing costs.	Written			
SQ15-000290	0 - Whole of Portfolio	Di Natale, Richard	AG	Budget allocations	The budget allocates \$34 million for the MBS Review Taskforce and the Primary Health Care Advisory Group – what is the breakdown of where the will be spent?	Written			
SQ15-000291	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	How does the Commonwealth Government expect the States and Territories to make up the \$57 billion shortfall when the states and territories do not have the capacity to raise this extra revenue or to realise equivalent efficiencies of this magnitude?	Written			
SQ15-000292	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	Under the old formula for funding public hospitals, how much would have been allocated in the 2014-15 financial year, and how much in the 2015-16 financial year?	Written			
SQ15-000293	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	There is nothing in the Budget on hospital funding from 2017-18 onwards – so how is this being reconciled with the negotiations to be held at the COAG Leaders' Retreat in July?	Written			
SQ15-000294	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	With the removal of ABF and efficient pricing of hospital services from 2017-18, how does the Government plan to address problems such as the variability in the cost of hospital procedures revealed in the NHPA report "Costs of acute admitted patients in public hospitals in 2011–12"?	Written			
SQ15-000295	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	How can the Government credibly move to population and CPI based funding for hospitals from 2017-18 onwards when the Intergenerational Report identifies the impact that medical technological change has on health costs – which is over and above population growth and an ageing population?	Written			
SQ15-000296	4 - Acute Care	Di Natale, Richard	AG	Hospital Funding	The Reform of the Federation Issues Paper on Health identifies the impact of more expensive medical technology on the cost of providing health care in the future, over and above population growth and an ageing population. How is this compatible with the Government's policy of changing the hospital funding formula?	Written			
SQ15-000297	8 - Health Workforce Capacity	Di Natale, Richard	AG	Medical Scholarships	Bonded Medical Places (BMP): What is the current buy out rate of the Bonded Medical Places Program and why has the government decided to roll back the program?	Written			
SQ15-000298	8 - Health Workforce Capacity	Di Natale, Richard	AG	Medical Scholarships	Medical Rural Bonded Scholarships (MRBS) • How many graduates were eligible to begin their MRBS Return of Service and how many actually began completing it? • With such a poor continuation rate, has the government considered releasing all current students and graduate from their contracts given this extremely poor retention program?	Written			
SQ15-000299	8 - Health Workforce Capacity	Di Natale, Richard	AG	Medical Scholarships	The Mason Review notes that if the MRBS cannot be suitably completed, the government should look to implement less harsh penalties in the form of a buyout for graduates who are unable to complete the MRBS. Will the government do this?	Written			
SQ15-000300	5 - Primary Health Care	Di Natale, Richard	AG	Medicare Locals	a) What is happening with the assets formally held by Medicare Locals – in particular the furniture, office equipment and supplies, IT and telephones? b) How are these assets being handled/disposed of and who is responsible for what happens to them given that these assets are taxpayer funded? c) Will any staff in any Medicare Local be allowed to take assets with them in the form of a gift or because it needs to be disposed of?	Written			
SQ15-000301	5 - Primary Health Care	Di Natale, Richard	AG	Medicare Locals	Are Aboriginal Community Controlled Health Organisations explicitly recognised as critical partners for the new Primary Health Networks to engage with?	Written			
SQ15-000302	5 - Primary Health Care	Di Natale, Richard	AG	Medicare Locals	In the Statement of Risks in Budget Paper 1, the Government identifies a potential liability for costs incurred due to the early termination of the Medicare Local Deed for Funding – what costs have been incurred or are expected to be incurred, and what are the circumstances and amounts?	Written			
SQ15-000303	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	Why is the government ripping \$125.6 million over the next four years from the Child Dental Benefits Schedule – a scheme that provided millions of children with dental care?	Written			
SQ15-000304	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	Has DoH advised the government of the low utilisation rate of the Child Dental Benefits Scheme and advised as to the current savings being compared to Budget achieved by that utilisation rate?	Written			
SQ15-000305	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	What are the current levels of utilisation of the Child Dental Benefits Scheme by both the public sector and private sector?	Written			
SQ15-000306	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	With regard to the private sector, to what extent are the services provided bulk billed under the scheme (Child Dental Benefits Scheme)?	Written			
SQ15-000307	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	With the freeze on the indexation of the rebates, what impact is that expected to have on the level of bulk billing? To what extent will the freeze increase any co-payment charged under the scheme (Child Dental Benefits Scheme)?	Written			
SQ15-000308	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	What advice has been given with respect to continued concerns expressed from the Australian Dental Association about the demands on dentists to retrospectively modify invoices to patients who become aware of their eligibility for services under the CDBS well after they received dental treatment?	Written			
SQ15-000309	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	What changes are proposed to the Dental Relocation and Infrastructure Support Scheme?	Written			
SQ15-000310	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	Has there been an increase in public sector dental waiting lists in the last twelve months?	Written			
SQ15-000311	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	What has happened to the government's promise on the National Partnership Agreement on Adult Public Dental Services?	Written			
SQ15-000312	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	What has happened to the Government's 2013 commitment to delivering a National Partnership Agreement (NPA) and to support the Child Dental Benefit Schedule and the National Oral Health Promotion Plan?	Written			

SQ15-000313	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	Under the previous NPA, the Commonwealth allocated \$344 million to state and territory governments to assist them in delivering services to up to 400,000 adults on public dental waiting lists. What is the projected allocation for the next Agreement and the expected number of people it will service?	Written			
SQ15-000314	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care	Has the \$10.5 million National Oral Health Promotion Plan, as outlined in the 2013-14 Budget, been terminated? If so, what is the Government's Oral Promotional Plan?	Written			
SQ15-000315	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Dental Care - Voluntary Dental Graduate Year Program	How many dentists had completed the Voluntary Dental Graduate Year Program before the program was evaluated and on what basis was the voluntary dental graduate year programme deemed not to be achieving its objectives?	Written			
SQ15-000316	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Life Saving Drugs Program	Submissions to the Post-market Review of the Life Saving Drugs Programme have closed, so what is the process from here on?	Written			
SQ15-000317	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Life Saving Drugs Program	The Issues Paper that was released in April 2015 - was that made available to consumers prior to the Consumer Health Forum meetings held in Melbourne and Sydney earlier in April 2015?	Written			
SQ15-000318	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Life Saving Drugs Program	DoH said at the Consumer Health Forums that a month would be provided for consumers to respond. It has been reported that the paper was released at 4.25pm (EST) Friday 10th April, giving 17 days to respond to a 33 page Issues Paper and 509 page technical paper. Is that correct – and if so, why was so little time given and was an extension of time asked for an extension of time?	Written			
SQ15-000319	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Life Saving Drugs Program	There has been concerns expressed that the Issues Paper appears to be written only by the Department of Health and the issues raised are not representative of the rare disease community. As this is about life saving responses, why haven't their voices been heard and addressed?	Written			
SQ15-000320	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	People living with Inborn Error of Metabolism (IEM) have been advised by the Department of Health that the IEM food grant (a grant supporting individuals living with this rare metabolic diseases) will finish in December 2015 and will no longer be funded by the government. What is the reason for cutting this grant?	Written			
SQ15-000321	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	According to Budget Paper No. 2, p 110, the Government is "ceasing the Inborn Error of Metabolism programme, as key medicines are now listed on the Pharmaceutical Benefits Scheme and low protein foods are now much more readily available at lower cost". Can the Department provide a balanced weekly meal plan, approved by a dietician/ nutritionist, utilising products sourced from a standard supermarket that meets the needs of a person who has a tolerance of 4g of protein a day?	Written			
SQ15-000322	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	Given that the decision to cease the IEM grant directly impacts the lives and health of people, why were the Australasian Society for Inborn Errors of Metabolism (representing the medical specialists who manage IEMs) and the patient groups not consulted to ensure the decision was well informed?	Written			
SQ15-000323	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	What information or message should members of parliament convey to a family who have already lost a child to one of these conditions, such as undiagnosed Tyrosinaemia Type 1, who are currently using the IEM food grant to keep their second child with this condition healthy?	Written			
SQ15-000324	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	How many eligible organisations are currently participating in the Mental Health Nurse Incentive Program? a. Please provide participant figures for the past 12 months, broken down state by state b. Has the number of organisations participating in the MHNIP increased, decreased or remained around the same level over the past 12 months?	Written			
SQ15-000325	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	What is the cost of a single MHNIP session and when was this cost last reviewed? a. Who is responsible for setting and reviewing the cost of a MHNIP session? b. What factors are taken into consideration during the process of setting and reviewing the cost of a MHNIP session?	Written			
SQ15-000326	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	Can DoH provide a cost benefit analysis supporting the IEM funding cut, showing both the savings associated with the removal of the grant and the costs of the decision, including lost productivity of patients due to poor mental health outcomes, costs the health budgets of increased usage of mental health services and increased hospitalisations, the lost productivity from society of individuals making their own low protein food (such as pasta using corn flour as the Prime Minister suggested) to replace those things current sourced via the grant funding?	Written			
SQ15-000327	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	What is the maximum number of organisations able to participate in the MHNIP at any given time? a. Has the program ever reached this maximum? If so, when?	Written			
SQ15-000328	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	Can the DoH outline the criteria used to assess the "value" of the IEM grant relative to other cost saving initiatives?	Written			
SQ15-000329	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	What was the total number of sessions allocated last year? a. Did the number of sessions expend the funds in the 2014-2015 budget allocations?	Written			
SQ15-000330	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	Has the DoH interacted with State/Territory Health departments on this measure, and what is the state/territory estimate of increases in health costs likely due to the change?	Written			
SQ15-000331	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Inborn Error of Metabolism	Can the DoH provide details of the correspondence received from stakeholders and individuals (with recognition of privacy so names are redacted) regarding the cut to IEM?	Written			
SQ15-000332	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	How many nurses are currently working as part of the MHNIP?	Written			
SQ15-000333	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Hepatitis C	Will the new treatments for HCV available by the end of the year, as Minister Ley said in her post budget breakfast speech?	Written			

SQ15-000334	5 - Primary Health Care	Wright, Penny	AG	Headspace	In the Community Affairs Budget Estimates hearing on June 1, it was advised that an independent review of Headspace has been conducted and the Department is now considering that review. Who conducted the review? a. What was the cost of the review? b. When will the review be released? c. When was the review received by the department? d. Over what period of time was the review conducted? e. What was the scope of the review?	Written			
SQ15-000335	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	The Department of Health failed to keep a record of meetings with the Pharmacy Guild during the negotiations of the Fifth Community Pharmacy Agreement (5CPA); they failed to take minutes of meetings and didn't prepare agreed notes of what had been discussed - why were no records kept on a contract worth over \$15 billion?	Written			
SQ15-000336	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	Does DoH accept the Auditor's finding that the decision not to prepare an official record of discussions over a \$15 billion funding Agreement is not consistent with 'sound practice'? Is there an explanation as to why 'sound practice' wasn't met by the Department of Health?	Written			
SQ15-000337	5 - Primary Health Care	Wright, Penny	AG	Headspace	Please provide a breakdown of the Commonwealth funding provided for different components of the work of Headspace, including e-Headspace and Headspace school support and any other discrete programs.	Written			
SQ15-000338	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	The 5CPA didn't clearly document expected net savings under the agreement and the ANAO states that there is no straightforward means for Parliament to know the expected or actual costs of the Agreement - so precisely what net savings were delivered under the 5CPA?	Written			
SQ15-000339	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	Can DoH clarify the basis on which it treated the Pharmacy Guild as the sole recipient of grants of Commonwealth financial assistance intended to be distributed by the Guild to pharmacy owners? Can Health provide evidence that the relevant funds were authorised by the Minister as grants to the Pharmacy Guild?	Written			
SQ15-000340	5 - Primary Health Care	Wright, Penny	AG	Headspace	How much annual Commonwealth funding does each Headspace in South Australia receive?	Written			
SQ15-000341	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	The ANAO found that prior to March 1 2014, DoH entered into 62 contracts with the Guild, giving it \$29 million to provide advisory services and administer programs worth \$67 million over five years. The Guild's administration represented 43 per cent of the value of the actual programs - was that a good outcome for taxpayers and the Government?	Written			
SQ15-000342	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	What has been the cost of the transition to Primary Health Networks so far? Please provide a breakdown.	Written			
SQ15-000343	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	a) On 1 March 2014, DoH transferred all programs previously administered by itself and Human Services to the Guild. This resulted in the Guild administering \$259 million worth of programs under a single "Contract for Services". Under what authority was the \$259 million of programs consolidated under a single contract for services? Who signed off on this? Was former Secretary, Jane Halton, advised of this transfer of funds to the Guild and if so, when and how was this advice conveyed? b) Was the transfer of \$259 million authorised by the Minister, given that the sole recipients were the Pharmacy Guild? c) How was this \$259 million 'contract for services' expended - who received it and what it was used for?	Written			
SQ15-000344	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	How many redundancies are expected to be given to staff of Medicare Locals in South Australia as a result of the transition? a. What is the estimated cost of these redundancies in South Australia?	Written			
SQ15-000345	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	In March 2014, DoH provided the Guild with additional administrative funding of \$1.8 million, and made provision for the Guild to make use of an additional \$7.2 million in unexpended funds for administrative purposes, a total of \$9 million. What was the reason for this change to the 5CPA, was it authorised or approved by the then Secretary of DoH and was the Minister formally advised of this \$9 million change to the Agreement?	Written			
SQ15-000346	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	Are clinicians able to offer certainty to clients that counselling will continue beyond 30 June?	Written			
SQ15-000347	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	DoH included patient co-payments in cost estimates, which had the effect of significantly overstating the cost to Government of the 5CPA by approximately \$2.2 billion. What is DoH's explanation for overstating the Agreement by over \$2 billion?	Written			
SQ15-000348	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	DoH incorrectly included \$42.7 million in co-payments made by patients to pharmacies for the receipt of pharmaceutical benefits in its estimated savings for the 5CPA. Co-payments are a private contribution to the cost of PBS medicines, which are not a cost to government. How is it that Health got the very basics of the Pharmacy Agreement so wrong?	Written			
SQ15-000349	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	Have any employees of DoH been disciplined, removed from their position, transferred or had any punitive action taken as a result of the damning ANAO report into the 5CPA?	Written			
SQ15-000350	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	What provisions exist to provide contracts to subcontracted private clinicians in situations where a Medicare Local is in the process of becoming a Primary Health Network, but there is technically no entity to issue the contract? a. Is the department aware of any situations of this nature? If so, where?	Written			
SQ15-000351	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	Can DoH provide a list of all its executives and employees involved in negotiating and implementing the 5CPA who were still currently with the Department when the 6CPA was signed?	Written			
SQ15-000352	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Pharmacy Agreement	Does the Department of Health and the Commonwealth Government agree with the Pharmacy Guild of Australia media release of 5 March 2015 which stated that that the ANAO did "not make any adverse findings in relation to its role in the administration of the 5CPA"? Does the Government accept that the ANAO found no adverse finding against the Guild, only against the Department of Health?	Written			
SQ15-000353	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	a) When did DoH contact and meet with cohealth to outline the budget changes that would cease the Alternative Arrangement Transfer to Pharmaceutical Benefits Programme? b) Has DoH met with cohealth following the Budget decision? If so, when.	Written			
SQ15-000354	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	Please provide a copy of the agreed timeline for the transition from Medicare Locals to Primary Health Networks.	Written			

SQ15-000355	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	Budget paper No 2, page 100, explained the changes to Cohealth community pharmacy – why were no savings figures provided in the Budget papers? When was the on-line version of the Budget papers amended?	Written			
SQ15-000356	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	Does DoH accept that it provided misleading information in Budget paper No.2 in relation to the cohealth measure has the Department of Health identified any other mistakes in the Budget papers?	Written			
SQ15-000357	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	What level of funding will Primary Health Networks receive? a. How will funding for each Primary Health Network be determined? b. Will all PHNs receive the same base level of funding? c. What will happen to funds that are unspent by Medicare Locals at June 30, 2015?	Written			
SQ15-000358	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	What is the government's policy on having streamlined, one-stop, integrated doctor/pharmacy service co-located in the one building – does the Government support this model?	Written			
SQ15-000359	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	The Australian Medical Association and the Pharmaceutical Society of Australia are already working on a model for pharmacists to work in GP clinics. Is this exactly how cohealth has been operating for 20 years?	Written			
SQ15-000360	5 - Primary Health Care	Wright, Penny	AG	Transition to Primary Health Networks	What is the staff make-up of the Medicare Locals Network Support Team? (Please include details of staff numbers and position titles). a. How much longer will this team continue to operate? b. What is the cost of this team to date? c. What is the response rate for emails to the Medicare Local support inbox?	Written			
SQ15-000361	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	Didn't the recent Mental Health Review recommend that pharmacists be better linked with GPs, so why isn't the decision to cease cohealth's alternative arrangement counter to efforts to streamline health care costs?	Written			
SQ15-000362	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	cohealth	Does the Government agree that the community-driven, not-for-profit pharmacy model follows international best practice, and if so, does the government also recognise that cohealth conforms to international best practice?	Written			
SQ15-000363	5 - Primary Health Care	Wright, Penny	AG	Partners in Recovery	Please provide an update about the future of Partners in Recovery contracts where the lead agency is a Medicare Local.	Written			
SQ15-000364	1 - Population Health	Di Natale, Richard	AG	National Drug Strategy	Is the \$20 million allocated in the Budget for the National Drugs Campaign only targeting the drug Ice?	Written			
SQ15-000365	1 - Population Health	Di Natale, Richard	AG	National Drug Strategy	What is the evidence base for these types of campaign [ICE]– specifically, the evidence that these type of 'shock and awe' ads lead to a decrease in drug use?	Written			
SQ15-000366	1 - Population Health	Di Natale, Richard	AG	National Drug Strategy	The Ice ads on TV don't provide any information on where Ice users go for help – so where do people with a methamphetamine problem go for help and why is information on drug treatment services not included in the National Drugs Campaign?	Written			
SQ15-000367	1 - Population Health	Di Natale, Richard	AG	National Drug Strategy	Why has the government decided to cut health flexible funds from substance abuse programs at the same time it is funding TV commercials?	Written			
SQ15-000368	1 - Population Health	Di Natale, Richard	AG	National Drug Strategy	What is the total reduction in health flexible funds through the forward estimates for substance abuse and alcohol and drug programs?	Written			
SQ15-000369	1 - Population Health	Di Natale, Richard	AG	Alcohol Policy	Will the Government release the final report resulting from the review into alcohol advertising and the effectiveness of current regulatory codes in addressing community concerns, which according to the legislation that governs ANPHA was due to be released earlier this month?	Written			
SQ15-000370	1 - Population Health	Di Natale, Richard	AG	Health Prevention	a) What steps are being taken to progress the Government's commitment to the World Health Organization's Global monitoring framework and targets for the prevention and control of non-communicable diseases and in particular, how is the Government ensuring that it meets the target of a 25 per cent reduction in mortality rates from non-communicable diseases by 2025? b) Who will take responsibility for achieving this objective in light of the Government's closure of the Australian National Preventive Health Agency (ANPHA), an independent body which was established to drive preventive health policy and programs and which focused on the lifestyle risk factors associated with chronic disease?	Written			
SQ15-000371	1 - Population Health	Di Natale, Richard	AG	Health Prevention	a) Now that the Government has removed funding for the Alcohol and other Drugs Council of Australia (ADCA), the peak body for the people working in the alcohol and other drugs sector, and closed the Australian National Council on Drugs (ANCD), which provided independent advice to the Government, who will represent the people that work within the alcohol and other drugs sector at the national level? b) Wasn't the fact that the ANCD existed one of the reasons given for why ADCA was defunded?	Written			
SQ15-000372	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	National Blood Authority	What is the National Blood Authority doing to monitor complaints about errors in processing and supplying blood products and late delivery of blood products?	Written			
SQ15-000373	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	National Blood Authority	Why has the National Blood Authority sought to have the Australian Red Cross Blood Service (ARCBS) return large dividends back to the Government?	Written			
SQ15-000374	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	National Blood Authority	Have any research scientists been sacked or the numbers of research scientists reduced at the Australian Red Cross Blood Service, and if so, how will ARCBS maintain world-class standards if fewer qualified scientists are involved in testing and processing blood donations?	Written			

SQ15-000375	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	National Blood Authority	a) Does ARCBS think it is appropriate for unqualified staff to be involved in testing, processing and taking orders for blood products? b) What training is the ARCBS providing to unqualified staff that are testing and processing blood donations and does any of this training involve video training and no hands-n or face-to-face training?	Written			
SQ15-000376	10 - Sport and Recreation	Di Natale, Richard	AG	ASADA	What does the WADA appeal against Essendon Bombers mean for ASADA, specifically in regards to resources and staffing – and what expenditure does ASADA expect to incur from the WADA appeal?	Written			
SQ15-000377	10 - Sport and Recreation	Di Natale, Richard	AG	ASADA	Has ASADA provided any funding to WADA in the current financial last year, and if so, what were the purposes of this funding?	Written			
SQ15-000378	10 - Sport and Recreation	Di Natale, Richard	AG	ASADA	Will ASADA provide any funding towards WADA's appeal?	Written			
SQ15-000379	10 - Sport and Recreation	Di Natale, Richard	AG	ASADA	Did ASADA seek in any way to lobby or meet with WADA over their appeal of the Essendon Bombers, either in Australia or overseas?	Written			
SQ15-000380	2 - Access to Pharmaceutical Services	Xenophon, Nick	IND	Funding arrangements of the compounding component of chemotherapy	The majority of chemotherapy that is administered to patients in Australia is funded by the PBS. The chemotherapy doses are expertly compounded into individual doses by specialist pharmacies or 3rd party compounders who are TGA licensed. The government has announced intention to change the funding arrangements of the compounding component of chemotherapy. The proposal is to reduce the current fee of \$60 to \$40 for specialist compounding pharmacies and only pay \$60 for TGA approved compounders. This ignores the fact that many of advanced pharmacists are in regional and rural areas. These pharmacists compound their own chemotherapy so patients can get the treatments on the same day. Many TGA approved facilities are run by multinational companies such as Baxter. If they alone are allowed to provide chemotherapy, patients in regional Australia may be forced to wait 1-2 days for their treatment. The intention of government is to set up a new payment agency that will pay the compounding fee direct to compounding pharmacy or TGA provider, separate to PBS payments. 1.Is the department aware that TGA approved compounders are only located in metropolitan areas of Australia? Tasmania and Northern Territory have no local TGA compounder. Considerable patient benefit comes from onsite compounding, particularly in country areas. Delays for chemotherapy to the Bunbury site are up to 48 hours on weekdays and 3 days on weekends. 2.Has any consideration been given to the patient benefit of on site compounding? 3.What discussions have been given to the effects of this policy on rural patients? The \$20 differential between onsite and TGA 3rd party compounding is described as being commensurate with the increased cost of compounding to TGA standards. 4.What modelling of the costs of TGA compounding vs onsite compounding has been applied to determine this figure? 5.Has any modelling of the increased cost of rural compounding been undertaken? Some patients need to defer or cancel their chemotherapy on the day of treatment due to poor blood results, change in therapy or change in disease. If the dose is sourced from a 3rd party compounder 48 hours notice would be required to defer the dose. Unused doses are wasted but in most cases would still be billed to PBS. 6.Is the department aware that onsite compounding creates saving to the PBS due to less wastage? 7. Has any analysis of this wastage been undertaken? This proposal includes the creation of a new agency to pay compounding fees direct to the compounder rather than to the pharmacy via PBS. Neither the TGA compounders nor pharmacy compounders requested changes to the payment method. 8.Given the PBS is an efficient payment method for both government and pharmacy, what is the reasoning behind a new payment model? 9.What is the budgeted cost for the new payment agency above that paid to human services to administer the PBS? 10.Has consideration been given to making the payment of the full \$60 to compounding pharmacists in circumstances where geography or optimal patient care dictates this to be the most appropriate (or often only) choice available?	Written			
SQ15-000381	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. a) When will the government deliver on its promise to support PHI affordability by restoring the private health insurance rebate to its full 30% for all policy holders? b) Has the Minister received advice on reforms to address PHI affordability? c) Did this advice include reforming restrictive and outdated regulations, such as those governing prosthesis funding arrangements and excess levels?	Written			
SQ15-000382	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. When was the Minister last briefed on improvements to prosthesis listing practices that will reduce costs for private health insurers?	Written			
SQ15-000383	6 - Private Health	Xenophon, Nick	IND	Australian Cardiac and Orthopaedic Device Registries	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. When Australian cardiac and orthopaedic device registries reveal a device displays poorer clinical outcomes than comparable devices, what is the process for having poorly performing devices removed from sale?	Written			
SQ15-000384	6 - Private Health	Xenophon, Nick	IND	Australian Cardiac and Orthopaedic Device Registries	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. When Australian cardiac and orthopaedic device registries reveal a device displays poorer clinical outcomes than comparable devices, what is the process for alerting clinicians of this finding so as to minimise their use?	Written			
SQ15-000385	6 - Private Health	Xenophon, Nick	IND	Australian Cardiac and Orthopaedic Device Registries	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. When data produced by Australian cardiac and orthopaedic device registries reveals poor clinical outcomes and this data is used to remove devices that produce poor clinical outcomes from sale in Australia, what is the average time in days from the date the data was produced to the date the item is removed from sale?	Written			

SQ15-000386	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Programme 6.1 of the 2015 Health Portfolio Budget Statement lists affordability of private health insurance as a key goal. It links affordability to the private health insurance rebate and again commits the government to restoring it to a full 30% when fiscal circumstances allow. Has the Department or the Prostheses List Advisory Committee undertaken any domestic or international benchmarking of prosthesis and medical devices rates in Australia? What were the results?	Written			
SQ15-000387	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Cardiac devices such as Implantable Cardiac Pacemakers and Defibrillators are one of insurers highest cost items. Regulated prices stipulate far higher prices than those paid in the public health system. Has the Department or the Prostheses List Advisory Committee undertaken any price benchmarking comparing prices of Cardiac Pacemakers and Defibrillators with prices paid in other parts of the Australian health system? What were the results?	Written			
SQ15-000388	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Cardiac devices such as Implantable Cardiac Pacemakers and Defibrillators are one of insurers highest cost items. Regulated prices stipulate far higher prices than those paid in the public health system. Is the Department aware of any evidence that Australian private health insurers are stipulated to pay prices for items listed on the Private Health Insurance - Prostheses List up to 2.5 times higher than those seen in other parts of the Australian health system?	Written			
SQ15-000389	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	The Western Australian Department of Health has published the prices it pays for Cardiac Pacemakers and Defibrillators online. It makes for interesting reading, especially when compared with minimum prices listed on the Private Health Insurance - Prostheses List. In respect of the WA Product Information Schedule: Line 214 of the excel document is for a St Jude Medical Unify Assura implantable defibrillator. WA Health pays \$19,000. The Private Health Insurance - Prostheses List price is \$52,000, \$33,000 more than the manufacturer is willing to accept in WA. Why is it that the Prostheses List price is so much higher than that paid elsewhere in Australia? When was this price last benchmarked against domestic and international prices?	Written			
SQ15-000390	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	The Western Australian Department of Health has published the prices it pays for Cardiac Pacemakers and Defibrillators online. It makes for interesting reading, especially when compared with minimum prices listed on the Private Health Insurance - Prostheses List. In respect of the WA Product Information Schedule: Line 174 of the excel document is for a St Jude Medical Ellipse implantable defibrillator. WA Health pays \$17,000. The Private Health Insurance - Prostheses List price is \$47,880, \$33,880 more than the manufacturer is willing to accept in WA. Why is it that the Prostheses List price is so much higher than that paid elsewhere in Australia? When was this price last benchmarked against domestic and international prices?	Written			
SQ15-000391	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	The Western Australian Department of Health has published the prices it pays for Cardiac Pacemakers and Defibrillators online. It makes for interesting reading, especially when compared with minimum prices listed on the Private Health Insurance - Prostheses List. In respect of the WA Product Information Schedule: Line 156 of the excel document is for a Biotronik Itrevia defibrillator/pacemaker. WA Health pays \$17,000. The Private Health Insurance - Prostheses List price is \$43,920, \$26,920 more than the manufacturer is willing to accept in WA. Why is it that the Prostheses List price is so much higher than that paid elsewhere in Australia? When was this price last benchmarked against domestic and international prices?	Written			
SQ15-000392	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Were prices for items listed on Private Health Insurance - Prostheses List are higher than prices paid for the same or similar items overseas in same or similar size markets, what are the factors that account for the higher price?	Written			
SQ15-000393	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	a) If the Australian Government was provided with evidence of Australian's paying much higher prices for prosthesis and medical devices than that paid overseas, even after adjusting for transportation costs and exchange rate differences, would it act on this evidence to reduce the regulated price in Australia. b) Is the Department aware that use of foreign reference pricing is commonplace around the world for determining prosthesis prices? c) Has the Department investigated the feasibility of foreign reference pricing being implemented in Australia, so as to ensure Australian private health insurers and consumers are not being overcharged?	Written			
SQ15-000394	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Is the Department aware that the final prices received by prosthesis and device manufacturers and suppliers for items on Private Health Insurance - Prostheses List can sometimes be well below the minimum price?	Written			
SQ15-000395	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	a) When the Department developed the current approach to pricing, did it anticipate manufacturers and suppliers providing cash discounts, volume discounts, in-kind discounts, free equipment and training and other inducements to hospitals and day surgeries in return for promoting the use of their devices? b) Similar behaviour was once present in the supply of pharmaceutical items but has been addressed via PBS and ACCC transparency practices. What has been the effect on prices rates for items listed on the PBS since price disclosure and incentive transparency arrangements were put in place? c) Has the Department briefed the Minister on the applicability of price disclosure and incentive transparency type arrangements, similar to those in place for the PBS, to the supply prosthesis and medical devices?	Written			
SQ15-000396	6 - Private Health	Xenophon, Nick	IND	Private Health Insurance	Private health insurance excess levels have remained fixed since 2000. Adjusting based on CPI or wage inflation would permit policy holders the option of choosing a higher excess in exchange for a lower annual premium. For example, indexing the present \$500 excess level by wage inflation over the preceding 10 years would increase the level to between \$700-800. This may enable a one-off premium decrease in the vicinity of 5-10%. a) Why are excesses in private health insurance regulated? b) Why does regulation require excesses to be fixed at year 2000 levels? c) What would be the maximum level of excess if it had been annually adjusted by CPI since 2000? d) What would be likely impact on prices if excess had been annually adjusted by CPI since 2000?	Written			
SQ15-000397	8 - Health Workforce Capacity	Xenophon, Nick	IND	Health Workforce Scholarships	I note that the Budget Papers include a saving of \$72.5 million over four years by consolidating the existing health workforce scholarships into one program. a) How many scholarship places will be cut because of this change? b) What has been the take-up rate for the scholarships so far? c) What was the basis for this decision? d) What other incentives are there to encourage medical practitioners into rural and regional areas? e) What are the current statistics on the shortage of health professionals in regional areas? How will cutting this program help to improve these statistics? f) How many positions will exist in the new program? What is the value of these positions – how much funding do they provide? g) The Budget Papers also state that the savings from this measure will be directed to other health programs or to the MRFF. Which is it, and what programs will the savings go to?	Written			
SQ15-000398	5 - Primary Health Care	McLucas, Jan	IND	National Mental Health Commission	Please provide a copy of your 2015-16 Work Plan.	Written			

SQ15-000399	3 - Access to Medical and Dental Services	Xenophon, Nick	IND	Prostheses List	The 2012/13 budget included measures to remove poorly performing prostheses from the list as a saving. Prostheses list — removal of joint replacement prostheses with unacceptably high revision rates Expense (\$m) 2011 12 2012 13 2013 14 2014-15 2015-16 Department of Health and Ageing 1.1 1.7 1.9 2.1 Related revenue (\$m) Department of Health and Ageing 1.1 1.1 1.2 The Government will remove joint replacement prostheses with evidence of higher than acceptable revision rates from the Prostheses List, so that private health insurers are no longer required to pay benefits for those prosthetics. There are more than 9,000 surgically implanted prosthetic devices on the Prostheses List, including hip and knee replacements. Private health insurers are required to pay a mandatory benefit for each item on the Prostheses List where a Medicare benefit is payable for the associated surgery in a hospital or hospital substitute. Joint replacement prostheses with high revision rates need to be replaced more frequently than comparable products, resulting in poor outcomes for patients and higher costs to insurers and the health system. This measure will provide savings of \$5.8 million over four years. Savings from this measure will be redirected to support other Government priorities. Why is this measure no longer listed in the budget papers? Are there no savings to be made in this regard? What about the associated cost of medical care for people who are forced to go through multiple revisions because they have received poorly performing devices?	Written			
SQ15-000400	1 - Population Health	Xenophon, Nick	IND	Food Safety	In response to questions I placed on notice during additional estimates, the Biosecurity Compliance division stated that it was FSANZ's responsibility to track international food safety issues and advise the department accordingly, and that no advice had been given relating to the frozen berries and Hepatitis A outbreaks overseas in 2012 and 2013. a) Is this correct? b) Why did FSANZ not believe the berries to be in Australia? How was this determined? Did country of origin labelling or tracking play a part? c) Further, the department stated that 'available information suggested at that time that the implicated berries were not imported into Australia'. When did FSANZ become aware that these berries had in fact been imported to Australia? d) Do such cases overseas trigger any increased scrutiny or testing in Australia? If not, why not? e) What monitoring of overseas events does FSANZ usually undertake? f) What risk has to be present before FSANZ recommends recalling a product because of issues overseas, even if they haven't yet been present in Australia? g) What implications do the findings and recommendations from the Auditor-General's report into the Administration of the Imported Food Inspection Scheme have for this case?	Written			
SQ15-000401	5 - Primary Health Care	McLucas, Jan	ALP	National Mental Health Commission	It is indicated in the NMHC's Outcomes Strategy for 2015/16 that the NMHC will "monitor and report on Government action in response to the (mental health) review" - can you please advise: a. the date by which the first report is due, b. the date(s) by which subsequent reports are due during 2015/16	Written			
SQ15-000402	5 - Primary Health Care	McLucas, Jan	ALP	National Mental Health Plan	Please provide an update on the progress of the development of the 5th National Mental Health Plan, including: a. How many meetings of the Expert Reference Group have been held b. How many meetings of the COAG Working Group on Mental Health Reform have been held c. The timeline for the development of the 5th National Mental Health Plan d. A schedule for stakeholder consultations which includes the dates and locations of consultations	Written			
SQ15-000403	5 - Primary Health Care	McLucas, Jan	ALP	Young and Well e-mental Health Portal	In Written QoN15-000181, it was indicated that "Under stage 1 of the e-mental health portal (Project Synergy), an online resource called Happiness Central is now undergoing user testing with students at the University of Sydney, ahead of a proposed internal University launch scheduled for April 2015". 1. Please advise how the user testing went, for example, how many people were involved in the testing and what were the results of the testing; 2. Was the online resource launched during April at the University of Sydney? 3. How is success of the portal being measured?	Written			
SQ15-000404	5 - Primary Health Care	McLucas, Jan	ALP	National Mental Health Services Planning Framework	Referring to the answer to QoN SQ15-000182 – 1. Please provide an update on the progress of refinement and field testing for the framework 2. Has a deadline been set for the finalisation of the framework? 3. If so, when is it expected to be released?	Written			
SQ15-000405	1 - Population Health	Rhiannon, Lee	AG	Kangaroo Meat	a) Please provide a copy of the current protocol for the microbial screening of kangaroo meats for local human consumption? Is this publically available and where? b) Please provide actual numbers of kangaroo carcasses tested for Salmonella and for e.Coli for domestic consumption, for example, one in ten carcasses.	Written			
SQ15-000406	1 - Population Health	Rhiannon, Lee	AG	Kangaroo Meat	a) Is kangaroo meat for Australian markets treated with Acetic Acid? b) May I have testing protocols for acetic acid, and details of what are considered acceptable levels of Acetic Acid in kangaroo meat?	Written			
SQ15-000407	1 - Population Health	Rhiannon, Lee	AG	Acetic Acid in Meat	a) What is the purpose of using Acetic Acid in meat for human consumption? b) What specific contaminants and pathogens is Acetic Acid used to treat? c) Is it expected that kangaroo meat will not be treated with Acetic Acid on regular basis?	Written			
SQ15-000408	1 - Population Health	Rhiannon, Lee	AG	Non-human Primates in Experiments	1. How many grants have been made that involve using primates, over the past two year? 2. Who/what body was the grant given to? 3. What was the purpose of the grant? 4. What was the dollar value of the grant? 5. What is the purpose of the research or activity? 6. What were the species, sex and numbers of primates used for each project? 7. What projects that involve primates is the NHMRC currently considering funding? For each project please detail: i. Who or what body or organisations? ii. For what amount? iii. What is the stated purpose of the research or activity? iv. What are the numbers and species of primates proposed? 8. Please provide names and numbers of relevant people if I need to obtain any further information on the above series of questions.	Written			
SQ15-000409	1 - Population Health	Rhiannon, Lee	AG	animal-tested Cosmetics and Cosmetic Ingredients	1. What specific information does NICNAS require companies to provide about animal tested substances in order to fulfill data requirements set out in the ICNA Act, and for the import of those substances into Australia? 2. is the following information required? a) The date on which animal testing was carried out? b) The location of laboratories conducting animal testing in order to fulfill data requirements set out in the ICNA Act?	Written			
SQ15-000410	1 - Population Health	Rhiannon, Lee	AG	Animal-tested Cosmetics and Cosmetic Ingredients	What types of additional requests for animal test data might NICNAS make during an application evaluation?	Written			
SQ15-000411	1 - Population Health	Rhiannon, Lee	AG	Animal-tested Cosmetics and Cosmetic Ingredients	4. Are you able to provide details of any animal testing that has been carried out in Australia or abroad over the past three years in order to fulfill data requirements set out in the ICNA Act , or to meet NICNAS' requests for additional animal test data? a) If no, why not? b) If yes, may I also have details such as the region or country in which those tests have been carried out?	Written			

SQ15-000412	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health 2015-16 Budget	Please complete the following table by providing funding amounts for each of the programs listed in the table, for 2015-16 and across the forward estimates: Program 2015/16 2016/17 2017/18 2018/19 Partners in Recovery Day to Day Living Program ATAPS mental health portal Virtual Clinic Boosting the capacity of crisis hotlines Better Access Initiative Headspace Youth Mental Health (outreach teams) PPICs Health and wellbeing check for 3 year olds KidsMatter Primary KidsMatter Early Childhood National Partnership on Mental Health Leadership in mental health reform Mental health first aid Improved safety and infrastructure for suicide hot spots Funding to support community suicide prevention activities for high risk groups National Suicide Prevention Program National Depression Initiative MindMatters Maternity Peer Support National Perinatal Depression Plan Assistance for Survivors of Trauma and Torture COAG Mental Health New Early Intervention Services for Parents Children and Young People COAG Mental Health Telephone Counselling, Self Help and Web-Based Support Programs (teleweb) Mental Health Nurse Incentive Program Mental Health Services in Rural and Remote Areas Program Mental Health Interdisciplinary Network (MHIN) Project GP Mental Health Standards Collaboration Tasmanian Package Social and Emotional Wellbeing Program Mobile Outreach Service etc. If any of these programs have ceased, please advise which ones these are.	57 - 1/06/2015			
SQ15-000413	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	NICNAS Review	Dr Richards (NICNAS): OBPR has costed the net regulatory benefit to industry of the deregulated environment. In two years' time when these new processes are put in place, the expectation is that it will save industry around \$23 million per annum, ongoing. Senator Moore: Is that assessment in the review documents? Mr Barden (OHP): I would have to take that on notice?	34 - 02/06/2015			
SQ15-000414	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	Organ Donation Outcomes	For the period January to May 2015, which jurisdictions achieved lower organ donation outcomes compared with the same period in 2014?	54 - 02/06/2015			
SQ15-000415	1 - Population Health	Siewert, Rachel	AG	Information on requests for MRLs included in Proposal M1010	In relation to Proposal M1010, can FSANZ provide detailed information on: a) what companies or individuals sought amendments b) for each company or individual, whether the requests involved new MRLS ,increased or decreased existing MRLs c) whether any amendments made exceeded Codex MRLs.	106 - 02/06/2015			
SQ15-000416	1 - Population Health	Siewert, Rachel	AG	Scientific Monographs	Can FSANZ please provide the appropriate website/s where scientific monographs used to in the determination of health-based guidance values are available?	108 - 02/06/2015			
SQ15-000417	5 - Primary Health Care	McLucas, Jan	ALP	Printing of the Review Report	Senator McLUCAS: When was the report sent to the printer? Mr Butt: I am not quite sure. I would have to go back and check that. [...] Senator McLUCAS: When did you get the hard copy run back from the printer? Mr Butt: I would have to take that on notice. The official release was on the 16th, so it was very close to the 16th.	52 - 01/06/2015			
SQ15-000418	5 - Primary Health Care	McLucas, Jan	ALP	Distribution of the Review Report	Senator McLUCAS: Professor Fels's letter was signed and provided to me on 17 April. When were they sent? Mr Butt: Again, I would have to go back and check that. I cannot remember the exact date. [...] Senator McLUCAS: When did state and territory ministers get a copy of the report? Mr Bowles: When it was public. Mr Butt: We sent it out to state and territory ministers at the same time as we sent it out to stakeholders generally so it was probably the 17 April letter.	52 - 01/06/2015			
SQ15-000419	5 - Primary Health Care	Wright, Penny	AG	National Mental Health Commission Staffing	Senator WRIGHT: In relation to staffing and funding, can you provide an outline of staffing changes at the National Mental Health Commission since February of this year? Mr Butt: I would have to take that on notice. We are down a few staff at the moment. One was seconded to another Commonwealth agency. Another was seconded to the New South Wales Mental Health Commission. They are both short term secondments. We have been going through a restructuring, given that the focus of the commission last year was so much about the review which was a very different focus from what we had been doing previously. We have been going through a restructure. We have been going through recruitment processes and I am beginning interview processes this week to get our staffing numbers up. It is a headcount now of nine and we usually have 13 FTEs. Senator WRIGHT: So, nine FTEs and it is usually about 13? Mr Butt: It is a headcount of nine. Some of them are four days a week rather than five days a week so I would have to go back and get the exact detail. Senator WRIGHT: If you could.	70 - 01/06/2015			
SQ15-000420	5 - Primary Health Care	Wright, Penny	AG	National Mental Health Commission meetings with the Minister, the Minister's office and the Department	Senator WRIGHT: How many meetings has the commission had with the government since the report was provided to the minister last year? Mr Butt: I would have to take that on notice. When you say with government do you mean the minister and the minister's office? Senator WRIGHT: Yes, I do. I would probably like a breakdown of the minister and the minister's office and the department. Mr Butt: I would have to take that on notice.	70 - 01/06/2015			
SQ15-000421	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Bulk Billing Rate	Senator McLUCAS: So you said it was 77.5. Was that for all attendances? Mr Porter: That is for all attendances. For GP attendances, excluding practice nurse items, it is 84 per cent. Senator MOORE: What about specialists? Mr Porter: I do not think I have specialists figures with me. Senator MOORE: Can you take that on notice? Mr Porter: We can take that on notice.	104 - 01/06/2015			
SQ15-000422	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Revering Indexation Freeze	Senator McLUCAS: What would be the annual cost to the Commonwealth of reversing the indexation freeze from today and for each of the financial years 2016-17, 2017-18? Can a breakdown of that be provided for GP items and non-GP items. Mr Bowles: It is probably best that we take that on notice.	106 - 01/06/2015			
SQ15-000423	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Healthy Kids Check	Senator MOORE: I got the answer. I just wanted to make it clear. What services were actually delivered under the Healthy Kids checks? I am sure we have had this discussion in the past. For me to have a Healthy Kids check for a child, what was I expected to get out of that? Was there a checklist that I had to go through to complete a Healthy Kids check? Ms Cahill: Yes. Senator MOORE: So it covered what—ears, eyes, weight? Ms Cahill: I have got that here somewhere. Senator MOORE: Can you provide that on notice. I can check that out of later. Ms Cahill: Yes, we can certainly provide that on notice.	108 - 01/06/2015			



SQ15-000424	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Healthy Kids Check	Senator MOORE: So allowing for privacy issues you can still provide the age and location? It would be very useful to see whether some regions are using it more and whether there are cohorts that are using it more. My understanding also is that sometimes when parents take up the service if they tell other parents it is more likely to be that methodology of promoting a service than anything else. So it would be nice to test out whether area north in Brisbane had a lot of three-year-olds having a healthy kids check. I would like to know why. Ms Cahill: Certainly we see quite a different take-up by state or territory. Senator, when you say you would like that data by area, at what levels— Senator MOORE: Age and location. What is the model of collection of this data for location? Ms Cahill: It is collected as Medicare data. We have the postcode of the provider and the postcode of the patient. Senator MOORE: We would like it at level if we could. Senator McLUCAS: Could that be transferred into federal electorates? Mr Porter: Yes, it can. There is what is called a map between postcodes, electorates, ASGC classifications et cetera. Mr Stuart: I think we are getting towards quite a large piece of analysis. Senator MOORE: Can you consider what you can give us? That is our standard process. You know what we are after. Could you consider what would be accessible through that the process? Mr Bowles: We will take it on notice Senator MOORE: What we are really trying to get down to is: where was this used and what was the impact of the use of this program? Senator McLUCAS: By federal electorate would be great. Mr Stuart: We will take it on notice and see what is doable within appropriate resources.	109 - 01/06/2015			
SQ15-000425	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Healthy Kids Check	Senator MOORE: From your work with the comparisons with states and territories, is the speech pathology issue picked up fully at state and territory level? Mr Stuart: I do not think we can answer that categorically today. Senator MOORE: Can you take that on notice? Mr Stuart: Yes, we can take that on notice.	110 - 01/06/2015			
SQ15-000426	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Healthy Kids Check	Senator MOORE: But your data indicates that the Indigenous population would be using the Indigenous program as opposed to the standard Healthy Kids Check? Ms Cahill: I would have to double-check that. We could take that on notice. Senator MOORE: If you could, that would be great. And is it possible to get a comparison between what is included in the Indigenous Healthy Kids Check—or whatever it is called—as opposed to what was in the other Healthy Kids Check, just to get a little bit of comparison? Ms Cahill: Certainly.	111 - 01/06/2015			
SQ15-000427	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Healthy Kids Check	Senator MOORE: I would very much like to see a comparison of what they get. Have you got anything from the states that say that? Have you got anything that says what Queensland child welfare provides, as opposed to— Mr Stuart: We have some information— Mr Porter: We have some general information on what they provide, which we would be happy to provide. Senator MOORE: That would be useful. Mr Bowles: We will take that on notice.	113 - 01/06/2015			
SQ15-000428	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Benefits Schedule Review	Senator McLUCAS: So MSAC is in there too. Mr Porter: That is correct. Mr Bowles: It is an important part of this exercise. Senator McLUCAS: How much then is the Medical Services Advisory Committee? Mr Porter: Of that particular bucket? Senator McLUCAS: Yes. Mr Porter: I would have to take that on notice	114 - 01/06/2015			
SQ15-000429	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Australian Hearing Consultations	Senator MOORE: What are the key stakeholder organisations which represent Australians with hearing impairments? Ms Duffy: There is a wide range of them. I do not have a listing with me. Senator MOORE: Can you provide your list? Ms Duffy: Sure	118 - 01/06/2015			
SQ15-000430	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Australian Hearing Consultations	Senator MOORE: When you say stakeholders, this would be the range of people with whom you are consulting? Ms Duffy: The information sessions are targeted to those organisations who were involved in the preliminary rounds of the scoping study work and it has been broadened out to some groups who were not represented in the first round, particularly those groups representing Indigenous and rural clients. Senator MOORE: Can we get a copy of those lists? Ms Duffy: Absolutely.	118 - 01/06/2015			
SQ15-000431	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Australian Hearing Consultations	Senator MOORE: What percentage of Australian Hearing's funding goes on cochlear implants? Ms Duffy: I do not have the funding, sorry, but I do have that 18,900 young Australians and children received services related to cochlear implants. I can take on notice the percentage of funding. Senator MOORE: Last year—was that last financial year? Ms Duffy: Last year. Senator MOORE: So that would be 2013-14? Ms Duffy: Correct.	120 - 01/06/2015			
SQ15-000432	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Australian Hearing Consultations	Senator MOORE: The model in the last round. Now you have got 6: what is the difference in cost between a 5 and a 6? Ms Duffy: I do not have that information. Senator MOORE: Can we get that on notice. You are talking about changing the allocation. Normally, when you talk about a change, change comes with cost, and this has added benefit. Was it as a result of the upgrade and the change cost that you got into discussion about who would most benefit from using a 6 rather than a 5?	120 - 01/06/2015			
SQ15-000433	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Participation	Mr Porter: In the March 2015 quarter, there were 11.23 million people covered by hospital treatment cover. There were 5.45 million policies, for a participation rate of 47.3 per cent. For general treatment cover: as at the end of the March quarter 2015, there were 13.2 million people with general treatment cover through 6.4 million policies. For any type of cover at the end of March 2015, there were 13.2 million people and 6.4 million policies, for a coverage rate of 55.6 per cent. Senator McLUCAS: That is for general? Mr Porter: That is general or hospital, or both. Senator McLUCAS: Can you break that down by gender? Mr Porter: On notice, Senator, yes. I do not have gender breakdowns with me. Senator McLUCAS: What about age groups? Mr Porter: I would have to take that on notice. Senator McLUCAS: But it is possible to do that? Mr Porter: We will have to have a look at that, because I am not completely clear on the age breakdown or the gender breakdown; but we will see what we can provide on notice.	126 - 01/06/2015			
SQ15-000434	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Participation	Senator McLUCAS: Could you explain to us, then, what those drivers are? Population growth? What are the inputs that go into the formula? Mr Porter: Policyholder growth and the type of rebate that people are entitled to, as well as premiums. Senator McLUCAS: What is the assumption around policyholder growth? Mr Porter: I may have to take that on notice, in terms of the detail of that; but in general we are seeing a consistent increase in the number of people and the number of policyholders. But the actual level of hospital coverage, and PHI coverage overall, has stayed relatively flat over the last number of years.	127 - 01/06/2015			
SQ15-000435	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Ombudsman	Senator McLUCAS: What will be the cost of effecting the relocation into the Commonwealth Ombudsman's office? Mr Porter: We may have to take that on notice. I do not have that detail, unless Mr McGregor does. Mr McGregor: No, I do not.	127 - 01/06/2015			

SQ15-000436	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Ombudsman	Senator McLUCAS: Have you produced a frequently asked questions document or other documentation that can go out to the industry? Mr Porter: No we have not. Senator McLUCAS: Have all the insurers been written to, for example? Mr Porter: I would have to take on notice whether they have been written to. Certainly they are all very aware of it, because I speak with them all on a very regular basis. Senator McLUCAS: Could you take that on notice to see what has been written to provide people definitive advice about what is happening and when and what they should expect from the merger.	128 - 01/06/2015			
SQ15-000437	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Premium Increases	Senator McLUCAS: There has been some speculation that the government wishes to abandon the oversight of premium rises. Minister, can you confirm that oversight will continue? Senator Nash: That would be a matter for the minister. I will take it on notice for you.	131 - 01/06/2015			
SQ15-000438	7 - Health Infrastructure, Regulation, Safety and Quality	Xenophon, Nick	IND	Birmingham Hip Resurfacing Implants	1. In response to SQ14001248, the TGA stated that the AOANJRR reports a low rate of revision for the BHR implant, so it remains available as a surgical option in the Australia. However the AOANJRR annual report in 2012 identified the BHR as having a higher than expected revision rate (pp 171,172,173) and that it has been re-identified as such in both the 2013 and 2014 reports. The 2012 annual report (p95) notes that the BHR had a cumulative revision at 11 years of 7.1% while the metal on metal total conversion hip arthroscopy report established by the journal in 2014 identifies a revision rate of 12.1% after 10 years. a. How does the TGA explain these seemingly contradictory statements (what the TGA has advised and what the journal is reporting)? b. Explain the variants for the BHR.	62 - 02/06/2015			
SQ15-000439	1 - Population Health	McLucas, Jan	ALP	Health Star Rating Website	Senator McLUCAS: How is the use of the website going? Ms Flynn: I do not have the website statistics with me, but I can take that on notice.	89 - 02/06/2015			
SQ15-000440	1 - Population Health	Xenophon, Nick	IND	National Bowel Cancer Screening Program	Senator XENOPHON: I have questions in relation to the National Bowel Cancer Screening program. It relates to an issue raised by a constituent. I note that it provides free test kits for the detection of bowel cancer to men and women aged 50, 55, 60, 65, 70 and 74. I understand that Dorevitch Pathology carries out tests on behalf of the government. Other companies also use bowel cancer screening; however, this is on a user-pays basis. A constituent has recently contacted me with concerns about different faecal occult blood test, FOBT, results that came from the NBCSP and a private company who have both been provided with samples from the same faecal specimen. The NBCSP FOBT results stated no blood was detected in the sample whereas the private company's results reported that the blood was detected, which caused some distress to the constituent. He was advised that it was possible exposure to heat during transport may have caused the variation in results. The broad question that I am happy for you to take on notice is: what transport policies are used by the department for NBCSP samples, specifically what steps does the department take to minimise heat exposure of samples and has there been a review of the current government's NBCSP test and its accuracies compared to other bowel screening tests currently on the market and recommended by the Cancer Council? Dr Southern: We probably will need to take that one on notice. I think you have the record for speaking faster than anyone. Senator XENOPHON: I am conscious of the committee's time. Senator Dastyari can sometimes beat me at it, which is saying something. My fourth question, which I am happy for you to take on notice, is: why did the government choose this type of test over other types of tests available? Fifthly, I understand the FOBT offered by ColoVantage is stable for 14 days up to the temperature of 37 degrees Celsius. Does the NBCSP FOBT have the same stability? Dr Southern: I will take that one on notice.	89 - 02/06/2015			
SQ15-000441	1 - Population Health	McLucas, Jan	ALP	Funding Transferred to PM&C for Drug and Alcohol Treatment Services	Dr Southern: The functions that were transferred to the department of Prime Minister and Cabinet were three of the priority areas that were covered by the Substance Misuse Service Delivery Grants Fund. The three priorities were assisting Indigenous communities to provide service delivery; supporting those services targeting Aboriginal and Torres Strait Islander people; and reducing prevalence and impact of petrol sniffing. The funds being transferred to PM&C would now be part of the Indigenous Advancement Strategy funding overall. Senator McLUCAS: You cannot confirm that they will be still applied to drug strategy in the broad. That is just the nature of what has happened to those funds. But I am trying to understand now, Dr Southern, the quantum that was transferred. Dr Southern: We will take on notice for you the exact amounts, but I understand it is around \$90 million in 2014-15 to support Indigenous communities and services to provide drug and alcohol treatment, and the petrol-sniffing priority as well.	96 - 02/06/2015			
SQ15-000442	1 - Population Health	McLucas, Jan	ALP	Palliative Care Funding and Inquiry	Dr Southern: The Department of Health is coordinating the Australian government response to the committee report, and it is currently with government for consideration. Senator SIEWERT: Minister, that means that remains with you. How long has it been with the government? Senator Nash: Could I take that on notice? We have so many at the moment and I would hate to give you the wrong date. Hopefully, it will be finalised in the not too distant future. Senator MOORE: I want to follow up, Mr Bowles, on the issue of the acute care distribution. In the past there were funds given by the federal government to state governments and there was a range of areas they could spend it in; the Commonwealth could not tell them what to do. With the last big injection of funds, a lot of states went for rehabilitation programs rather than palliative care. Under the current system, can we find out how much states get for palliative care? Mr Bowles: I can take it on notice to try to find out.	110 - 02/06/2015			
SQ15-000443	1 - Population Health	Moore, Claire	ALP	Palliative Care	Senator MOORE: The media release—I will ask for more detail—listed the programs, all of which look really valuable and important, and I know most of them. I would like to get a little bit more detail on them. This is from the minister's media release on 26 May. Minister, I think it coincides with when you came and did the launch, which was really good, and I thought it was a very valuable event. Could we get a more fulsome list of the organisation, the programs and the projects? On the media release it is just who they were. It would be nice to get who they were, where they were, what the project is and how much it is. I have not been able to find that on the website. I am sure it is there somewhere but I just cannot find it. Dr Southern: We can certainly take that on notice.	111 - 02/06/2015			
SQ15-000444	10 - Sport and Recreation	Xenophon, Nick	IND	Funding for Football	Senator XENOPHON: Because of incredible time constraints on my part, if you can give me a short answer please do so, Mr Hollingsworth. I will repeat the question, how much government money does football get via the FFA? Mr Hollingsworth: We fund football under our high-performance stream and our participation funding stream. The current funding for participation in 2014-15 was \$916,000 and for high-performance the investment is in the vicinity of \$2 million—I do not have the exact figure with me. Senator XENOPHON: That is fine; you can take that on notice. Can you give me a comparison of two or three financial years before as well? Mr Hollingsworth: The total investment is about \$3 million.	117 - 02/06/2015			

SQ15-000445	10 - Sport and Recreation	Xenophon, Nick	IND	FFA World Cup bid	Provide details of what amounts over what financial years funds were given to FFA?	117 - 02/06/2015			
SQ15-000446	10 - Sport and Recreation	Xenophon, Nick	IND	FFA World Cup bid	In those years the bid was funded by the Government, how much other money was given to the FFA for support for football besides the bid money? Was it just the regular funding, the sorts of things that Mr Hollingsworth was referring to? Were there any other funds other than the streams Mr Hollingsworth has referred to and the FFA and the World Cup bid money?	117 - 02/06/2015			
SQ15-000447	10 - Sport and Recreation	Xenophon, Nick	IND	FFA World Cup bid	Provide details of the progress reports if they are not already publicly available or affirming as to whether they are publicly available?	118 - 02/06/2015			
SQ15-000448	1 - Population Health	Moore, Claire	ALP	Cancer Research	Can we get some information on notice in more detail around the Priority Driven Collaborative Cancer Research Scheme? You gave some really good information about partnerships and also the number of recipients this year. Can I get some more information of that kind on notice?	92 - 02/06/2015			
SQ15-000449	8 - Health Workforce Capacity	McLucas, Jan	ALP	Dental Relocation Incentive Support Scheme	How does the current funding compare to the estimates prior to the change?	66 - 02/06/2015			
SQ15-000450	8 - Health Workforce Capacity	McLucas, Jan	ALP	Dental Relocation Incentive Support Scheme	a) how much does it cost to relocate a dentist and b) how many dentists will be expected to relocate with the available funds, given there is a cut of about \$30m out of the funding profile	67 - 02/06/2015			
SQ15-000451	8 - Health Workforce Capacity	Moore, Claire	ALP	Curtin Medical School	In regards to the Curtin Medical School proposal, when was the last advice provided by the department to the minister?	72 - 02/06/2015			
SQ15-000452	8 - Health Workforce Capacity	Brown, Carol	ALP	Scholarships	What is the total number of students in the Medical Rural Bonded Scholarships program at the moment?	75 - 02/06/2015			
SQ15-000453	8 - Health Workforce Capacity	Brown, Carol	ALP	Medical Rural Bonded Scholarships	Were the Medical Rural Bonded Scholarship recipients mostly from rural and remote communities?	76 - 02/06/2015			
SQ15-000454	8 - Health Workforce Capacity	Brown, Carol	ALP	Scholarships	Were the organisations that currently hold funding agreements to administer scholarships yet to expire consulted during review of health workforce programmes in 2013?	78 - 02/06/2015			
SQ15-000455	8 - Health Workforce Capacity	McLucas, Jan	ALP	Australian Standard Geographical Classification – Remoteness Areas	Provide a comparative table of how the ASGC-RA looked compared to the Modified Monash Model and the categories which swap over to that.	82 - 02/06/2015			
SQ15-000456	8 - Health Workforce Capacity	McLucas, Jan	ALP	Australian Standard Geographical Classification – Remoteness Areas	Under the new MMM can you indicate: a) which towns and potentially cities based on the current system will move? b) which will receive no incentive?	82 - 02/06/2015			
SQ15-000457	8 - Health Workforce Capacity	McLucas, Jan	ALP	GP Rural Incentives Payment	Explain how under the GPRIP schedule some location which are currently in RA3 will become Modified Monash Category 3.	82 - 02/06/2015			
SQ15-000458	8 - Health Workforce Capacity	McLucas, Jan	ALP	Australian Standard Geographical Classification – Remoteness Areas	Table listing each of the towns, their state and their current ASGC-RA and new MMM classification	82 - 02/06/2015			
SQ15-000459	8 - Health Workforce Capacity	McLucas, Jan	ALP	GP Rural Incentives Payment	Provide a table of payments under old and new GPRIP.	83 - 02/06/2015			
SQ15-000460	8 - Health Workforce Capacity	McLucas, Jan	ALP	GP Rural Incentives Payment	Provide a summary of each of the incentive payments available under the GPRIP and other programmes for each classification?	83 - 02/06/2015			
SQ15-000461	8 - Health Workforce Capacity	McLucas, Jan	ALP	Scholarships	How much do BMP scholars repay if they withdraw?	83 - 02/06/2015			
SQ15-000462	0 - Whole of Portfolio	McLucas, Jan	ALP	Medical Research Future Fund	Of the additional savings realised in the 2015/16 Budget, which of these is contributing to the Medical Research Future Fund	Written			
SQ15-000463	0 - Whole of Portfolio	McLucas, Jan	ALP	Medical Research Future Fund	What quantum of savings from the 2015/16 Budget is contributing to the Medical Research Future Fund	Written			
SQ15-000464	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	Minister, have you also met separately with the Share Life group? On how many occasions?	52 - 02/06/2015			
SQ15-000465	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	From whom were those concerns raised? Could you be clearer with the committee about who?	56 - 02/06/2015			
SQ15-000466	0 - Whole of Portfolio	McLucas, Jan	ALP	Medical Research Future Fund	What input did the Department of Health have in the drafting of the Bill to establish the Medical Research Future Fund	Written			
SQ15-000467	0 - Whole of Portfolio	McLucas, Jan	ALP	Medical Research Future Fund	What savings in the Health portfolio that are contributing to the Medical Research Future Fund are yet to be legislated	Written			
SQ15-000468	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Stakeholder Engagement	Can you provide on notice a list of organisations from the organ and tissue donation sector that you have met with this calendar year?	57 - 02/06/2015			
SQ15-000469	8 - Health Workforce Capacity	McLucas, Jan	ALP	Specialist Training Program	1. In terms of the review of the Specialist Training Program: When is the review due to commence? 2. What are the terms of reference for the review? a) Who will lead the review? b) Will it be an internal review by the Department, or engage clinicians and broader stakeholders? 3. How will feedback from stakeholders be invited. a) Has there been an update to the data, first published in the HWA health workforce 2025 report, to inform this review? b) In regards to areas of workforce shortages, which specialities will be a priority? c) Are there any particular elements of the Program that the review is expected to target? 4. When will the review report and will the report of the review be made public?	Written			

SQ15-000470	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	Senator McLUCAS: You have taken on notice the number of times you have met with Shared Life? Senator Nash: Indeed. Senator McLUCAS: That includes formal meeting and also telephone calls. Senator Nash: Certainly. Senator McLUCAS: Members and collectively. Senator Nash: Certainly. Senator McLUCAS: Could you also do the same for, let us say, Transplant Australia?	57 - 02/06/2015			
SQ15-000471	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	I would like the same question (as above) answered for the minister and the minister's office. I would like, similarly, dates of meetings with Outcomes Australia board members.	112 - 02/06/2015			
SQ15-000472	8 - Health Workforce Capacity	McLucas, Jan	ALP	Curtin Medical School	a) Did the Government consult with National Medical Training Advisory Network (NMTAN) on the announcement of a new medical school at Curtin University? b) What financial contribution will be made by the Commonwealth to this project per financial year and from what portfolio and program will this commitment be made c) What commitment has the Commonwealth received from the Government of Western Australia in terms of additional funding and training places for graduates from Curtin Medical School	Written			
SQ15-000473	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	Secretary, following our discussion about the review into organ and tissue donation and the authority, can you provide for me—I am now being a lot more specific about the request on notice—the dates of meetings with ShareLife board members—	111 - 02/06/2015			
SQ15-000474	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Can a list of all organisations funded through the Flexible Funds be provided, including the Fund from which they are funded and the end date of any existing contract	Written			
SQ15-000475	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Budget Announcement	When did that [the correction of the funding about in the media release] happen?	112 - 02/06/2015			
SQ15-000476	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Budget Announcement	Was it also amended, Minister, to accurately describe the use of '37 per cent' in your media release? Senator Nash: It was indeed. There was some concern that the figure was not correct. Given that, the release was amended. That points to one of the reasons the review was important: there were conflicting views on the statistics. The original statistic, as I understand it, came from the Department of Health and the 2013 DonateLife report—the audit. That is my understanding. I am happy to get you more information on notice. Senator McLUCAS: Including the date when any change has been made. I read it today. Unless I have been sent a cached copy of your-	112 - 02/06/2015			
SQ15-000477	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	Senator McLUCAS: Can I receive information about the date that the brief that includes the recommendation for a review was provided to the minister and the date the minister signed that brief or minute—I do not know what it would have been called? Mr Bowles: I can tell you when we sent something but I cannot tell you when the minister saw it or signed it, so we would have to take that on notice. It was sent on 20 May. Senator McLUCAS: Minister, do you recall the day you signed it?	113 - 02/06/2015			
SQ15-000478	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	Minister, when did you or your office first become aware that Channel 7 was going to do a story on organ and tissue donation?	113 - 07/06/2015			
SQ15-000479	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	I have a subsequent question. When was the minister's office first contacted by Channel 7 seeking comment?	113 - 02/06/2015			
SQ15-000480	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	When was the interview that you did for that show filmed?	113 - 02/06/2015			
SQ15-000481	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	OTA Review	It was Cairns; I recognise the background. The Channel 7 story was broadcast on the 25th; is that correct?	113 - 02/06/2015			
SQ15-000482	0 - Whole of Portfolio	McLucas, Jan	ALP	AIHW Staff Numbers	a) The 2013-14 AIHW annual report lists 319.6 full-time equivalent staff. Has that changed? b) Could you also provide us with an updated classification level for the staff?	40 - 01/06/2015			
SQ15-000483	1 - Population Health	Moore, Claire	ALP	National Drugs Campaign	Is the research from Snapcracker public? Are the assessment and recommendations from Snapcracker about what they thought was a good way to go publically available?	99 - 02/06/2015			
SQ15-000484	1 - Population Health	Moore, Claire	ALP	National Drugs Campaign	So there is research from 2013, which we will get and it was from Snapcracker?	100 - 02/06/2015			
SQ15-000485	1 - Population Health	Moore, Claire	ALP	National Drugs Campaign	Can we get information on how much the 2009-10 campaign cost to make a comparison (with the 2015 Ice campaign)?	102 - 02/06/2015			
SQ15-000486	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Provide a table that disaggregates rationalising and streamlining health programs into six elements.	10 - 01/06/2015			
SQ15-000487	0 - Whole of Portfolio	McLucas, Jan	ALP	2015- 2016 Budget	Can a breakdown of savings by measure be provided for the 'Rationalising and Streamlining Health programmes' announcement in the 2015-16 Budget	Written			
SQ15-000488	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	What will the percentage impact be across the Flexible Funds impacted by the affected by the cuts to the Flexible Funds	Written			

SQ15-000489	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Provide a list of the funds and the amount allocated by year.	11 - 01/06/2015			
SQ15-000490	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	What is the total cut to the Flexible Funds as a result of decisions announced in the 2014/15 and 2015/16 Budgets	Written			
SQ15-000491	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	How many organisations funded through the Flexible Funds have contracts expiring on or before 30 June 2016, can a list of these grants be provided	Written			
SQ15-000492	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Provide a list of those flexible funds that were extended for six months.	13 - 01/06/2015			
SQ15-000493	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	What strategy has the Department developed to communicate the impact of the cuts to the Flexible Funds with organisations affected	Written			
SQ15-000494	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Were the organisations that have been extended for 12 months given any indexation for that period.	16 - 01/06/2015			
SQ15-000495	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	Inborn Errors of Metabolism Program	a) What advice did the department rely on before ceasing this grant? b) How much is the department expected to save in each of the next four years as a result of this saving c) What consultations did the department undertake with affected organisations before announcing this decision	Written			
SQ15-000496	0 - Whole of Portfolio	Reynolds, Linda	ALP	Flexible Funds	Confirm the total expenditure for the flexible model over the forward estimates.	23 - 01/06/2015			
SQ15-000497	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Why did the government make a decision not to cut two of the flexible funds?	10 - 01/06/2015			
SQ15-000498	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Provide a list of all organisations (including programs) that are funded under each of the 16 flexible funds.	12 - 01.06/2015			
SQ15-000499	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	MBS Freeze	What is the forecast saving in 2015/16, and over the forward estimates, of the freeze on MBS rebates for general practice, and in total	Written			
SQ15-000500	5 - Primary Health Care	McLucas, Jan	ALP	Primary Healthcare Advisory Group	On what basis were members of the Primary Healthcare Advisory Group appointed, how often are they expected to meet and on what basis will they be expected to report	Written			
SQ15-000501	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	MBS Review Taskforce	On what basis were members of the Review Taskforce appointed, how often are they expected to meet and on what basis will they be expected to report	Written			
SQ15-000503	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	PBS	Can the Department provide a list of PBS usage statistics by electorate, including a breakdown on concessional and non-concessional usage	Written			
SQ15-000504	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	Highest prescribed medicine in Australia - Atorvastatin	Can you disaggregate the eight million Atorvastatin prescriptions based on strength?	12 - 02/06/2015			
SQ15-000505	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	Cohealth	Were there complaints from health consumers?	20 - 02/06/2015			
SQ15-000506	1 - Population Health	McLucas, Jan	ALP	Preventive Health	What preventive health research programs will be impacted by the 'Rationalising and Streamlining Health programmes' announcement in the 2015-16 Budget	Written			
SQ15-000507	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	What was the total cost for all external consultants to run the PHN tender process	Written			
SQ15-000508	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Review of the PBAC Submissions Guidelines	Who might be conducting the review?	22 - 02/06/2015			
SQ15-000509	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	What was the total cost associated with closing all Medicare Locals and establishing a network of Primary Health Networks	Written			
SQ15-000510	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Atrial Fibrillation	1. Has the Department of Health done any work on the burden of disease caused by atrial fibrillation? 2. Are there any anticoagulant medications currently listed on the PBS? 3. If so, can the department please provide details of what they are, when they were listed and what the cost is to the government each year? 4. Is the Department aware of any representations made by any members of the federal parliament or state parliaments, regarding oral anticoagulant medications listed on the PBS? How many and whom from and have any steps been taken as a consequence of these representations? 5. Has any work been done by the department of the potential cost saving to the health system – particularly regarding avoidable hospital admissions and readmissions - by providing access to anticoagulant medications, to sufferers of atrial fibrillation? 6. Has the Minister asked the Department to do any policy work on improving patient access to catheter ablation as a treatment for atrial fibrillation? 7. If not, is the Department conducting any work in this context, based on expert advice that it has proven efficacy in treating and managing atrial fibrillation? 8. In the Department's consultations with stakeholders and or in correspondence it has received, has the department been made aware of any evidence of an increasing reluctance of private health insurers, to reimburse private patients and private hospitals for the full costs of catheter ablation procedures? 9. If so, have any steps been taken to address this issue?	Written			
SQ15-000511	2 - Access to Pharmaceutical Services	Brown, Carol	ALP	PBS co-payments	On what basis did the Government choose the amounts of \$5 and 80c for increasing PBS Co-payments?	23 - 02/06/2015			

SQ15-000512	2 - Access to Pharmaceutical Services	Brown, Carol	ALP	PBS Scripts for Paracetamol	Of these (the six million scripts), what percentage would have been the osteo slow release formulation?	24 - 02/06/2015			
SQ15-000513	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Hearing Services	a) Which organisations were involved in the preliminary rounds of the scoping study (into the privatisation of Australian Hearing) work? b) What organisations or groups are being consulted as part of the further consultations on the privatisation of Australian Hearing c) Which of these organisations were not represented in the first round of consultations?	Written			
SQ15-000514	2 - Access to Pharmaceutical Services	Brown, Carol	ALP	Biosimilars	Does any other major country treat biosimilars as substitutable at pharmacy level (other than Quebec and Venezuela)?	28 - 02/06/2015			
SQ15-000515	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	MRFF	In terms of debits from the MRFF that could compromise financial assistance to a medical research institute, a university, a corporate Commonwealth entity or a corporation—I understand that is in the legislation—what corporations could that include?	28 - 01/06/2015			
SQ15-000516	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	MRFF	Can you provide a list of all the funding measures that are contributing to the MRFF?	28 - 01/06/2015			
SQ15-000517	7 - Health Infrastructure, Regulation, Safety and Quality	Peris, Nova	ALP	Palmerston Hospital, Northern Territory	Is there anything that is tangible? You were just talking about hard hats and fencing. Is that written in the contract that you have with the NT government?	89 - 01/06/2015			
SQ15-000518	3 - Access to Medical and Dental Services	Brown, Carol	ALP	Child Dental Benefits Schedule - Family Tax Benefit A	I would like to know how many families, through the changes to Family Tax Benefit A, will no longer be eligible.	99 - 01/06/2015			
SQ15-000519	8 - Health Workforce Capacity	Brown, Carol	ALP	Workforce	a) What work does the department currently do to project expected shortages and over-supplies in health workforces? b) Which areas of the workforce are expected to have shortages? c) Which areas are likely to have oversupply?	Written			
SQ15-000520	8 - Health Workforce Capacity	Brown, Carol	ALP	Scholarships	The Budget Measure "Streamlining Health Workforce Scholarships" identifies savings of \$72.5 million over four years (broken down by year). a) Please provide a break down of this saving between money being removed from scholarships and savings from reduced administration. b) What was the justification for including the Bonded Medical Places Scholarships and the changes to the Bonded Medical Places Scheme in this budget measure, given they are separate to the Health Workforce Scholarships?	Written			
SQ15-000521	8 - Health Workforce Capacity	Brown, Carol	ALP	Scholarships	What was the expected expenditure on the Medical Rural Bonded Scholarship each year for the next four financial years prior to the announcement of the Budget Measure? If four years is not available please provide as many years as had been modelled. What percentage of students who held these scholarships were from rural or regional backgrounds?	Written			
SQ15-000522	8 - Health Workforce Capacity	Brown, Carol	ALP	Bonded Medical Places	a) What the current arrangement for medical students under the Bonded Medical Places scheme where they chose not to complete the return of service obligations? b) What is the average amount paid back to the Commonwealth when this occurs? c) How much reimbursement was received by the Commonwealth in payments from former students failing to complete their bonding requirements in 2012-13? 2013-14? d) What is the justification for cutting the return of service obligations from 6 years to 1 year? e) Has modelling been undertaken to predict what impact this will have on the number of doctors located in the bush? f) Has modelling been undertaken to predict how many additional students will now complete their return of service obligations? g) Was any change in the amount being paid back to the Commonwealth as a result of changes in students completing their return of service obligations accounted for in this budget measure?	Written			
SQ15-000523	8 - Health Workforce Capacity	Brown, Carol	ALP	GP Training	a) What was the process for selecting the new training regions for the future delivery of GP specialist training? b) Will any organisations be worse off as a result of these changes? c) What evidence is there that the changes will lead to better training outcomes? d) What is the process for selecting members of the General Practice Training Advisory Committee? e) Who are the members of this committee?	Written			
SQ15-000524	8 - Health Workforce Capacity	Brown, Carol	ALP	Graduate aged Care Nurses	a) What programs are in place to ensure there are sufficient numbers of graduate places available for graduates of nursing? b) Do programs exist to encourage people into other areas of nursing such as aged care? c) What programs are currently in place to get more RN's into the aged care sector? d) Have any programs recently ceased and what has been the impact of these programs no longer being in place?	Written			
SQ15-000525	8 - Health Workforce Capacity	Brown, Carol	ALP	Puggy Hunter Scholarship Scheme	a) Who currently administers the Puggy Hunter Scholarship Scheme? b) Does this organisation have a presence in indigenous communities? c) Will a new administrator be required to have a presence in Indigenous communities? d) What requirements will be specified for the administrator of the Health Workforce Scholarships to ensure the intent of the Puggy Hunter Scholarship Scheme continues to be met? e) Will the administration of this new scholarship be managed via a open tender? f) If not, what process will be used to select the successful administrator? When will this tender process take place?	Written			
SQ15-000526	10 - Sport and Recreation	Peris, Nova	ALP	Efficiency Dividend	Table 1.3 in the Australian Sports Commission Agency Budget Statement shows a temporary 0.25% Efficiency Dividend • How will this Efficiency Dividend be applied? • Will this result in staffing reductions? • If so, how many and are they additional to the reduction of 26 in the average staffing levels? (mentioned on page 136 of Budget Paper Number 4 (Agency Resourcing) it states that Average Staffing levels for Australian Sports Commission will be 584 for 2015-16. A reduction of 26) • If so, will they be front-line service delivery roles?	Written			
SQ15-000527	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Child Dental Benefits Schedule – Promotion	Do you know whether there has been any promotion of the scheme through DHS in the last 12 months?	100 - 01/06/2015			

SQ15-000528	0 - Whole of Portfolio	Peris, Nova	ALP	Public Servants at Budget Night Events	a) Did any public servants assist or work at Budget night functions at Parliament House? If so, in what capacity did they assist or work at these functions? b) What roles did they perform? c) Were any of these events Liberal, National, LNP, WA National or Country Liberal Party fundraisers? d) Who requested their presence? e) Were they paid? If so, by whom? f) Did the Minister request their presence? If not, who did? g) Can any correspondence or request for their presence be provided to the Committee?	Written			
SQ15-000529	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Child Dental Benefits Schedule – Promotion	Has the department done any research on the awareness of the scheme in the eligible population?	100 - 01/06/2015			
SQ15-000530	10 - Sport and Recreation	Peris, Nova	ALP	ASADA financial assistance to WADA	Is assistance from ASADA to WADA common practice in WADA appeals to the Court of Arbitration for Sport? Specifically is a financial contribution, like the capped \$50,000 US mentioned by Mr Burgess at the Estimates Hearing a common occurrence. If so, please list where this has occurred previously	Written			
SQ15-000531	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Child Dental Benefits Schedule – Eligible population/usage	What is the breakdown of ASGC classifications and do you also have numbers by federal electorate?	100 - 01/06/2015			
SQ15-000532	1 - Population Health	McLucas, Jan	ALP	Flexible Funds	Can you please provide a list of the drug and alcohol agencies that may be affected by cuts to Flexible Funds?	Written			
SQ15-000533	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Child Dental Benefits Schedule – Common treatments	What are the most common treatments received under the scheme? What I am interested in knowing is if you could rank the treatments from clean through to braces, or whatever it is, and also the proportion of the treatments that are those item numbers?	100 - 01/06/2015			
SQ15-000534	0 - Whole of Portfolio	Moore, Claire	ALP	Department of Health	Can you please provide a map indicating the precise locations of all Department of Health portfolio agency operations, including the FTE staff allocations and their process. Including, but not limited to: NICNAS, TGA, NBA, OTA, OGTR, ARPANSA, FSANZ.	35 - 01/06/2015			
SQ15-000535	0 - Whole of Portfolio	Moore, Claire	ALP	Department of Health	Can you please provide a map indicating the locations of Department of Health operations, including the FTE staff allocations for each DoH site.	35 - 01/06/2015			
SQ15-000536	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	National Blood Authority/Organ and Tissue Authority Merger	Have any external consultants been hired to advise on the merge process? We would like to have a bit of an understanding of what the cost is.	47 - 02/06/2015			
SQ15-000537	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Australian Organ and Tissue Donation and Transplantation Authority and National Blood Authority	Has any consideration been given to cancelling the OTA and NBA merge?	50 - 02/06/2015			
SQ15-000538	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	National Blood Authority/Organ and Tissue Authority Merger	How many people do you think work in the department who have responsibility for organ and tissue donation policy? I would not expect that that is the only work they do. Do they have other responsibilities as well?	50 - 02/06/2015			
SQ15-000539	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	how much will the review into organ donation cost?	50 - 02/06/2015			
SQ15-000540	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	When was the contract signed with EY to conduct the review?	50 - 02/06/2015			
SQ15-000541	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation	How many times has the Minister or Ministers office met or had telephone conversations with the following groups or members of the the following groups in the 2015 calendar year to discuss matters related to organ donation or the OTA? Australia New Zealand Intensive Care Society, Transplantation Society of Australia New Zealand, The Australian Medical Association, Australasian Transplant Coordinators Association, Share Life, Transplant Australia, The OTA, The OTA Advisory Board. Precisely when and with what individuals did these meetings occur?	50 - 02/06/2015			
SQ15-000542	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation	In the period following the federal budget, could an itemised list of all changes to the department's website please be provided? The list should include all corrections, amendments, new additions or deletions that relate to organ and tissue donation.	50 - 02/06/2015			
SQ15-000543	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation	a) Were any clinicians involved in drafting the terms of the review into organ donation? b) Have any of the state or territory bodies responsible for managing organ donation been consulted about the terms of the review of organ donation?	50 - 02/06/2015			
SQ15-000544	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	Were any of the following organisations consulted on the terms of the organ donation review? Australia New Zealand Intensive Care Society, Transplantation Society of Australia New Zealand, The Australian Medical Association, Australasian Transplant Coordinators Association, Share Life, The OTA, The OTA Advisory Board	50 - 02/06/2015			
SQ15-000545	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	Did the Minister consult with any state or territory OTA jurisdictional bodies consulted on the establishment of the review into organ donation?	50 - 02/06/2015			

SQ15-000546	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	When was the OTA informed about the intention to review organ donation? Who was informed and when did this occur?	50 - 02/06/2015			
SQ15-000547	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ Donation Review	When was the OTA informed of the final terms of reference for the organ donation review? Who was informed and when did this occur?	50 - 02/06/2015			
SQ15-000548	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	Therapeutic Goods Administration Staffing	What is the FTE for TGA staffing dedicated to specialist IT and legal services?	Written			
SQ15-000549	0 - Whole of Portfolio	Moore, Claire	ALP	Staffing	What is the FTE for the Department of Health's staffing dedicated to specialist IT and legal services?	Written			
SQ15-000550	8 - Health Workforce Capacity	McLucas, Jan	ALP	General Rural Practice Incentives Program	a) Please provide a list of locations that will receive reduced incentives under the GPRIP program as a result of the changes to the geographic classification model b) Please provide a list of locations that will receive no incentives, that were previously receiving some incentives under the GPRIP program, as a result of the changes to the geographic classification model	Written			
SQ15-000551	1 - Population Health	Brown, Carol	ALP	Health Communities Initiative	Through the National Partnership Agreement on Preventive Health the Government provided funding for the Healthy Communities Initiative to support Local Government Areas. What was the evaluation process for the programs funded under this initiative? Given the finding finished on 30 June 2014 and the last reports were provided by the LGAs slightly before that has the Department undertaken any work to evaluate the effectiveness of the different initiatives? What were the findings/results of any evaluation? Will any feedback be provided to the relevant LGAs?	Written			
SQ15-000552	0 - Whole of Portfolio	Ludwig, Joe	ALP	Non-Australian Citizens Employed by the Department/Agency	1. What is the Department/Agency's policy with regard to hiring non-Australian citizens? 2. Does the agency have a Culturally and Linguistically Diverse (CALD) policy? If yes, please provide a summary. 3. How does the Department/Agency determine whether a person is a non-Australian citizen? 4. How many staff who were not Australian Citizens have been hired by the Department/Agency since the Federal Election in September, 2013? Please break the numbers down by: a) Levels at which they are employed b) Immigration Status (Visa) c) Cultural Background d) Linguistic Background e) How many were hired to satisfy CALD targets?	Written			
SQ15-000553	0 - Whole of Portfolio	Ludwig, Joe	ALP	Departmental Dispute Resolution	1. How are disputes between departmental and/or agency staff mediated? 2. Are any outside firms contracted to assist with this process? If yes: please list them, please include: a) The structure of payments made to each firm (e.g. retainers, fees for each consultation etc). b) Amount paid to each firm since the last budget. c) When the contract with the firm commenced. d) When the contract with the firm will expire. e) Why the firm was selected to provide the service. f) Please provide a list of disputes referred to the firm, including a brief description of the dispute. 3. How are code of conduct violations by departmental and/or agency staff mediated? 4. Are any outside firms contracted to assist with this process? If yes: please list them, please include: a) The structure of payments made to each firm (e.g. retainers, fees for each consultation etc). b) Amount paid to each firm since the last budget. c) When the contract with the firm commenced. d) When the contract with the firm will expire. e) Why the firm was selected to provide the service. f) Please provide a list of disputes referred to the firm, including a brief description of the dispute.	Written			
SQ15-000554	10 - Sport and Recreation	Bernardi, Cory	LP	Australian Institute of Sport Dining Hall Food	According to the AIS's information manual, "all meats used within the AIS Dining Hall are halal approved/certified." (page 33, AIS Guest Information Manual) a) Is that still the case, that all meats within the AIS dining hall are halal approved/certified? b) For how long has this arrangement been in place? c) Why was the decision made to ensure that all meat – and not just some meat - was halal certified or approved? d) Who made this decision? e) How many athletes at the AIS have requested halal food from the Dining Hall before and after the decision was made that all Dining Hall meat was to be halal approved/certified? f) Did the AIS or ASC ever consider having some halal options for Muslim athletes, and allowing the rest of the meat to be non-halal? g) What companies are the sources of the halal meat provided to the AIS dining hall? h) Which halal certifiers do these companies deal with and pay fees to, regarding the meat provided to the AIS dining hall? i) Does the AIS or ASC incur any additional costs in sourcing all its meat in this manner?	Written			
SQ15-000555	10 - Sport and Recreation	Bernardi, Cory	LP	Australian Institute of Sport Dining Hall	The manual [AIS information Manual] also states that "The only means we have of catering to a Kosher diet is to order the required ingredients on an as needs basis. As there is a substantial cost for this request, the cost will be passed on to the consumer." a) How much is this 'substantial cost' for Kosher food? b) How many athletes have requested Kosher food over the last five years? c) Why was the decision made to make consumers pay for the cost of kosher food, rather than having the AIS/ASC absorb the additional costs? d) When was this decision made? e) Who made this decision?	Written			
SQ15-000556	10 - Sport and Recreation	Bernardi, Cory	LP	Australian Institute of Sport Dining Hall	Has the AIS or ASC received any complaints from athletes or other individuals or groups regarding any element of the provision of halal or kosher food in the dining hall?	Written			
SQ15-000557	10 - Sport and Recreation	Bernardi, Cory	LP	Australian Institute of Sport Dining Hall	Does the AIS/ASC acknowledge that there appears to be a discrepancy in religious food requirements, between the provision of food for Muslim athletes and the provision of food for Jewish athletes, especially when you consider the additional costs Jewish athletes are required to pay, that Muslim athletes do not have to pay?	Written			
SQ15-000558	7 - Health Infrastructure, Regulation, Safety and Quality	Leyonhjelm, David	LDP	Blood and Organ Supply	Does your department have any evidence regarding the effect on blood and organ supply of allowing payments?	55 - 02/06/2015			



SQ15-000559	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Organ and Tissue Authority Review	I was having a conversation with you, Minister, about the process base that you undertook to establish the review. I understand that the ABC reported that there was going to be a review on 27 May and then you announced the review on 29 May. Is that correct?	56 - 02/06/2015			
SQ15-000560	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	NHMRC Appointments	Minister, when do you expect those appointments to be announced?	94 - 02/06/2015			
SQ15-000561	1 - Population Health	Bilyk, Catryna	ALP	Tobacco control	For the purposes of article 5.3 of the World Health Organisation Framework on Tobacco Control, the Department reports on its website any meetings that have been conducted with the tobacco industry. Does this report include: • Meetings held between other Government departments or agencies and the tobacco industry or its representatives? • Meetings held between Government ministers or their staff and the tobacco industry or its representatives? • Meetings called by another department or agency, or a Government minister which tobacco industry representatives have been invited to or attended? Have any Government ministers met with representatives of the tobacco industry? If yes: • Which ministers? • When were the meetings held? • What was the topic of discussion at those meetings? Have any ministerial staff met with representatives of the tobacco industry? If yes: • Which staff? • When were the meetings held? • What was the topic of discussion at those meetings? Have any staff in Government agencies or departments other than the Department of Health met with representatives from the tobacco industry? If yes: • Which departments or agencies? • When were the meetings held? • What was the topic of discussion at those meetings? Have representatives of the tobacco industry attended any Liberal/National Party fundraising events organised by Government ministers? If yes: • When and where were these events held? • Which ministers organised or attended these events? Have any Government ministers been involved in meetings or discussions with tobacco industry representatives for the purpose of securing National/Liberal Party donations? If yes, which ministers and when?	Written			
SQ15-000562	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	eHealth	How many new records have been created since we met last in estimates?	39 - 02/06/2015			
SQ15-000563	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	eHealth	I am wanting to find out exactly how the core funding is going with the operational needs that you have. So, you have the operational needs to keep going in just your standard program of putting the system out into the area and signing up and then you have got an overlay of the specialist commitment for the trials for the opt-out. I am trying to see exactly what the financial processes are there. Can you give that to me in a document?	46 - 02/06/2015			
SQ15-000567	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	What funding methodology will the Department use to ensure that funds allocated to the PHNs reflect the growing population, and health needs of Aboriginal and Torres Strait Islander people?	Written			
SQ15-000568	10 - Sport and Recreation	Peris, Nova	ALP	ASADA Operating Loss	Senator PERIS: My questions are around a news article in The Australian on 13 May stating that ASADA has suffered an operating loss of \$750,000 as a result of the Essendon and Cronulla investigation. Are you able to inform us what the total cost so far is to ASADA, including legal costs, because of these investigations?	115 - 02/06/2015			
SQ15-000569	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	Has the Department considered alternative funding options for the Aboriginal-specific health previously allocated to the Medicare Locals? Re-distribution to Aboriginal Community Controlled Health Services (ACCHSs)? Re-distribution as grant funding through the Indigenous Rural Health Division?	Written			
SQ15-000570	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	What experience do the successful PHN tenders have in managing Aboriginal health program funds? What measures are in place to ensure compliance?	Written			
SQ15-000571	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How will 'market failure' be defined? How will the Department/Government ensure allocation of services via the PHNs is a competitive and transparent process?	Written			
SQ15-000572	10 - Sport and Recreation	Peris, Nova	ALP	Trip to Montreal undertaken by ASADA CEO	Senator PERIS: If (the trip) was provided by WADA, would you be able to give us a cost breakdown on that trip?	116 - 02/06/2015			
SQ15-000573	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How will the Department of Health cover issues related to Social and emotional well-being and Alcohol and drug issues, which for Aboriginal and Torres Strait Islander people, responsibility sits in the Department of Prime Minister and Cabinet?	Written			
SQ15-000574	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	In the last 12 months how many industrial chemicals were introduced into Australia for the purposes of being used in cosmetics?	29 - 02/06/2015			
SQ15-000575	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	What policies/frameworks exist structures are in place to prevent the new PHNs rolling-over delivery contracts to those Medicare Locals which continue to function, or to their parent corporations, or to their subsidiary/affiliated corporations?	Written			
SQ15-000576	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	What level of consultation has taken place with the Community Controlled Health Sector as PHN policy has developed? What consultative forums are in place for ongoing engagement with the Sector as the roll out occurs?	Written			
SQ15-000577	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	In terms of the [chemicals used in cosmetics] that came into Australia, how many were exempt from assessment and how many required full assessment?	29 - 02/06/2015			
SQ15-000578	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	Will the PHN Governance mechanisms include a mandatory place for an Aboriginal and Torres Strait Islander representative? How will the Department ensure that Aboriginal knowledge and expertise from communities is reflected on the Governance Councils?	Written			

SQ15-000579	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	Of those assessments [of chemicals used in cosmetics], how many of the applications commissioned animal testing for the purposes of introducing that cosmetic into Australia?	29 - 02/06/2015			
SQ15-000580	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	In the first 12 months of operation, how will PHNs ensure service delivery continuity as if focuses on establishment and undertaking health assessments and planning?	Written			
SQ15-000581	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How does the Department intend to guarantee service delivery continuity in the roll out period? Will this change the strategic intent of the formation of Primary Health Networks? If so, will the Government consider alternate service delivery avenues?	Written			
SQ15-000582	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	Of the ingredients [of those chemicals used in cosmetics] that required full or partial assessment and provided animal testing data, how many of those ingredients are already on an approved list overseas that we would consider a jurisdiction that we thought was safe?	29 - 02/06/2015			
SQ15-000583	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How will PHNs demonstrate effective ability to coordinate, purchase and deliver services for Aboriginal and Torres Strait Islander people? How will the health assessment process to be undertaken in the first year engage with the Aboriginal Community Controlled Health Sector to ensure Aboriginal health need is understood?	Written			
SQ15-000584	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	Of the animal testing data, how many applicants provided animal testing when NICNAS would have otherwise possibly accepted, or would have accepted, a non-animal testing opportunity?	29 - 02/06/2015			
SQ15-000585	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	Will the PHNs be mandated to report on Aboriginal and Torres Strait islander health outcomes via the same indicators as those imposed on the Aboriginal Community Controlled Health Sector?	Written			
SQ15-000586	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	Do we know how many animals were used [to assess chemicals used in cosmetics]?	29 - 02/06/2015			
SQ15-000587	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How did the Australian Government arrive at selecting just one PHN for the whole of WA when the option was available to have one in metro and one in country WA?	Written			
SQ15-000588	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How, if at all, does the WA Primary Health Alliance (WAPHA) intend to involve WA Aboriginal Peoples in strategic governance? In deciding on resource allocations between metro and country? In deciding on resource allocations between different regional and remote parts of WA? In making operational decisions?	Written			
SQ15-000589	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	Do we know how many animals were used last year for the purpose of testing for the safety of cosmetics in Australia?	29 - 02/06/2015			
SQ15-000590	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	Is the WAPHA contractually obliged to seek to deliver upon targets relating to Closing the Gap? If yes, please outline those targets. If not, why not? If yes that targets relating to Closing the Gap will be in place, what mechanisms will exist to ensure compliance? Will some or all of those mechanisms involve WAPHA reporting on Aboriginal-related health outcomes using the same indicators applicable to the Aboriginal Community Controlled Health Sector?	Written			
SQ15-000591	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	What mechanisms will exist to prevent the WAPHA rolling-over delivery contracts to those Medicare Locals that continue to function, or to their parent corporations, or to their subsidiary or otherwise affiliated corporations? To what extent, if any, will publicly-available reporting provide transparency about these matters?	Written			
SQ15-000592	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of chemicals in cosmetics	If we agreed not to accept overseas jurisdictions' approvals, instead of requiring additional testing coming into Australia, how many ingredients would that exempt from further testing in Australia?	29 - 02/06/2015			
SQ15-000594	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	If we mandated non-animal testing, instead of allowing companies to choose whether they used animals or otherwise, how many ingredients would that remove from the equation?	29 - 02/06/2015			
SQ15-000595	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How, if at all, does the WAPHA involve non-clinicians in strategic governance? In deciding on resource allocations between metro and country? In deciding on resource allocations between different regional and remote parts of WA? In making operational decisions?	Written			
SQ15-000596	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Networks	How does the WAPHA make decisions about allocations of resources and / or effort in country areas as distinct from the Perth metropolitan area?	Written			
SQ15-000597	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	If we did all of those things, how many ingredients would have been imported into Australia in the last 12 months that would have requires testing on animals for the purpose of importation as per the guidelines that you operate under?	29 - 02/06/2015			
SQ15-000598	5 - Primary Health Care	Siewert, Rachel	AG	Chronic Disease Programs	Will the Government continue its commitment to Closing the Gap through its funding of chronic disease programs? How will this be demonstrated?	Written			

SQ15-000599	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	If you went to the full stage and banned the testing of ingredients on animals for the purposes of importation into Australia, what is the quantum impact of that?	30 - 02/06/2015			
SQ15-000600	5 - Primary Health Care	Siewert, Rachel	AG	Chronic Disease programs	How will the Government/Department ensure the Aboriginal workforce, recruited through the ICDP, maintain their jobs and skills within the sector?	Written			
SQ15-000601	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	What would be the consequences of a ban [on animal testing of chemicals used in cosmetics]?	30 - 02/06/2015			
SQ15-000602	5 - Primary Health Care	Siewert, Rachel	AG	Chronic Disease Programs	Will the Primary Health Networks be fund holders for programs previously delivered through the ICDP? What accountabilities are in place to ensure purchased services meet access and quality standards for Aboriginal people and ensure continuity of care?	Written			
SQ15-000603	7 - Health Infrastructure, Regulation, Safety and Quality	Ruston, Anne	LP	Assessment of Chemicals in Cosmetics	When are [alternatives to animal testing] scientific tests likely to come in?	31 - 02/06/2015			
SQ15-000604	5 - Primary Health Care	Siewert, Rachel	AG	Chronic Disease Program	What is the policy direction for the for the Flexible Funds programs that are expected to be cut? Do we know what rationale will be applied to the cuts?	Written			
SQ15-000605	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	NICNAS Reforms	With regard to increased budget allocation for NICNAS, could a breakdown of the intended purpose of the increased funding please be provided, eg new IT systems, etc?	33 - 02/06/2015			
SQ15-000606	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	How will the Government ensure that the projected losses from the MBS indexation freeze do not impact the delivery of frontline services to Aboriginal and Torres Strait Islander people?	Written			
SQ15-000607	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	What process is the Government adopting to rationalize costs from the PBS and MBS? Will there be guaranteed protections for the programs that support better health For Aboriginal and Torres Strait Islander people?	Written			
SQ15-000608	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	What decisions have been made regarding the AHW 715 issue? When will these outcomes be relayed to the Sector?	Written			
SQ15-000609	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	There was limited engagement with the Aboriginal Community Controlled Sector on the Co-payment policy changes. How will the Department be managing the engagement with a broad range of health professionals through the Primary Health Care Advisory Group?	Written			
SQ15-000610	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	What is the scope/Terms of Reference for the MBS Review Taskforce and Primary Health Care Advisory Group? Will the Review consider the introduction of new MBS Items to tackle endemic population health issues such as chronic disease? Is the intent to identify savings only?	Written			
SQ15-000611	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	MBS	Will there be a dedicated sub-group that focuses on Aboriginal health? Will Aboriginal peak organisations be guaranteed formal roles in the review process?	Written			
SQ15-000612	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	NICNAS Reforms	[In the NICNAS review] was there any indication of the need for increased cost to make all of this happen in the review discussion with all of the stakeholders?	34 - 02/06/2015			
SQ15-000613	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	NICNAS Reforms	Was there discussion at that time that this was what you were hoping to do and this was what it would cost?	34 - 02/06/2015			
SQ15-000615	5 - Primary Health Care	McLucas, Jan	ALP	Medicare Locals	What is the cost of running the application process to establish the PHNs, including paying redundancies for staff, breaking leases and any other contracts?	46 - 01/06/2015			
SQ15-000620	5 - Primary Health Care	McLucas, Jan	ALP	Medicare Locals	If the Medicare Local is not going to be contracted to provide a PHN service in a range of different forms, that money must come back to the Commonwealth?	47 - 01/06/2015			
SQ15-000621	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	How many staff were involved in reviewing the applications to apply for PHNs? What I am trying to ascertain is the cost to the department. Staff costs?	48 - 01/06/2015			
SQ15-000622	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Did any applicant fail in that probity test?	49 - 01/06/2015			
SQ15-000623	5 - Primary Health Care	McLucas, Jan	ALP	Expert Reference Group	Minister, I wonder if you could answer the question. Minister Ley said in her press release that some of the recommendations are not conducive to a unified national approach. Which recommendations are not conducive to a unified national approach?	54 - 01/06/2015			
SQ15-000624	5 - Primary Health Care	McLucas, Jan	ALP	Expert Reference Group	Minister Ley also says in her press release that she has been consulting continually. Can we get an understanding of the consultations that the minister has had with the mental health sector since she became a minister? She specifically points to this continual consultation with mental health stakeholders. I would like to get a bit of an understanding of who they are.	54 - 01/06/2015			

SQ15-000625	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health Funding	I now move to the funding extension. The minister has extended funding for mental health services in early April, saying that a \$300 million extension would allow frontline services to continue to provide services for another 12 months. Can we have a list of which organisations have been funded, under what programs those organisations have been funded, and the quantum of funding that has been provided? I think it is all just for 12 months, Mr Booth; is that right? Could we have a list? Is that possible?	54 - 01/06/2015			
SQ15-000626	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health Funding	Could I have a list of those programs that are ceasing at the end of the financial year, and the organisations that were previously provided with those funds?	55 - 01/06/2015			
SQ15-000627	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health Peak Bodies	Can you provide for me on notice a list of those that are peak bodies for mental health?	57 - 01/06/2015			
SQ15-000628	5 - Primary Health Care	McLucas, Jan	ALP	Butterfly Foundation Funding	But it does not get base funding? It does not get base funding from the department; it never has, as far as I am aware. It has funding from other sources that it uses for that. Would you mind confirming that with me on notice, in terms of historically?	57 - 01/06/2015			
SQ15-000629	5 - Primary Health Care	McLucas, Jan	ALP	Day to Day Living	Just going to the mental health appropriation, Mr Booth, I am trying to get a better understanding of the forward funding for a range of quite discrete programs. If I go through some of them now, will you be able to tell me what is allocated for these programs over the forward years? For example, the Day-to-Day Living Program?	57 - 01/06/2015			
SQ15-000630	5 - Primary Health Care	Xenophon, Nick	IND	Primary Health Networks	You might want to take this on notice: what due diligence does the department ordinarily perform in awarding these tenders? Can you point us to the source document and the protocols in respect of that? I am trying to get the shorter version from you, so I am happy for you to point us to the publicly available documents or any other documents, in addition to the material on the public domain could you provide me with any other documents or reference points in terms of issues of due diligence?	58 - 01/06/2015			
SQ15-000631	5 - Primary Health Care	Xenophon, Nick	IND	Primary Health Networks	In terms of general principles, if there are tenders or applications to run two Medicare Locals, and they happen to be run by domestic partners or husband and wife—I am not saying you should not be able to do that—is that sort of relationship the sort of thing you would want to know about—just by a disclosure? I am not saying you should preclude someone, but is that the sort of thing that might be relevant? You might want to take it on notice, but if I was to suggest to you that that was something that ordinarily ought to be disclosed, would that seem unreasonable to you?	59 - 01/06/2015			
SQ15-000632	5 - Primary Health Care	Xenophon, Nick	IND	Primary Health Networks	No, if there was a disclosure requirement in terms of any potential conflicts, and it was not disclosed, is that something that would influence the department in considering the award of contracts or tenders?	59 - 01/06/2015			
SQ15-000633	5 - Primary Health Care	Xenophon, Nick	IND	Primary Health Networks	It is about increasing competition; then if there is a relationship between two PHNs, that is something that may be of some relevance to the issue of competition? If they were a couple, if they were de facto partners, would that be relevant?	59 - 01/06/2015			
SQ15-000634	5 - Primary Health Care	Xenophon, Nick	IND	Primary Health Networks	Finally, if issues had been raised, or complaints made, in relation to these issues in terms of complaints made about how potential directors had previously run things, is that something that you would look into? I am putting this in the broadest possible terms. I just want to distance from my previous line of questioning. I want to be absolutely fair. Before you award a contract or a tender, if you receive credible information from people in the medical sphere and the health sphere that says, 'Look, we have dealt with these people and things were pretty rocky or they did not do very well at all, and we have real concerns about their running something else', do you have a protocol, a process, for investigating those sorts of concerns? Could you just give us details of that process?	59 - 01/06/2015			
SQ15-000635	5 - Primary Health Care	Wright, Penny	AG	headspace	Has headspace expended the entirety of the Commonwealth funding from the 2014-15 budget this year?	64 - 01/06/2015			
SQ15-000636	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	Where has the money come from for 2015-16?	64 - 01/06/2015			
SQ15-000637	5 - Primary Health Care	Wright, Penny	AG	Mental Health Nurse Incentive Programme	It is the issue that I was just alluding to where there is an amount in the budget but the practice in previous years has been to top up that funding. Yes, there was that \$22 million allocation for 2014-15, which brought the total allocation to \$41.7 million. Is that the allocation for the next financial year?	65 - 01/06/2015			
SQ15-000638	5 - Primary Health Care	Wright, Penny	AG	Expert Reference Group	Why did the government decide to appoint an expert reference group instead of tasking the National Mental Health Commission itself with implementing the recommendations of the review?	67 - 01/06/2015			
SQ15-000639	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health in Multicultural Australia Project	How much funding did MHIMA receive in this year's budget and over the forward estimates?	72 - 01/06/2015			
SQ15-000640	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Can I take from that the condition that says that you have to contact the department before you make any comment has been removed? I would certainly be very interested in seeing that clause and what has been agreed to this point in time. Is that possible to be handed up?	73 - 01/06/2015			
SQ15-000641	5 - Primary Health Care	Brown, Carol	ALP	Practice Incentive Programme	There are two aspects to this. There are the new PIP payments, and there is PHN funding. How much is that funding?	78 - 01/06/2015			
SQ15-000642	5 - Primary Health Care	Brown, Carol	ALP	After Hours	How many GPs have you currently signed up? If you could take that on notice, I would appreciate it if we could somehow get the figure post-1 July reasonably after July.	79 - 01/06/2015			
SQ15-000643	5 - Primary Health Care	Brown, Carol	ALP	After Hours	When you talk about that cooperative, does that mean maybe that some GPs will receive a payment even though they are not providing the service?	79 - 01/06/2015			
SQ15-000644	5 - Primary Health Care	Brown, Carol	ALP	After Hours	With a deputising service, I just want to clarify the rules that are going to be around that service. I am concerned whether people will be passed off from a Victorian GP to a New South Wales GP. I know you answered earlier that it would probably be in the same region, but what regulations do you have in place? Does it guarantee it under the regulations?	80 - 01/06/2015			
SQ15-000645	5 - Primary Health Care	Peris, Nova	ALP	GP Super Clinics	Will the savings from that, which are not proceeding to the GP clinic, contribute to the medical research future fund or other health policy priorities?	81 - 01/06/2015			
SQ15-000647	5 - Primary Health Care	McLucas, Jan	ALP	Substance Misuse Service Delivery Grant fund	What was the amount of funding transferred to PMC to support Indigenous communities and services to provide drug and alcohol treatment.	96 - 02/06/2015			

SQ15-000648	7 - Health Infrastructure, Regulation, Safety and Quality	Xenophon, Nick	IND	Birmingham Hip Resurfacing Implants	The 2014 metal on metal total conventional hip arthroscopy report by the AOANJRR outlines a decline in use and higher revision rates for metal on metal devices. a. Why is the TGA not placing further restrictions on the use of these devices or withdrawing them completely from the market? b. Overall, is there a higher rate of revision and complication?	62 - 02/06/2015			
SQ15-000649	7 - Health Infrastructure, Regulation, Safety and Quality	Xenophon, Nick	IND	Birmingham Hip Resurfacing Implants	Has the TGA learned from the lessons of the ASR and is the TGA more cautious about these devices?	62 - 02/06/2015			
SQ15-000650	7 - Health Infrastructure, Regulation, Safety and Quality	Xenophon, Nick	IND	Birmingham Hip Resurfacing Implants	There are thousands of devices approved for use in Australia. a. Should the TGA be more prescriptive about those approved for use?	62 - 02/06/2015			
SQ15-000651	7 - Health Infrastructure, Regulation, Safety and Quality	Xenophon, Nick	IND	Birmingham Hip Resurfacing Implants	Provide comment on complaints made by private health funds and their members stating that there would be considerable savings if there was some more rigor in terms of the types of devices that are approved and having lower rates of revision. Private health funds pay out money which causes increases in premiums because of the rates of revision.	62 - 02/06/2015			
SQ15-000652	2 - Access to Pharmaceutical Services	Brown, Carol	ALP	Evaluation of biosimilars	Is it still the policy, or has it changed in light of the Government's commitment in terms of the savings?	27 - 02/06/2015			
SQ15-000653	2 - Access to Pharmaceutical Services	Brown, Carol	ALP	Biosimilars	a) Is the Government considering allowing the TGA to rely on a single trusted overseas regulator to make the decision that a biosimilar is substitutable as opposed to requiring the TGA to independently make that decision? b) Is there currently a universally accepted regulatory framework for biosimilars across the world? c) Do the European Medicine Agency, the WHO and the FDA all use the same regulatory approaches/definitions in regards to biosimilars? d) Is there any country in the world that currently allows the automatic substitution of a biosimilar at pharmacy level for a biosimilar referenced to its biologic? e) IS TGAs position that biosimilars should only be switched under the supervision of the treating GP? f) Is it the case that the TGA is currently reviewing its guidelines in regards to the substitution of biologics at the pharmacy level? g) What would be the savings to Government of substitution of biosimilars? h) In the April PBAC outcome statement in regards to biosimilars PBAC stated, "where a biosimilar could not be 'a' flagged at the time of PBS listing, data should be collected to support 'a' flagging at later point". What type of data would this be? In regards to a 'later point' is this a reference to months or years? i) If a biosimilars is substituted at the pharmacy level, and the treating GP has not authorised its substitution, but due to the biosimilar being 'a' flagged, the pharmacist offers the alternative biosimilar, who is liable in the case of a patient having a serious adverse event? The pharmacist, GP or anybody else? j) Will the pharmacist be required to inform the patients GP that the biosimilar they have prescribed and stated on the prescription should not be substituted, but is substituted by the pharmacist anyway as it has been 'a' flagged, have to inform the treating GP that it has been substituted? k) Is there any concern that pharmacists will consider biosimilar and generic as one and the same when it comes to 'a' flagging? l) Can you confirm the evidence given at Senate Estimates that Quebec allows pharmacy-level substitution of biosimilars?	Written			
SQ15-000654	10 - Sport and Recreation	Peris, Nova	ALP	ASADA Legal Costs	Senator PERIS: With that \$3.9 million, are you able to breakdown those costs? Mr Burgess: Yes, I can. The only other thing I would say is that \$3.9 million represents our external legal costs. The other additional cost to that would be our internal costs, and in the main they would be for the investigation that was conducted. I do not think I have that number. I am happy to take that one on notice, but effectively it was five to six investigators over a period of about nine to 10 months. Senator PERIS: You are able to break those down—but take it on notice? Mr Burgess: We will take that one on notice.	115 - 02/06/2015			
SQ15-000655	4 - Acute Care	McLucas, Jan	ALP	Hospital Funding	Senator McLUCAS: Yes. Has that work been done anywhere in the department at any time? Mr Bowles: I will come back to you after the break. Senator McLUCAS: Thank you.	87 - 01/06/2015			
SQ15-000656	1 - Population Health	Siewert, Rachel	AG	Palliative Care	Senator SIEWERT: You can probably appreciate that a lot of us have been doing a lot of work on palliative care. We want to know where those cuts are coming in and what it means to those programs. Dr Southern: We can certainly take that on notice for you, to derive what the budget looks like between those years, but, as Ms Flynn was saying, there is also palliative care funding that comes out of outcome 4.	109 - 02/06/2015			
SQ15-000657	0 - Whole of Portfolio	McLucas, Jan	ALP	Consumer Health Forum	Senator McLUCAS: Let us go to some specifics then. Can you tell me about the Consumer Health Forum; has their funding been extended? Mr Bowles: They are one of the ones that have been extended for a period. Perhaps there is someone who knows about that particular flexible fund in the room? Senator MOORE: No-one is Mr Bowles: No-one is owning up to that one. We will come back to that in the outcomes; we will get the information on the Consumer Health Forum	14 - 02/06/2015			
SQ15-000658	5 - Primary Health Care	McLucas, Jan	ALP	headspace	Senator McLUCAS: In your contractual relationship with headspace, what does headspace report to you on in terms of agreed outcomes? Mr Booth: Headspace has a contract with the department, the specific details of which I do not have that go into that contract, but it would be expected to let us know in terms of how the sites are going with respect to recruitment and people going through, those kinds of things. We have a very good relationship with headspace in terms of meeting with them regularly, discussing issues as they come up and those kinds of things. So we do keep in very regular contact with them about concerns. Senator McLUCAS: But I am talking about routine reporting. Mr Booth: I do not have the details with me in terms of what we get on a regular basis, but I can certainly look into that for you. Senator McLUCAS: Does it include waiting times? Mr Booth: As I said, I need to take a look at that.	56 - 01/06/2015			
SQ15-000659	5 - Primary Health Care	Wright, Penny	AG	headspace	Senator WRIGHT: What percentage of the total Commonwealth allocation of the budget for mental health services is directed to headspace? Mr Cormack: We might need to get back to you quickly on that one. At the moment headspace is roughly around \$150 million a year for the headspace centres. There are some other program areas as well.	63 - 01/06/2015			

SQ15-000660	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: Who did you write to? Mr Booth: The existing agencies, the existing PIR consortia. Senator McLUCAS: When did you do that? Mr Booth: I will see if I have the date for that. It would be about three or four weeks ago.	68 - 01/06/2015			
SQ15-000661	0 - Whole of Portfolio	Brown, Carol	ALP	Status of Government Responses	Senator Carol Brown: I am interested in the other two, Out-of-pocket costs in Australian healthcare, tabled on 22 August 2014 and Care and management of younger and older australians living with dementia and behavioural and psychiatric symptoms of dementia, tabled on 26 March 2014. Mr Bowles: I will endeavour to get you an answer to thos, Senator, I do not have it off the top of my head. Senator Carol Brown: Could you indicate, as much as you can, when that response will be made public and when the response went to government? Mr Bowles: I do not know specifically. I will find out. Senator Carol Brown: We will include speech pathology services in that.	25 - 01/06/2015			
SQ15-000662	0 - Whole of Portfolio	Moore, Claire	ALP	Legal Staff	Senator MOORE: Mr Bowles, how many are in the mainstream department's legal branch? You can take that on notice. Mr Bowles: It is a few more than 17.	60 - 01/06/2015			
SQ15-000663	0 - Whole of Portfolio	McLucas, Jan	ALP	Budget Media Release	Mr Bowles: It was a PowerPoint presentation, and I think there was a media release which detailed the ons and offs of the budget. Senator McLUCAS: Can we have a copy of that media release, please?	7 - 01/06/2015			
SQ15-000664	0 - Whole of Portfolio	Moore, Claire	ALP	Staffing	Senator MOORE: How many at that SES level left Health? How many people transferred out of Health? Mr Bowles: In that particular move there was only one who left Health in that space. But there are a number of SES who have left—given we are talking about Immigration—since my arrival. There are 13 who have left the department—some retiring, some going to other agencies, including Veterans' Affairs, Human Services and the Department of Finance. Senator MOORE: So that is at the SES level. Mr Bowles: Yes. Senator MOORE: Can we have on notice the information for senior officers as well? Mr Bowles: From the ELs? Senator MOORE: Yes. Mr Bowles: I do not have those numbers. There will be a number who have left; there will be a number who have come. Senator MOORE: I put it on notice, Mr Bowles.	38 - 01/06/2015			
SQ15-000665	0 - Whole of Portfolio	McLucas, Jan	ALP	Meeting with AMA	Senator McLUCAS: Can you indicate to the committee, Minister? Has the minister met with the AMA to go line by line through the budget? Senator Nash: I am not aware of that, but I can take that on notice for you.	7 - 01/06/2015			
SQ15-000666	5 - Primary Health Care	Wright, Penny	AG	Mental Health Contracts	Mr Cormack: I think if you ask a hundred organisations you will probably get a hundred different answers. Clearly, they want as much notice as possible and as long a possible funding period as they can get. Our job is to work within the constraints that we have. We do not have a government response. We will support that response being put together. Once it has been put together, we will work expeditiously to ensure that the necessary security that funded organisations have is able to be delivered. In terms of what is a reasonable amount of time, as much time as possible, is all I can say. I do not think there is a definitive answer there. Our contracts require some period of indication. I will have to— Senator WRIGHT: Do you know what that period is? Mr Booth: I do not know off the top of my head.	71 - 01/06/2015			
SQ15-000667	5 - Primary Health Care	McLucas, Jan	ALP	PHN Contracts	Senator McLUCAS: Are those contracts still ongoing? Mr Booth: Some of them are, yes. Senator McLUCAS: Which ones? Mr Booth: I just need to double-check. There is still some advice that the department is doing in terms of working through the contracts. We have legal advice for working through contracts. We also have probity advice for working through contracts. In terms of the specific contracts—you are asking around the contracts that were specifically done for the assessment of those—it might be a bit difficult to look at that because I suspect it was an ongoing contract through the PHN establishment phase as well as the assessment phase. Senator McLUCAS: What I am trying to ascertain is the cost to the department. Mr Booth: Sure. The total cost— Senator McLUCAS: Staff costs? Mr Booth: In total, like I say, around \$500,000, but we will get the exact numbers for you.	48 - 01/06/2015			
SQ15-000668	5 - Primary Health Care	Wright, Penny	AG	National Mental Health Commission Review	Senator WRIGHT: Can I come back to the government and the department's response to the National Mental Health Commission review. I will put some of these questions on notice. Following the release of the National Mental Health Commission's review of mental health programs and services what feedback has the department received from the mental health sector regarding the recommendations in the review? Has there been any particular feedback to the department? Mr Cormack: There has been a level of interest in inquiring as to when the government's response to the report will be coming out. I would have to go back and check what formal correspondence we have received, but certainly there is a keenness for the sector to get involved in the expert reference group's work when it is undertaken. I will take on notice the level of formal response. Senator WRIGHT: If you could do that. I would be interested to know who has written formally and what issues they have raised. I know that there is concern that the consumer reference group, for instance, has not been funded ongoing in this budget and that was considered to be quite an important initiative to make sure there was a voice of consumers in mental health policy. I would be interested to know whether or not they have written and whether there have been requests to ensure that on the expert reference group that consumers and carers are represented in some way. Perhaps I can also ask the minister representing the minister what feedback the executive government has received from the mental health sector regarding the recommendations in the review?	71 - 01/06/2015			
SQ15-000669	5 - Primary Health Care	McLucas, Jan	ALP	PHN Contracts	Senator McLUCAS: Can we get back to PHNs then, please? I was going through a series of questions asked to try and ascertain the cost of running the application process. Can you take on notice an assessment of the departmental cost, including consultants costs, to run the PHN application process? How many contracts have been prepared for PHNs?	72 - 01/06/2015			
SQ15-000670	5 - Primary Health Care	McLucas, Jan	ALP	Media Release for the National Mental Health Commission Review	Senator McLUCAS: Was a media release prepared by the department? Mr Bowles: It more than likely would have been, but I would have to take on notice the specific timing for that.	52 - 01/06/2015			
SQ15-000671	5 - Primary Health Care	Wright, Penny	AG	Medicare Locals	What guidelines for handover from Medicare Locals to Primary Health Networks have been developed? Please provide a copy.	Written			
SQ15-000672	4 - Acute Care	Peris, Nova	ALP	GP Superclinics	Senator PERIS: Are you saying that that \$5 million that you were specifically talking about for Darwin, you are not too sure if that money is going to be redirected into something back in the Northern Territory? Mr Booth: There was \$5 million for the Darwin one. I would need to take on notice, as I say, what happens to the funding that is not being used for that. I will double check that for you.	81 - 01/06/2015			
SQ15-000673	5 - Primary Health Care	Wright, Penny	AG	headspace Centres	Senator WRIGHT: Can you take on notice details of when that has occurred and which headspace centres that issue has been applicable to? Mr Booth: Yes.	64 - 01/06/2015			

SQ15-000674	1 - Population Health	Moore, Claire	ALP	Palliative Care	<p>Senator MOORE: We would like to know, if possible, how many organisations put in for this open tender. These were the successful ones. It is to get a sense of what is happening in the wider palliative care community. Senator SIEWERT: And how much they asked for. Senator MOORE: See what you can give us. I would also like to know where they are, because some are clearly national organisations and some state based. It would be nice to know where they are at in these processes. I would really like to think it was \$52 million from May 2015, but it is probably the package from last year. Dr Southern: No, it is from 2014-15. Senator MOORE: Is there any more money? Is this the full extent of the \$52 million? We have no idea with this particular document whether this is all the \$52 million or whether it is some of it. The figures you read out were over a three-year period. If we could get that degree of funding, that would be very useful.</p>	111 - 02/06/2015			
SQ15-000675	4 - Acute Care	Moore, Claire	ALP	Medical Research Future Fund	<p>Senator MOORE: Minister, is that still being considered? These are very similar questions to what I asked last budget in terms of the process. When we have identified the specific research model through Cancer Australia and the development of the Medical Research Future Fund, is it part of the ongoing discussion to see whether those things would be able to be looked at together? How is it going to work? Senator Nash: I understand, but I will take it on notice.</p>	92 - 02/06/2015			